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

June 2008

Contents Page

Contents	Page
Introduction	1
1. Background	2
2. Key strengths	3
3. How effective is the help children get when they need it?	4
4. How well do services promote public awareness of child protection?	7
5. How good is the delivery of key processes?	8
6. How good is operational management in protecting children and meeting their needs?	13
7. How good is individual and collective leadership?	15
8. How well are children and young people protected and their needs met?	18
9. What happens next?	19
Appendix 1 Indicators of quality	20
How can you contact us?	21

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]

The inspection team included 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 Stirling Council area took place between December 2007 and January 2008. 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.

Stirling local authority covers an area of 2,187 square kilometres in the central belt of Scotland. The local authority area includes rural areas to the north and west of the City of Stirling as well as surrounding towns such as Dunblane and Callander. The administrative centres for the local authority, NHS Forth Valley and Central Scotland Police Force are in the City of Stirling.

The estimated population of Stirling local authority is 87,810 of whom 19,104 are under 18 years old. A high proportion of the population live in rural areas. The proportion of areas of deprivation is lower than the national average. The number of new people seeking help with drug misuse has increased. The rate of referral of children to the Children's Reporter was higher than comparator authorities[3]. The number of children subject to a child protection case conference almost doubled between 2005 and 2006. Children listed on the child protection register (CPR) also increased but this number was below the Scottish national average.

---

[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] Comparative Authorities include Aberdeenshire, Perth and Kinross, East Lothian, South Ayrshire and Fife.

2. Key strengths

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

- Children and families were listened to and understood. Staff communicated effectively with children and their families.
- Staff responded promptly to immediate concerns and took appropriate action.
- Services provided a wide range of support to children to help keep themselves safe.
- When there were concerns about children information was shared effectively by staff.
- Chief Officers, managers and staff in services had a shared vision, values and aims for protecting children and meeting their needs.

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

There was effective communication between staff providing services and children and their families. Staff helped children with communication difficulties to express their views. Children were helped to understand how to keep themselves safe, including when they used the internet. Staff responded quickly to immediate concerns. When concerns were less obvious responses were less effective. The short term needs of many children were identified and addressed by staff. Children had easy access to specialist services. The needs of some children in long term placements were not always fully met.

Being listened to and respected

Communication between staff and children and families was good overall. Staff knew the children and families they worked with and listened to and respected them. They respected children as individuals, including children referred as part of a family. Social workers visited children regularly. Most children and families had trusting relationships with staff. Many families understood why decisions were made and how to challenge them. Key workers in pre-school services and family support workers played an important role in communicating with children and their families during decision-making processes. Some staff encouraged children to complete an 'All About Me' report in which they expressed their views. Staff provided effective help for children with communication difficulties to make their views and feelings known. Some children did not have enough contact with their social worker and this affected the quality of communication. There were a few children where not enough effort was made by staff to listen to and understand them.

Staff encouraged children and their families to attend and participate in formal meetings, including staged intervention meetings, child protection case conferences, core groups, looked after child reviews and children's hearings. Social workers helped children and their families prepare for meetings by discussing reports in advance and explaining how the meeting would work. The child protection coordinator met with families before child protection case conferences. Reviewing officers made sure reports were discussed with children and families before a looked after review took place. A few children did not have enough support to help them to participate and communicate in formal meetings. Children and their families valued opportunities to communicate with staff and believed their views were taken seriously. Children and parents who had the same staff working with them over a period of time developed good relationships which supported effective communication.

Being helped to keep safe

Services worked well together to help children keep safe. Most children knew someone they could talk to if they were worried or had a problem. Parents valued the help available to them and believed this made a difference to them and their children. Staff in services used a variety of approaches to working with children and their families. Homestart staff supported parents with practical help and advice on caring for their children. Pre-school services were used flexibly to help more vulnerable children and their families. Women's Aid provided practical and emotional support to women and children who had experienced domestic abuse. The Family Support Community Childminding (FSCC) was a very effective scheme which provided childminding for children and gave parents respite and help. Staged intervention in schools helped identify children where there were concerns and appropriate resources were put in place for them. Children with disabilities received help from a range of services,

including respite provided by NCH and support from Crossroads, both voluntary sector organisations. Social workers were not always able to work directly with children, which sometimes reduced available support. Not all children and their families were able to access support services, particularly those who lived in more rural areas.

