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

June 2009

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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 Perth and Kinross 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.

Perth and Kinross is a mainly rural area covering 5,286 square kilometres. It is the fifth largest local authority area in Scotland. A third of the population live in Perth. More rural communities are clustered around Crieff, Kinross, Scone and Auchterarder. Perth and Kinross Council Headquarters is situated in Perth.

Perth and Kinross has a population of 140,190. Twenty percent are under the age of 18 years, which is in line with the Scottish average. The area has the third highest number of migrant workers of all Scottish authorities. In 2006/2007 the number of domestic abuse incidents recorded by the police was 621 per 100,000 people, compared with 954 per 100,000 across Scotland as a whole. Perth and Kinross had 183 children who were looked after in the year ending March 2007. This is 0.6% of all children aged 0-18 years and is lower than any of the comparator authorities[3].

[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).

[3] Comparator authorities include Scottish Borders Council, Argyll and Bute Council, Aberdeenshire Council, Stirling Council and Highland Council.

2. Key strengths

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

- Very trusting relationships between staff and children and their families.
- Comprehensive and very flexible support services available to children and their families.
- Effective public awareness campaigns to inform members of the public how to raise a concern about a child.
- Joint planning arrangements for children's services, which were strongly linked to community planning structures.
- The strong vision across services and elected members to promote the protection of children.
- The Children and Young Person's Strategic Partnership which effectively promoted child protection across all children's services.
- The collaborative approach to continuous improvement to protect children across services.

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

Children and families had very positive relationships with staff across services. Staff successfully built trusting relationships with children and families. Children and families were supported very successfully by a wide range of services. Children knew how to keep themselves safe and could identify someone they could talk to if they needed help. When a concern was raised about a child, staff acted promptly to ensure the child was kept safe. Staff worked well together to ensure children's needs were met effectively. A few children had to wait too long for some specialist support services.

Being listened to and respected

Communication between staff and children and their families was very good. Staff knew children and families very well. They listened to and respected children and families. Social workers and social care officers visited children very regularly and knew them well. Younger children had trusting relationships with foster carers. Where children were too young to communicate verbally, staff noted any changes in their behaviour or presentation. Community link workers, the NHS Central Health Care Team and key workers in pre-school services communicated well with children and their families. Staff were sensitive to different lifestyles and cultures, for example, the gypsy traveller community. Children, for whom English was an additional language, particularly Polish, received valuable support. Children with communication difficulties were helped to make their views and feelings known. The Disability Child Health Team used a variety of methods to communicate effectively with children who had complex learning difficulties.

Staff encouraged and supported children and their families very well to participate in formal child protection meetings. This included providing transport. Social workers and community resource workers used imaginative ways, such as texting, to keep in touch with children. Young people attended case conferences and reviews and were helped to express their views. Staff took very good account of children's views when making decisions about their future at case conferences, children's hearings and when planning actions. Children attending children's hearings were helped to understand legal phrases. Children's Panel members took time to speak to children on their own to find out what they wanted to happen. Children and their families valued opportunities to communicate with staff. They believed their views were taken seriously. Families understood why decisions were made and how to challenge them.

Being helped to keep safe

There was a very good range of support available to help children and their families to keep safe. Staff across all services responded quickly to children and families who needed help. They worked well together to provide the most appropriate kinds of support to improve children's lives. Staff intervened early to reduce the likelihood of children experiencing harm. Family support workers, community link workers and voluntary services, such as Hopscotch and Parent to Parent, provided valuable support to parents to promote and develop parenting skills. Staff in the Child and Family Centre and nurture groups in four primary schools helped support vulnerable

children emotionally. Social workers, health visitors and school nurses provided effective support and advice to children, parents and carers to minimise risks to children. Multi-agency team meetings took place in schools. These coordinated support to children and monitored their wellbeing. Social workers, community link workers and staff from voluntary services provided helpful activities to help children deal more effectively with concerns that were affecting them. They also worked well with parents and carers promoting parenting skills and helping them meet their children's needs.