Strategies in schools to raise awareness amongst children about personal safety were effective. Children had a very good understanding of how to keep themselves safe. Schools provided 'buddies' for younger children and 'worry' or suggestion boxes which were used by children. The range of effective programmes in schools included an awareness raising programme on sexual abuse and the use of drama to promote children's safety. Education staff and police had delivered programmes on using the internet safely. Parents had been involved appropriately in awareness raising sessions about drug misuse. Staff in services had worked together well to help children learn about drugs and alcohol. Pre-school services and schools had sound procedures for children missing from education. There were good arrangements in place for children who were absent without explanation or reported as being missing. Education officers maintained good contact with children educated at home.

Children had a good understanding of their right to live free from harm. They were aware of ChildLine and had the phone number in their homework diaries. Children were aware of the role of community wardens and knew places to play when not in school. Some sixth year pupils felt that training in communication with disabled children and child protection had helped them support younger pupils in secondary school more effectively. Children and parents who responded to school inspection questionnaires felt that school staff knew children well and were concerned about their welfare.

Some examples of what children said about keeping themselves safe.

"Peer mediation helps solve problems in the playground."

"When we get support from Interact you learn to keep your temper...it teaches you to work together and to play more safely.''

"Don't talk to anyone you don't know on the internet.''

"I would be confident the teacher would understand and be helpful if I was worried."

Immediate response to concerns

The immediate response to concerns was very good. Staff were alert to children's needs, listened carefully to them and took their concerns seriously. When children were thought to be immediately at risk, staff took prompt and very effective action to protect them and meet their needs. Police and Social Work Services had appropriate arrangements in place to react when concerns were raised about children outside office hours. Staff responding outside office hours had access to information they needed from social workers and through the Council's electronic database to help keep children safe. Overall, when staff responded to immediate concerns they communicated sensitively with children and families and kept them

informed about actions taken to help them. A few children and families did not feel they were sufficiently involved and informed during investigations and immediately afterwards. Social workers and police officers successfully involved friends and extended family members in providing safe care for children in emergency situations. Where concerns about children were less clear or immediate, staff were not always quick enough to recognise that a child needed help. In a few cases, staff did not have all of the information they needed to take appropriate immediate action.

Meeting needs

Overall, the effectiveness of services in meeting children's needs was satisfactory. The individual short term needs of different children from the same family were identified by staff and appropriate support and care were provided. Help was available to children whether or not they were on the CPR or subject to statutory measures of care. Children's lives improved in the short term as a result of this help. Long term needs were not always well identified and or met quickly enough, including the need for permanent placements. A range of specialist services was available to help children affected by abuse and neglect.

Staff in services usually worked together well to meet children's needs. Some children benefited from education and care which had been arranged to meet their individual needs. Children in pre-school services and schools who had their needs identified through staged intervention received coordinated support from different services. Individual children with more complex needs accessed a range of appropriate supports from different services. The Well Chosen Service provided valuable help to meet the health needs of looked after and accommodated children. Not all children who misused substances had access to direct specialist support. There were some gaps in local services, including locally available residential placements. This meant some children had to travel outwith their communities to receive services and residential care placements. Appropriately supported housing was not always available to meet the needs of children leaving care. Looked after children who were living with kinship carers did not have their needs met consistently.

Most children were able to quickly access local child and adolescent mental health services. Barnardo's Matrix service for children at risk of developing antisocial or offending behaviour provided very effective support for older primary school aged children and their families. When it was identified that children had been affected by sexual abuse and, or, parental substance misuse, they had access to specialist services. A few children who were looked after by the local authority did not always receive support to maintain contact with other family members.

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

Members of the public regularly reported concerns about children. Staff in services took these concerns seriously and responded appropriately, but did not consistently provide feedback. Efforts to raise public awareness had been made by providing information to householders and staff in services but the impact of this had not yet been evaluated.

Being aware of protecting children

The promotion of public awareness was satisfactory. The Council effectively made information available through its magazine 'Stirling Focus'. This was sent to all households in the Council area four times a year. Each issue contained a feature on an aspect of protecting children and contact numbers for anyone wishing to raise a concern about a child. The Council had issued leaflets to raise awareness of protecting children to all their staff. Central Scotland Police had issued cards to raise awareness of domestic abuse to all police officers. There had been a recent campaign, supported by the Child Protection Committee (CPC), to highlight domestic abuse. This included displays in local libraries, schools and health centres. Information about child protection and domestic abuse was displayed in some public offices. Steps were being taken to involve Stirling Citizens' Panel in assessing the impact of work to raise awareness of child protection.