All services contributed well to approaches to raise children's awareness of personal safety. School programmes for promoting children's personal and social development helped them understand how to keep safe and well in a variety of situations. Police school liaison officers, voluntary agencies and some school nurses, worked together with school staff to help children know how to keep themselves safe. Children and young people felt confident about asking staff from across the services for help when they needed it. Schools and nurseries had effective approaches in place to ensure that children had someone they trusted to talk to about any worries or concerns. Education and Children's services had appropriate arrangements for supporting children educated at home and for monitoring children missing from education.

Children showed good understanding of how to be safe within relationships and keep good physical and mental health. They were aware of the risks involved in using the internet and chat rooms. Attractive posters and cards had successfully raised their awareness of telephone help lines they could use to get help for themselves or others. Through participation in Safe Taysiders' events, children at P7 were aware of the ways in which the various services helped them to keep safe. Responses to school inspection questionnaires showed that children felt safe in school and that their concerns were dealt with quickly.

Some examples of what children said about keeping themselves safe.

> *"Someone you talk to in a chat room may be pretending to be a child when they are really an adult."*
>
> *" No one should put up with being bullied. You need to tell someone about what's happening."*
>
> *" Drugs that are medicine given to you by the doctor are to help you get better but taking other drugs is really dangerous."*
>
> *"All adults at the school can help you if you have a problem."*

Immediate response to concerns

The immediate response to concerns was very good. Staff across services were alert to a range of signs that children may be at risk of abuse and neglect. When they had concerns about children's safety or welfare they promptly reported their concerns to police or social work services. Social workers and police officers responded very quickly and effectively to children who may be at risk. They carried out an immediate assessment of risk and took quick and effective action to ensure children were kept safe. Social workers made appropriate use of child protection orders and removed children to a safe place when this was needed. Midwives and social workers made sure that babies who were known to be at risk were protected as soon as they were born. Social workers carefully considered alternative care arrangements to ensure children were kept safe and their immediate needs were met. They had good access to foster care placements when they needed to place children in an emergency. There were no difficulties in obtaining emergency foster care placements. Staff carried out checks routinely on the suitability of relatives and friends when they made arrangements for children to be cared for urgently. Social workers skilfully kept children and families informed about what was going to happen and why during crisis situations.

Meeting needs

Staff were good at meeting children's needs. They supported vulnerable children well and ensured they were protected from risk or harm and their needs were met. Good support was provided as long as families needed it whether or not children's names were on the Child Protection Register (CPR). Children's short-term needs were identified quickly and they received the services they needed. Practical help, such as financial support, ensured that children's basic needs were met. Staff considered carefully the help children needed to support them in the longer term. The lives of children and families were improved as a result of the help they received.

Children received intensive support from the Community Support Team. The service was available 24 hours and offered emergency residential care. The Baby Bumps group for teenage mothers met their ante-natal care and ensured they had information and access to other services. The NHS Central Health Care Team worked closely with vulnerable homeless teenagers and the young Gypsy Traveller community. The Young Carers service supported children effectively with caring responsibilities. However, some children had to wait to receive this help. Extended family members were supported emotionally and financially when children were unable to live with their parents. Although resources were in place to keep children and young people at home where possible, there were some difficulties in providing local placements to meet the needs of older children. The looked after children's nurse helped to ensure the health needs of older children who were accommodated were met.

Barnardo's Hopscotch Project helped children to develop coping strategies through individual and group work activities. The Family Change Project provided effective support to assist children recover from abuse and trauma. Children with complex emotional needs received effective help from Child and Adolescent Mental Health

Services (CAMHS). Children affected by domestic abuse benefitted from support from Women's Aid children's workers. Some children experienced delay in receiving support from specialist services. However, waiting lists were prioritised and staff were creative in putting together packages of care for children when specialist resources were delayed or unavailable.

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

The Child Protection Committee (CPC) had developed a comprehensive communications strategy to raise public awareness of child protection. Clear and simple messages were promoted effectively through recent publicity campaigns. Members of the public made telephone calls to relevant services to report their concerns about children. Services were available to respond quickly to these concerns at all times.