Members of the public knew where and how to report concerns about children. There was evidence of referrals from a range of sources, including neighbours, extended family and tradesmen. Police and social work staff dealt with these concerns promptly and appropriately. Anonymous calls were usually taken seriously and acted upon. A standard letter had been developed to provide feedback to members of the public who had raised a concern about a child. This was not consistently used by staff. Feedback given to referrers was not routinely recorded. During weekdays, specialist family protection police officers and social workers from the initial assessment team provided an effective point of contact for any concerns and a consistent response. Outside office hours, Forth Valley's Emergency Duty Team (EDT) ensured that an appropriately trained social worker was available to respond to concerns. Police call-handling staff prioritised calls expressing concerns about children.

5. How good is the delivery of key processes?

The involvement of children and their families in key processes was satisfactory. Staff were good at sharing information to help protect children. The quality of recording of information varied. Not all files were complete and accurate with relevant histories. Staff effectively assessed the needs of children. However, there was insufficient assessment of the risks and needs of unborn children and children living with substance misusing parents. Health staff were not consistently involved in initial referral discussions. Some good plans were made for children whose names were on the child protection register (CPR). There were delays in taking forward long term planning for children.

Involving children and their families

The involvement of children and their families in key processes was satisfactory. Most children had a good understanding of the work that was being done with them and felt that meetings and decision-making processes had been clearly explained to them. Staff across services worked with children and their families to prepare them for formal meetings. Where practice was effective children and their families were provided advice on formal meetings which took place. However, this was not consistent across the Council area. Health staff did not always share their reports with children and families before meetings. Social background reports and reports for looked after children included sections for children's views which were used well by social workers. Some children completed *Having Your Say* forms to express their views. The views of some pupils in schools were recorded as part of staged intervention processes. The section in the new health records for recording the views of parents was valued by them. In some cases children and families were given late notice of meetings and this made it more difficult to involve them effectively. The late availability of reports for some children's hearings and child protection case conferences meant that children and families were less able to be effectively involved. Delays to the time that children's hearings took place had an impact on involving children and their families. Although a few children took part in child protection case conferences, more required to be done to support their fuller involvement. Leaflets which had been written for children and their parents to tell them about child protection case conferences had not yet been distributed. Effective advocacy and support was provided by specialist staff. For example, the Who Cares? worker provided support and advocacy for looked after and accommodated children. The local authority children's rights worker had worked directly with some children and had reviewed the participation of children in child protection case conferences. A report on this review was presented to the CPC and members considered how participation could be improved.

All services had clear and easily available policies and procedures for handling complaints. When a complaint was made, this was dealt with quickly and in line with procedures. The relevant local authority officer investigated complaints appropriately and prepared helpful reports which made appropriate recommendations for change and improvement. A review of complaints received through 'Talkback' and the social work complaints procedure was collated each year into an annual report. Not all services routinely reviewed whether recommendations for change identified from investigations had been taken forward effectively. While many children and parents were aware of how to make a complaint, not all who were involved with services had been informed about the relevant procedures.

Sharing and recording information

Sharing and recording of information by staff in services was good. Most staff, including those in services for adults, shared information when there were concerns about children. Staff were clear about which information was confidential, and what information could be shared. Good use was made of guidelines on information-sharing. Positive working relationships among staff supported good information-sharing. Information was shared across services through both formal and informal processes. Some groups of staff did not consistently attend multi-agency meetings including the police, General Practitioners (GPs) and health staff. School nurses and education staff were not always made aware of concerns about children.

Particular features of information-sharing included the following points.

- Staff in the Community Alcohol and Drugs Service (CADS) shared information effectively with other services.
- The pilot of an electronic version of the CPR ensured prompt access to this information for family protection unit staff.
- The domestic abuse social worker and the children's reporter liaison worker had improved information-sharing and communication across services.
- Social Work Services for children and families had effective arrangements in place for transferring cases between different teams.
- Social workers and police officers did not routinely include health staff in discussions where there were concerns about children.
- There were some delays in pre-birth planning and assessment due to insufficient information being gathered.
- Effective information-sharing took place among staff involved in the Multi-Agency Public Protection Arrangements (MAPPA).
- Council, police and health staff had worked together to develop a method for sharing information electronically.

The quality of recording and the organisation of case records held by services was variable. Within all services, there were some records which were well organised, complete and accurate. Most social work and health records contained a history of events. In some cases, these had been very recently prepared and were not used effectively to analyse events and identify patterns of concerns. The new family health record was beginning to improve assessment and planning but was not used consistently by health visitors and school nurses. School nurse files often contained no child protection information. Child protection information was not always readily available in health files.

Across services there was an inconsistent approach to gaining consent for sharing information. When it was necessary to share information with other services, most staff informed children and families about what information would be shared. They also explained

who the information would be shared with and why this was necessary. They asked for agreement from children and families to do this. Most staff sought verbal consent but they did not consistently record this. Some staff did seek written consent from children and parents to record and share information. Staff did not always inform children and their families what information would be recorded about them.

Effective arrangements had been established to share information about sex offenders. Regular MAPPA meetings were well attended by police, social work and housing staff and provided a forum for exchanging information. The local authority child protection coordinator also attended these meetings. Health staff did not attend regularly. When appropriate, criminal justice social workers and housing staff attended child protection case conferences to share information. Most police officers were aware of the need to record, without delay, information about allegations made against individuals. This ensured that information about individuals who may have committed offences, but had not yet been convicted, were known to Disclosure Scotland.

Recognising and assessing risks and needs

Recognition and assessment of risks and needs was weak. Most staff, including those who worked mainly with adults recognised signs of abuse. They understood the risks to children resulting from domestic abuse and parental substance misuse. Services had effective systems in place to provide timely advice and guidance to staff who had concerns about a child. When concerns were raised, staff were alert to, and fully considered the risks to other children. Social workers completed initial assessments using a helpful standard format. Police and social workers responded promptly to concerns and held a discussion to share information and jointly assess the situation. Health staff were not routinely involved in the initial stages of an investigation and there was no clear process to consider which children should be medically examined. Staff raised concerns about vulnerable pregnant women through an established pre-birth planning system. However, there were delays and an inconsistent response to some of these cases. Health and social work staff had different views about what vulnerability in an unborn child meant and when assessments should take place. There had been a recent review of the service but it was too early to see any demonstrable improvement. Services almost always responded effectively to children in situations of domestic abuse. Staff in services were not yet working together to prioritise referrals to children's reporters or the social work service.

Child protection case conferences identified family strengths, areas of concern and provided a good forum for joint assessment of risk and needs. They were chaired effectively by staff who were independent of the management of the case. There were some good examples of effective sharing and analysis of important information at case conferences. Staff took new information and changing circumstances into account when reviewing and assessing risk. Children were referred appropriately to the children's reporter. Many case conferences were well attended. At some meetings staff from health, police and adult social work services had not attended or contributed relevant information to help assess risks and needs. A new family health record helped staff identify and monitor risks and needs. However this was not always used well by health visitors or school nurses. The quality assessments by social workers varied. They followed up initial assessments with comprehensive assessments using a standard format. While there were examples of helpful assessments of need, some were of limited use in identifying immediate and longer term risks. When concerns about children were thought to be lower, the assessment of families was not always sufficiently thorough.

Overall, staff were not making enough use of information to identify patterns and the build up of concerns for vulnerable children.

Police and social work staff planned for joint investigations. Joint investigative interviews were carried out effectively by trained staff. Guidance recommending health staff involvement in joint planning of investigations was not consistently followed. This meant the full needs of individual children were not always considered. Police had access to a rota of paediatricians for advice on medical examinations, but did not often use this for gathering information about children's health or past concerns. Paediatricians and forensic medical examiners worked effectively together in most cases. There were a few instances where children who had suffered physical abuse had been seen in unsuitable locations or by a single forensic medical examiner. These practices had been appropriately reviewed and addressed.

Staff, across services were alert to the risks to children of parental substance misuse. CADS workers routinely informed social workers when they were working with parents who misused drugs or alcohol. They referred pregnant women to the pre-birth planning coordinator and, when there were serious concerns, to social work. Meetings to share concerns were sometimes held too late to allow a full assessment to take place before the baby was born. There was no common approach among services to working with these families or guidance for assessing risk. Assessment of children living with substance misusing parents was not always robust enough.