Being aware of protecting children

The promotion of public awareness was very good. The CPC had led a wide range of successful activities over the last few years. They had recently developed a three-year communications strategy to build on what had worked well. An easily recognisable logo branded all of the CPC's materials. A recent poster campaign had used attractive, colourful designs produced by local children. These eye-catching posters were clearly displayed in all public buildings. They successfully promoted the message, '*It's everyone's job to make sure I'm alright!'.* The same designs were clearly advertised on refuse collection lorries in daily use throughout the local area. The CPC had led the development of a website which contained useful information about child protection and an interactive section for children promoting personal safety. The websites of the Council, NHS Tayside and Tayside Police provided clear information about keeping children safe, alongside clear guidance on how to report concerns. It was not easy to find this information on the Tayside Police website.

There were early indications that recent campaigns were beginning to have an effect through an increase in telephone calls from the public. Members of the public contacted police and social work services when they had concerns about children. Services took these concerns seriously and responded promptly and appropriately to them all. However, the approach taken by the child protection duty team to providing feedback to members of the public who had raised a concern about a child was inconsistent. Police and social work services provided a contact point at all times. Specialist public protection police officers and the social work child protection duty team were available during office hours. Outside office hours the police and the out-of-hours social work service were easy to contact and provided experienced staff to respond to child protection referrals at any time.

5. How good is the delivery of key processes?

Children and families were involved in decisions which were made about them. Staff shared information when they were concerned about a child. Information had recently been made available to staff who worked out of hours. Staff across services were alert to signs that a child may be at risk and appropriately referred them to social work services or the police. Staff assessed risks to children well and put in place effective plans to reduce risk and meet their needs.

Involving children and their families

The involvement of children and their families in key processes was very good. Staff prepared children and families very well for child protection meetings and children's hearings. Children knew why they were coming to meetings. Social workers shared reports with families before meetings. They encouraged and supported children to fully participate in all child protection meetings. Staff helped children and families to express their views at meetings. Children were supported to prepare written reports for meetings. Panel members involved children well in hearings and, if appropriate, gave children the opportunity to speak to them on their own. Parents and children were kept well informed. They accessed available support, including effective advocacy services, provided by specialist staff. The *Who Cares?* worker provided appropriate support and advocacy for children looked after away from home. The Education and Children's Services Children's Rights and Information worker offered general advice and guidance to families. However, Education and Children's Services managers recognised the need to review this role and remit. Staff from the Young Carers service attended integrated team meetings in secondary schools which helped children be more informed and involved in decisions being made about them. The Young Carers service offered good support but there was a waiting list for their advocacy service. Parents were involved appropriately in assessments and reports were shared with them. Overall, staff were effective in ensuring that children were involved in and understood care plans. Staff ensured that concerns were discussed fully with parents. Child protection processes were explained clearly to children and families. Where, children and families were not involved, staff detailed the reasons and recorded these appropriately. Although leaflets were available explaining child protection processes, these were not always in plain English and contained jargon.

Children and families knew how to make complaints. Leaflets and posters were displayed in public buildings which set out the process for making a complaint or suggestion. These were printed in various languages. Across services, staff sensitively responded to complaints within agreed procedures and timescales. Families received feedback about their complaint and what action had been taken. Services regularly reviewed and analysed the range and nature of complaints. Where appropriate, Council staff used this information to inform their corporate training programme.

Sharing and recording information

Overall, sharing and recording information to protect children was good. There was a clear understanding across all services about the importance of sharing information when there were concerns about children. Staff in adult services shared information within their own services and with others appropriately. All staff were confident about sharing information and this contributed to early identification of risk. There were some difficulties in out-of-hours staff being able to access up-to-date information electronically.

Particular features of information-sharing included the following:

- Information-sharing was supported by relevant agreements and guidance which were used by staff.

- Sharing of information was based on good relationships and good understanding of roles and responsibilities.

- Single points of contact for midwives who were concerned about unborn babies and for police officers concerned about children helped the speedy distribution of information to relevant agencies.

- The Public Protection Unit (PPU) had improved information-sharing between the police and a number of other services.

- Child protection meetings were well attended and relevant information shared.