Planning to meet needs

Planning to meet children's needs was satisfactory. Children on the CPR and those for whom there were significant concerns had an allocated social worker. Children with complex needs and disabilities had appropriate plans in place to meet their needs. There was a wide variety of meetings designed to plan and monitor progress for children. Some staff in services were confused about the purpose and status of different meetings and planning systems. Some plans which had been agreed were not monitored and reviewed effectively. There were delays in taking forward plans for some children who had long term needs.

Most initial and review child protection case conferences were arranged and held within appropriate timescales. The child protection coordinator chaired these effectively. Some meetings were very well attended by staff from all key agencies. This led to child protection plans which were well informed by all available information. However, in some meetings the absence of health and police staff meant that planning was less effective. Some child protection plans were well constructed and effectively set out. Staff from all services and parents were clear about their responsibilities in keeping the child safe. Plans for some children were not as clear. In some cases there were delays in circulating plans after meetings and sometimes decisions took too long to put into action. The status of some plans was not clear to all staff. Sometimes there was confusion caused by having more than one plan in place for an individual child.

Planning to meet long term needs was not consistently effective. For some children long term plans were made at an early stage. Good progress was made in making sure the needs of these children were met without avoidable delays. However, for others there were delays in identifying long term needs and in taking action on the agreed plan. When the plan was to seek a parental responsibilities order or adoption there were sometimes significant delays. This contributed to a lack of security for children unable to return home.

Monitoring the progress of child protection plans between reviews was carried out by core groups. These were expected to meet regularly and to include representatives of all key agencies. They were chaired and minuted by the social work team leader. In many cases the arrangement worked well, clear plans were in place, meetings were well attended and took place according to schedule. However, not all child protection plans were monitored closely enough through core groups. A few core groups were delayed, poorly attended or did not take place. Sometimes there were delays in circulating the minutes of groups.

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

Services had clear inter-agency guidelines on child protection which were used by staff to protect children. Services had not yet developed sufficient procedures for children living with substance misusing parents. The Integrated Children's Service Plan (ICSP) was reviewed annually. Most initiatives identified in the plan had been implemented. There was good involvement of children and families in the development of services but this was not yet consistent across services. Most services were fully staffed. Managers had still to develop a shared approach to identifying and addressing staffing needs. Most groups of staff had good access to training.

Aspect	Comments
Policies and procedures	Policies and procedures across all services were good. They were clearly linked to the shared vision for protecting children. All services had appropriate policies and procedures in place. Staff in most services were aware of child protection procedures and used them routinely. The inter-agency child protection guidelines had recently been updated. Most services had developed systems to ensure that policies were regularly reviewed and updated. There were no shared policies and procedures for the assessing the risks and needs of children living with parental substance misuse or for significant case reviews. Procedures for the management of pre-birth planning required further development.
Operational planning	Operational planning of services to protect children was satisfactory. The Integrated Children's Services Plan (ICSP) set out detailed aims for children's services. Annual reports reviewed the progress of the plan. Senior managers monitored implementation through the Children's Critical Partnership. A few actions identified in the ICSP had not been implemented. Staff and managers in some services were not effectively engaged in review and development of planning processes. Some staff were unaware of the ICSP and other operational plans. They were unclear how these impacted on their work. Services were able to produce some management information to help inform their work. All services were in the process of developing better management information systems. For most, this was still at an early stage and did not yet inform service planning. The social work service was working on new arrangements for their electronic information system to help improve the management information available.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	Participation of children and their families in policy development was good, although services had not yet developed an approach which was shared by staff across services. Almost all schools had an active pupil council. The student forum had been involved in national consultations and had contributed to the development of service developments including school meal menus. Children had commented on how sexual health was taught in schools and this had led to changes and the development of a leaflet. The development of online surveys through youth services enabled a wide range of young people to have their voices heard. The police had an effective authority wide youth forum.
Recruitment and retention of staff	Recruitment and retention of staff was good. All services had robust recruitment policies and carried out appropriate pre-employment checks. A good range of support and advice was available to recruiting managers across all services. Recruitment and retention of social workers were good. NHS Forth Valley had recently increased the number of paediatricians and the number of staff to support developments in child protection work. The police had recently become fully staffed. As yet, there were no joint approaches to meeting staffing needs across services. All services had clear policies for investigating allegations against staff.
Development of staff	Staff development was good. Training, including effective inter-agency courses, was available to a very wide range of staff. Induction programmes across services included child protection. In the NHS, the number of advisory staff had been increased to improve support and supervision. The local authority had developed a good training resource which staff could complete on line. Single training events were evaluated, but agencies had not assessed the longer term impact of training. There were insufficient places on more advanced training to meet demand. A few groups of staff, including housing officers, had not accessed training. The range of single agency training provided to health staff was limited. Social workers and health staff had access to support and guidance.