- The out-of-hours social work service had recently been given access to social work information electronically after midnight.

- Out-of-hours General Practitioners (GPs) and nursing staff who attended to minor injuries did not have access to the child protection register.

The quality of recording and the organisation of case files was variable across services. Information held in social work and SCRA files was structured and well ordered. Records were up to date and information from other agencies was clearly recorded. Services used a shared method for assessing risk and this contributed to a clear understanding and monitoring of risks. Most social work files had a helpful list of significant events at the front of the file. Recording of significant events was poorly structured in some health and education files.

Children and families were informed of the need to share information. In most cases, consent to share information was obtained verbally. Staff in adult social work services made it clear to service users that they would share any information relating to a concern about a child. Staff in voluntary services discussed this appropriately with children and families when they became involved with them. When children and families attended child protection meetings they were aware of the information known to services and were clear about how this information was shared. Most children and families received reports and minutes of meetings and were aware of

information being shared about them. Effective arrangements were in place to share information about sex offenders. Housing had established a sex offender liaison housing officer post. Regular Multi-Agency Public Protection Arrangement (MAPPA) meetings were held and information was shared effectively. Police, criminal justice service, child protection duty, and housing staff attended all the meetings and other relevant services were invited on a case by case basis. Staff discussed other high-risk adults such as those displaying sexualised behaviour who may constitute a risk to children.

Recognising and assessing risks and needs

The recognition and assessment of risks and needs was good. Almost all staff who had contact with children were confident in recognising signs that children may be at risk of abuse and neglect. Staff quickly reported their concerns or initiated network meetings to share information, assess risks and agree what actions to take. Not all relevant staff used lists of significant events to help them identify patterns of risk over time. Police officers routinely reported their concerns through child concern reports. These were screened jointly by police and social workers which ensured that the most vulnerable children were quickly identified. Midwives identified vulnerable unborn babies very effectively and referred their concerns to social workers. Police officers and social workers quickly carried out Initial Referral Discussions (IRDs) to gather information, conduct initial assessments of risks and plan joint investigations. However, they did not always involve paediatricians at a sufficiently early stage to assist in planning joint investigations and decisions about whether a child needed a medical examination. Social workers used appropriate assessment tools to gather information and carefully analyse risk. Assessments of risk were child-centred and involved children and parents fully in the process. Child Protection Case Conferences (CPCCs) were quickly and appropriately arranged for children who needed them.

CPCCs provided an effective forum for jointly assessing risks. Initial CPCCs were well attended and helped in the sharing and analysis of important information. Social workers carried out assessments of risks in advance of CPCCs and the quality of these assessments was consistently high. These took full account of the individual needs of each child within families. Assessments were generally comprehensive, detailed and helpfully assisted decision-making. Social workers made very effective use of a range of tools to carry out more comprehensive assessments, for example of parenting capacity. Although other services contributed information to inform assessments, a joint approach to the process had yet to be developed. Assessments of risks and needs were regularly reviewed and updated to measure progress and to take account of changes. Health visitors regularly carried out assessments of family health needs. However, school nurses did not routinely assess the health needs of all of the most vulnerable children and those at risk of abuse and neglect. There were effective arrangements to ensure that an assessment of the suitability of kinship carers was carried out.

Staff in social work and police worked well together to carry out joint investigations. These were carried out promptly by trained and experienced staff. Staff carefully planned joint investigations and they took good account of the child's age, stage of development and communication needs. There was a rota of paediatricians available to contribute to IRDs and to carry out medical examinations at all times. Where appropriate, these were carried out jointly with forensic medical examiners. Children were examined in a child friendly environment and paediatricians ensured that children's health needs were followed up.

The Drug and Alcohol Action Team Partnership (DAAT) and the CPC were working closely together to protect children and support families affected by substance misuse. Staff had a high level of awareness of the effects of parental substance misuse on children. Pregnant women with problem substance misuse were identified at an early stage. Social work and health staff working with adults identified children affected by parental substance misuse who may be at risk of harm using a shared assessment process. They made appropriate referrals to children and families social workers and attended multi-agency meetings to share information.

Planning to meet needs

Planning to meet needs was good. Across services, staff were actively involved in a range of meetings where care planning and actions to be taken forward were agreed. They considered the short and long term needs of children well and identified appropriate supports to help them. Overall, timescales for agreed actions and the expected outcomes for children and families were recorded. The expectations of parents were clear. Staff met regularly to consider the needs of unborn babies who were considered to be vulnerable and effective plans were made to support and protect them after birth. Meetings took place within agreed timescales.

All children on the CPR or who were looked after had an allocated social worker. A few children in need of support did not have an allocated social worker. The Council had approved funding for additional social work posts to help provide this support. Across services, staff gave priority to attendance at case conferences and meetings were well attended. A senior manager from another geographical area chaired case conferences skilfully, bringing objectivity to decision-making with an appropriate degree of authority. Overall, staff contributed well to planning at case conferences. However, a few staff were reluctant to contribute or be involved in the decision-making process. Comprehensive reports to help decision-making including helpful analysis of risks and needs were sent to participants in advance of meetings. Decision-making at case conferences was clear. Plans were comprehensive, ensuring staff and parents knew what actions were expected, who would be taking forward designated tasks and the expected outcomes for children. They gave appropriate attention to the needs of individual children.

Staff met regularly to plan for children. Integrated Team Meetings (ITMs) planned well for children and coordinated support to meet their needs. Health staff were not always represented at ITMs. Staff met regularly in network meetings to plan for children for whom there was concern but not subject to child protection procedures.

Independent officers chaired effective reviews for children who were looked after. Children attended these meetings and contributed to plans for their future. An effective system ensured that long-term plans were made for children unable to return to their family.

Plans to protect children were reviewed and monitored at regular core groups. They were chaired effectively by senior social work staff. Staff from relevant services attended these meetings. However, health staff were not always represented at relevant core groups. Core groups helped key staff and parents work together to take forward agreed plans. Meetings reviewed new information and changes in circumstances, adjusting plans and actions appropriately. Parental involvement ensured parents knew what to do to keep their children safe. Helpful network meetings held after children’s names were removed from the CPR ensured that plans continued to be progressed and children’s needs were met.

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

All services had a very good range of policies and procedures to support staff when working with vulnerable children. Chief Officers and senior managers across services worked very well together to identify priorities and plan services. Strategic priorities were reflected in local plans and each department's objectives across all services. Staff were working in geographic localities which had improved joint working and local planning of services. They involved children and families when developing some services, but this was not routinely in place across all services. Staff were supervised well and were given support when required. A range of very effective training opportunities was available to staff.

Aspect	Comments
Policies and procedures	Polices and procedures were very good. Some voluntary services and statutory services had a clear and extensive set of policies to protect children. Policies were linked appropriately to the vision, values and aims of the CPC and were in line with national guidance. Inter-agency procedures had increased joint working between services and encouraged continuous improvement. Many of the procedures and guidance featured clear flow charts and guides to areas of responsibility to assist staff. Well-developed systems were in place to manage, distribute and update policies. Services were using results of audits, self-evaluation and consultation with users when updating their policies.
Operational planning	Operational planning was very good. The Integrated Children Services Plan (ICSP) clearly set out a partnership approach to achieving the shared vision of supporting all children and young people to be the best that they can be. It was linked well to the Community Plan and to the Single Outcome Agreement for Perth and Kinross. Senior officers, and staff from all services, jointly agreed priorities for improvement and monitored progress. Within the planning structure, the CPC effectively provided a multi-agency strategy for ensuring the safety and wellbeing of children. Senior managers across the services were familiar with the priorities within the ICSP. This helped to inform their departmental or establishment plans. Staff were aware of their responsibilities in working with other services to further improve approaches to keeping children safe. Managers made effective use of a range of management information to identify areas for improvement and to deploy resources.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	Services were good at seeking the views of children and families and involving them in policy development. Senior officers visited various projects to seek views. Parents helped develop the Council's Parenting Strategy. The successful *Cool to Talk* website, funded and supported by NHS Tayside Board, was developed in partnership with young people from *Dialogue Youth*. Well-established youth groups and pupil councils had been involved in Community Planning. Midwives involved pregnant teenagers in developing a local *Baby Bump* initiative. However, involving children and their families in policy development was not routine across services. The Council had identified this as an area for development.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were good. Some services had well-developed and creative approaches for recruiting and retaining staff. They were planning ahead, filling shortages and developing joint working arrangements to meet staffing requirements. However, there were increasing pressures and shortages in health visiting and school nursing. Services had effective safe recruitment processes with vetting and reference checking. The Council and health service were retrospectively checking staff for criminal convictions. Volunteers in some of the voluntary sector providers who had access to children were not always vetted appropriately.
Development of staff	Development of staff was very good. Services had effective systems in place to support staff and review their work. Staff appraisals identified areas for personal development. The CPC training subgroup coordinated and evaluated an extensive programme of single agency and multi-agency training across services. This included specialised training, such as parental substance misuse and joint investigative interview training. Training improved the confidence of staff when working with vulnerable children and families. Training had also benefitted staff from the voluntary sector. Some voluntary sector staff shared their expertise by delivering specialist training to staff across services.