7. How good is individual and collective leadership?

Elected members, chief officers and senior managers had a shared vision, values and aims and were clear that protecting children was a priority for them and their services. The arrangements for the Forth Valley Child Protection Strategy Group (FVCPSG) and Chief Officers Group (COG) had recently been reviewed. Recent changes to these were not yet well understood by all chief officers and senior managers. By working in partnership services had developed a number of initiatives to support children and families. The Child Protection Committee (CPC) had completed a small case file audit and a case review but there was not yet a shared approach to self-evaluation and improvement.

Vision, values and aims

Overall, vision values and aims were good. Chief Officers had a shared vision for child protection which had been established in individual services. This had been communicated effectively to staff who were aware keeping children safe was a high priority. Across services there was a commitment to equality and diversity and Chief Officers had planned a recent training event on working with economic migrants.

- Within Stirling Council elected members and senior managers were clear that children's services and child protection were key priorities for them. Collectively, they had ensured that this was communicated and shared with staff. There was a heightened awareness among staff about their individual and collective responsibilities for keeping children safe from harm.

- The Chief Executive of NHS Forth Valley had ensured that child protection was identified as a key priority for health staff throughout the Forth Valley area. The vision was shared by senior managers and communicated through the Child Protection Action Group. There was a high level of awareness among health staff about the importance of keeping vulnerable children safe.

- Within Central Scotland Police the Chief Constable and senior managers had established a clear vision for public protection. Child protection featured prominently in their policing priorities and plans. Key messages about the need to keep children safe from harm had been communicated effectively to all staff. There was a high level of awareness of the vision among staff.

The Chief Officers had established a shared vision for children's services and child protection through the ICSP. Senior managers did not always share and understand the vision of the chief officers. This had been identified and positive steps had been taken to improve communication through the establishment of a COG which included a focus on child protection.

Leadership and direction

Overall leadership and direction was satisfactory. Chief Officers were clear about their own accountability within individual services. They had recently taken steps to improve collective leadership of child protection. The FVCPSG and the COG had been re-organised and a new constitution agreed by Chief Officers. However these changes were not well understood by all staff and managers. Staff were not yet clear about where collective

responsibility was placed. The FVCPSG was not yet providing sufficient leadership and direction and it was unclear how the Chief Officers directed the work of Stirling CPC.

The CPC shared a Lead Officer and Training Coordinator with neighbouring local authorities. The CPC met regularly and had subgroups on training, public awareness and audit. The subgroup on public awareness was new and membership was limited. Attendance at the subgroup on training was inconsistent. Members of the CPC were positive about opportunities for sharing information about services and their development. Management information was discussed regularly. The CPC had identified the need to improve links with the voluntary sector. The CPC appropriately referred some issues to the FVCPSG, but these were not always taken forward effectively enough. These issues included a website to raise public awareness and training.

Developments in deploying resources included the effective family support childminding service and a new service for children delivered jointly by police and social work. Staffing arrangements in NHS Forth Valley had been changed to deliver priorities for child protection more effectively with additional staffing and support. In social work, the initial assessment team had been identified as having insufficient staff to meet demand. This gap was being met by a short term secondment but there was not yet a longer term solution. Not all social work staff were confident that they had enough staff to meet the demands on their service.

Leadership of people and partnerships

The leadership of people and partnerships was satisfactory. Across services there was a strong commitment from chief officers and senior managers to joint working. This was supported by staff in all services. The monitoring of the ICSP and further development of children's services, including child protection, had been constrained by recent difficulties in sufficiently involving services in the Children's Critical Partnership. Attendance had become inconsistent. There had been no collective approach taken to establishing a process for the joint assessment of risks and needs of vulnerable children.