7. How good is individual and collective leadership?

All Chief Officers and senior managers recognised that protecting children is a high priority. Key priorities for protecting children had been identified and agreed across all services. The Child Protection Committee Business Plan and Integrated Children's Service Plan (ICSP) were strongly based on these priorities. Business breakfasts took place where staff and senior managers came together to talk about what the key child protection priorities meant for their service. All services supported their staff well and were actively promoting joint working across services. Managers supported and encouraged staff to challenge each other if they were concerned about a child. Senior managers had built trusting relationships which had improved joint working.

Vision, values and aims

Vision, values and aims across services was excellent. Together services had identified and agreed key priorities to help protect children. Chief Officers promoted positive attitudes to diversity. They ensured the needs of a substantial travelling population and a significant Polish population were fully taken into account. Managers and staff were sensitive to the way of life for travelling families.

- The Chief Executive and senior managers in the Council had a very clear vision for children's services which were delivered through increased partnership working. They were extremely visible to staff and shared their vision with them during staff meetings and an annual conference. Elected members were very actively involved in meeting staff to discuss child protection and children's services.

- The vision, value and aims to protect children in the NHS were established by the Chief Executive and the Child Protection Action Group (CPAG). These were very clear to all staff. The Child Health Commissioner and Nurse Consultant ensured that staff understood the vision, for values and aims fully. Staff were highly aware of their responsibility to protect children, both within the community and in hospital settings.

- The Chief Constable and Divisional Commander had an exceptionally clear strategic vision for Tayside Police. This was routinely shared with all officers. The force objectives were discussed fully with each officer ensuring they knew how these directed their work. Information on the vision and objectives was available to all officers via the force intranet and through daily briefings with managers.

The Chief Executive and several senior managers in the Council and the Child Health Commissioner were all corporate parents and took a particular interest in a number of children looked after away from home. Chief Officers and senior managers had a very clear vision that '*children be the best they can be*'. The ICSP strongly promoted this vision across all services.

Leadership and direction

Collective leadership and direction was good. All services had very clear lines of accountability to keep children safe. Chief Officers and senior managers in the Council, particularly within Education and Children's Services (ECS) were well known to staff and engaged with them at all levels. The Chief Executive of the Council both supported and challenged managers and staff across services and had a very high profile within the area. Morale was low amongst some health visitors and school nurses. Some were not clear of the implications of the new way of delivering community nursing. The Chief Executive of the Council, the Child Health Commissioner and the Divisional Commander had responsibility for the child protection and jointly exercised this through the Children and Young People's Strategic Partnership (CYPSP). Membership of this group had been extended to include senior managers involved in wider children's services to successfully prioritise child protection across all services.

The CPC, chaired by the Head of Service, Children and Families, provided very effective leadership and had significantly improved communication between services. It met regularly and was well attended by an appropriate range of senior managers. The CPC and the CYPSP drove forward improvements in children's services very successfully. A temporary lead officer and a development officer supported the CPC. Very active subgroups of the CPC took forward actions from the CPC business plan. These groups had good representation from all services.

The Council budget was aligned to the key priorities for protecting children. Budgets for children and families within the Council had been protected. Budgets were realigned to support new social worker posts and the development of the Almondbank Centre which will provide help for children with social and emotional needs. A review of Tayside Police resulted in Public Protection Units (PPUs) being set up within each Division. An additional Detective Inspector post was established within each PPU. Although two primary mental health workers had been recruited to work in schools, not all schools benefited from this. Some children had to wait for specialist health services.

Leadership of people and partnerships

Leadership of people and partnerships was very good. There was a strong approach to team working in the Council. Staff were encouraged to raise any concerns about individual children or service delivery. Social workers were valued and supported by Service Managers and the Head of Service who were visible and accessible. The Chief Constable recently stated his support for all police staff who raised a concern whether it was about an individual child, in a multi-agency meeting or through partnership discussions. The nurse consultant had developed an effective child protection team and encouraged health staff to meet for training and to share good practice.

There were very strong and effective working relationships between the PPU and CP Duty Team. Effective leadership improved joint working between education and social work staff at an operational level. Housing, social work and police worked well

together in a number of key areas such as homelessness, the management of sex offenders and family support. Senior managers within the Council were working hard to find joint solutions to the shortage of suitable housing. The Almondbank centre was being developed as a multi-agency resource to support vulnerable young people.

Voluntary organisations and independent schools were represented on the CPC. There were close links between the CPC, the DAAT and Making Connections planning group which helped promote protection of children across adult services. Projects like Web, Hopscotch and P4 had significantly improved joint working. Senior staff in ECS were not clear on the implications of the National Review of Community Nursing for their partnership working with health.

Leadership of change and improvement

Leadership of change and improvement was very good. There was a high level of commitment by senior managers across services towards continuous improvement. Well-developed processes for monitoring practice were in place within social work services. Chief Officers, senior managers and elected members made several visits to projects to see practice and support staff at operational level. Senior managers within the Council actively encouraged staff to learn from practice in other local authority areas, visit projects and share experience with them. Joint working and staff training were successfully building capacity for improvement across agencies.

Chief Officers and senior managers across services took account of national inquires and significant case reviews. They benchmarked themselves against inspection reports. The CPC and CYPSP undertook a self-evaluation exercise and identified areas for improvement. To assist the self-evaluation exercise, the CPC held a successful away-day where managers evaluated how well children were protected and their needs met using quality indicators. Services completed single agency evaluations of their work, which involved a number of front line staff. This work was incorporated well into an inter-agency evaluation, which informed the improvement plan for the CPC. Following the self evaluation exercise the improvement plan was at an early stage of development.

A number of multi-agency audits, individual case reviews and self-evaluation exercises had taken place across services. These had rigorously identified strengths, areas of good practice and innovation as well as areas for improvement. Adult services had audited the use of procedures when children were affected by parental substance misuse. An evaluation of the inter-agency child protection guidelines confirmed that staff found the guidelines very clear and easy to follow. Police, social work and health reviewed IRDs regularly to ensure consistency of their work. SCRA monitored the quality of reports sent to them regularly. Health services carried out a review of their services every three years and took appropriate account of the child protection inspection findings across NHS Tayside.

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

Summary

Inspectors were confident that children who needed protection were known to services and prompt action was taken to ensure their safety. Children were aware of how to keep themselves safe and identified a number of people they could talk to if they needed help. A range of services supported children and families very effectively. Children and families were involved fully in key processes. Staff worked well together to plan to meet children's needs and reduce risks. However, staff needed to make sure that they shared information fully across services, particularly out of hours, to ensure they took all relevant information into account when assessing risk. Some children were not able to access health services quickly enough when they needed them.

The Chief Officers and the CPC have very effective structures in place to improve services. In doing so they should take account of the need to:

- improve recording of significant events in children's lives in health and education files;
- work towards a more integrated assessment of risk and needs across services, ensuring the health needs of children are identified and met;
- ensure health staff are involved key child protection processes and in initial referral discussions; and
- improve access to some specialist support services for children in need of help following abuse or neglect.