Effective joint working in schools to meet the needs of more vulnerable children involved staff in different services. School Liaison Groups ensured that, when necessary, more specialised help and support was provided to vulnerable children. Services in Stirling and the Forth Valley Data Sharing Partnership had worked well together to establish an electronic system for sharing information. This had provided the family protection unit staff with direct access to the Stirling CPR. Plans had been made to extend this access to Stirling Royal Infirmary accident and emergency department.

Strong and effective partnerships had been developed with a number of voluntary organisations. Police and social workers worked well with staff from Women's Aid to support women and children affected by domestic abuse. The Action for Change Strategy Group had helpful arrangements in place to coordinate this work. Police, social work, housing and voluntary sector staff had effective arrangements in place to manage sex offenders. This included those who might pose a risk to children. Stirling Council had worked well with Clackmannanshire and Falkirk Councils to establish an effective out of hours social work service.

Leadership of change and improvement

Overall leadership of change and improvement was satisfactory. Individual services had carried out self-evaluation and were using some management information to monitor performance. A small group of staff from different services had carried out an audit of a small number of case files. They had selected a few aspects of child protection work to review in these cases. The action plan from the case file audit was not well understood by staff. Services did not yet have a shared and robust approach to self-evaluation and improvement.

A review of an individual case had been carried out by a small group of CPC members and the findings and recommendations had been recently presented to the CPC. The recommendations from the case review were not widely known about or understood by staff and managers in services. The CPC chair had requested a detailed report of which staff attended child protection case conferences and planned to repeat this in future. In the education service a quality audit of child protection in schools had been carried out in 2006, and actions from this had been taken forward.

The police had completed a comprehensive self-evaluation which had led to recommendations for change within Central Scotland Police force. However actions which required multi-agency agreement had not yet been taken forward. In the SCRA, the Regional Manager and the Authority Reporter regularly reviewed key performance indicators. They had carried out a practice audit in 2006 and were taking forward an action plan. NHS Forth Valley had completed an audit of child protection in 2005 and had recently improved guidance for medical examinations. A draft significant case review protocol had been developed by managers across services but this had not yet been finalised or agreed by the FVCPSG.

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

Inspectors were confident that most children in need of protection were being identified early enough to receive the help and support they needed. Staff responded effectively to immediate concerns. Communication with children and their families was good and children were helped to keep themselves safe. There was not a sufficiently robust approach to pre-birth planning or assessment for children living with parental substance misuse. Planning to meet children's longer term needs was not always taken forward effectively enough to ensure their needs were met. There was not yet effective enough leadership of staff and of improvement across services.

The CPC and individual services, guided by the FVCPSG and the COG, had structures in place to identify and implement improvements in the protection of children in Stirling. In doing so Chief Officers and the CPC should take account of the need to:

- ensure that children living in longer term care placements have their needs met, including the need for permanent placement;
- fully involve health staff in initial referral discussions and joint investigations, and continue to improve arrangements for medical examinations;
- improve assessment of risks and needs for unborn children and children living with parental substance misuse;
- ensure plans to meet children's needs are carefully monitored and reviewed;
- improve the leadership and direction from chief officers and senior managers to better support the work of the CPC; and
- better develop shared self-evaluation and improvement of services for children.

9. What happens next?

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

Marian Martin
Assistant Chief Inspector
June 2008

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	Very 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	Satisfactory
How good is the delivery of key processes?	
Involving children and their families in key processes	Satisfactory
Information-sharing and recording	Good
Recognising and assessing risks and needs	Weak
Effectiveness of planning to meet needs	Satisfactory
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Good
Operational planning	Satisfactory
Participation of children, families and other relevant people in policy development	Good
Recruitment and retention of staff	Good
Development of staff	Good
How good is individual and collective leadership?	
Vision, values and aims	Good
Leadership and direction	Satisfactory
Leadership of people and partnerships	Satisfactory
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

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 have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston, EH54 6GA. You can also e-mail HMIEComplaints@hmie.gsi.gov.uk. A copy of our complaints procedure is available from this office, by telephoning 01506 600 200 or from our website at www.hmie.gov.uk.

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.

Crown Copyright 2008

HM Inspectorate of Education

This report may be reproduced in whole or in part, except for commercial purposes or in connection with a prospectus or advertisement, provided that the source and date thereof are stated.