9. What happens next?

Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations in this report, and to share that plan with stakeholders. HMIE will incorporate the main recommendations in this report into the scope of the next joint inspection of services to protect children and young people in the Perth and Kinross Council area.

Fiona McManus
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	Very Good
Children benefit from strategies to minimise harm	Very Good
Children are helped by the actions taken in immediate response to concerns	Very Good
Children's needs are met	Good
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	Very Good
Information-sharing and recording	Good
Recognising and assessing risks and needs	Good
Effectiveness of planning to meet needs	Good
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Very Good
Operational planning	Very Good
Participation of children, families and other relevant people in policy development	Good
Recruitment and retention of staff	Good
Development of staff	Very Good
How good is individual and collective leadership?	
Vision, values and aims	Excellent
Leadership and direction	Good
Leadership of people and partnerships	Very Good
Leadership of change and improvement	Very Good

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.

Initial screening tool in families where there is an adult who is a substance misuser

The Drug and Alcohol Team Partnership (DAAT) and Child Protection Committee (CPC) had jointly developed guidelines for working with children and families affected by substance misuse. Staff working with adults readily identified children who were living in a family affected by adult substance misuse. However, staff tended to refer children automatically and referrals to the Child Protection Duty Team (CPDT) escalated to a level which was unmanageable.

Health and social work staff developed a screening tool to assist in the initial assessment of risks to children living in families affected by substance misuse. The screening tool had assisted staff in substance misuse services to clearly identify risks and to reach an informed decision about when to refer a child to the CPDT.

The initial screening assessment is carried out in all circumstances where children are dependent upon, living in the same household as, or, in contact with a person who is misusing substances. The assessment takes account of the needs of the child, the home and the caring environment. Children whose care and welfare is likely to be at risk are appropriately identified and referred to the CPDT. There are examples where this has successfully resulted in the provision of more appropriate family support services.

Appendix 2 Examples of good practice (cont)

No 5 rattray community flat

In 2004, a series of consultations were carried out with local communities in connection with the Regeneration Outcome Agreements. Results highlighted a need to develop new approaches to supporting families in the Rattray area of Blairgowrie, particularly those who were reluctant to work with statutory services.

The local Children and Families Services Team secured funding through Community Regeneration to set up a project providing advice, guidance and support to individuals of all ages. Community partners included community learning, health visitors, education and social work. Staff used the facilities to deliver their own specialist support or to work jointly with project staff.

The project had been running successfully for over four years. It is very well used by the local community and demand for services is high. Participation in a range of activities raised parents' self-esteem and has given them confidence in caring for their children. Some had gained skills that helped them back into work.
Children and young people benefited from taking part in homework groups and groups to promote their social skills. This supported their progress at school and encouraged them to take more responsibility for their own learning. The flexible and responsive approaches used by staff helps children and adults to deal more effectively with a range of issues and has successfully reduced the likelihood of children and young people experiencing harm.

Appendix 2 Examples of good practice (cont)

Policy for unborn babies - child in need

Staff recognised parental capacity was often limited by a range of factors including problematic substance misuse, impaired mental health, learning difficulties and domestic abuse. The Policy for Unborn Babies was developed as a system for early identification of pregnant women whose vulnerability may result in their baby being considered a child in need and who required support.

Following a referral from a concerned professional to the Child Protection Nurse Advisor a multi-agency professional workers' meeting or network meeting involving the mother is convened. Information is shared at the meeting and risks to the baby assessed. Staff also coordinate multi-agency supports to help mother and baby.

Information is shared effectively across services in professional workers meetings. This helps staff to assess the risk of harm to vulnerable unborn babies. Support is provided at a sufficiently early stage to reduce significant harm to vulnerable babies' pre and post-birth. As a result a considerable number of mothers and babies receive additional support from health visitors and social workers and risk has been reduced. Several babies have been recognised as being particularly vulnerable and have been protected by the child protection system through implementation of individual child protection plans.

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