

**Joint Follow-through inspection of services to
protect children and young people in the
East Dunbartonshire Council area**

August 2007

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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.

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

1. The inspection

HM Inspectorate of Education (HMIE) published a report on the pilot inspection of services to protect children and young people in the East Dunbartonshire Council area in July 2005. Working together, services within the East Dunbartonshire Council area prepared an action plan indicating how they would address the main points for action identified in the original HMIE inspection report.

Inspectors revisited the East Dunbartonshire Council area in April 2007 to assess the extent to which services were continuing to improve the quality of their work to protect children and young people, and to evaluate progress made in responding to the main points for action in the initial report.

2. Continuous improvement

Services in the East Dunbartonshire Council area had worked well together to improve their provision for children. They had enhanced aspects of planning and development of services, further developed procedures and guidance, and improved the range of support available for children at risk.

Planning structures had been revised, resulting in more effective leadership of joint services for children. As part of the commitment to reviewing the new arrangements and requirements for child protection committees, the partners in the East Dunbartonshire Council area have drawn together the functions of the previous Children's Services Core Group (CSCG) with those of the Child Protection Committee (CPC) into a single themed partnership, Delivering for Children and Young People. Within the revised structure the CPC operated effectively and was developing a culture of improvement. A new Community Health Partnership (CHP), co-terminus with East Dunbartonshire Council, had improved opportunities for joint planning and review of services. The CHP Director had shown strong leadership in developing partnerships and representing collective views within National Health Service Greater Glasgow and Clyde (NHSGGC).

Services in the East Dunbartonshire Council area had improved outcomes for vulnerable children and their families. More effective risk and comprehensive needs assessment had led to clearer identification of what was required to support families and meet children's needs. Increased resources available to support children included more foster and day care placements. New services developed in partnership with voluntary organisations provided better support matched to children's needs.

The CPC had undertaken a public awareness raising campaign which ensured that information about protecting children was easily available in a variety of venues across the area. Commendably, they were committed to monitoring this to ensure such information continued to be visible and available. A screensaver with information about keeping safe as well as sources of help and advice for children and young people was placed on all school computers. School staff had commented on the effectiveness of this approach to giving information to pupils.

3. Progress towards meeting the main points for action

The initial pilot inspection report published in July 2005 identified five main points for action. This section evaluates the progress services in the area have made with each of the main action points and the resulting improvements for children, young people and their families.

3.1 Ensure that all children and young people have the right to be heard and to be consulted about decisions which affect their lives.

Services had made very good progress towards meeting this point for action.

Children and young people were positive about involvement in assessments of their needs and making decisions about their lives. They were supported by appropriate professionals, including social workers, teachers or foster carers, to participate in meetings and give their views. A new assessment framework had been introduced which was used by all professionals working in the children and families teams. This framework increased the focus on involving children, young people and their families in assessment of needs and identifying strengths and resources within the family. The views of parents and each individual child in the family were consistently recorded and shared at child protection case conferences and reviews. Children and young people now always attended these meetings and contributed their views unless there were strong reasons not to. When a child did not wish to attend, this was recorded along with the reasons given by the child.

The Intensive Support and Monitoring Services (ISMS) involved young people very effectively in assessment and planning. Staff and young people jointly identified risks and agreed outcomes the young person would like to achieve. Those who used the service felt that being more involved in identifying needs and planning support had increased their confidence and commitment to making placements a success.

Health visitors had implemented a revised family health record which was shared with the family. Health visitors discussed and agreed with families the best pattern of support required to meet individual circumstances.

3.2 Improve arrangements for initial assessment of situations where any professional or service has concerns about a child or family to ensure that all professionals have access to confidential advice and that all services, including health are consulted.

Good progress has been made towards meeting this main point for action.

The Advice and Response Team (ART) continued to provide a single point of contact for all referrals or enquiries. Professionals who contacted the team benefited from confidential advice and discussion on any child they had concerns about. Calls were always returned within an appropriate timescale, and all referrals were followed up. Initial assessments were completed quickly and effectively. When initial assessment indicated that a child needed protection, the duty Children and Families Manager undertook further assessment and information gathering and organised a child protection case conference within appropriate timescales. Within 12 weeks of referral, cases were concluded by the ART. All children who required longer term support were allocated a social worker from the area Children and

Families Team. The ART generally gave feedback to the person making the initial referral, but this was not yet fully established on every occasion.

Comprehensive arrangements had been put in place to identify and respond to children missing from education. Procedures for taking action when children were absent from school without notification were in place and used effectively by headteachers. In a number of cases, action had been taken which had benefited children. The education service had introduced an electronic attendance monitoring system in secondary schools to monitor absence and identify pupils who may be at risk. Schools had implemented improved procedures for recording their child protection referrals. They had also improved monitoring of the results of these referrals to ensure that appropriate action had been taken.

The Domestic Abuse Coordinator for the East Dunbartonshire Council area had completed a draft strategy with associated operational guidance on responding to concerns about domestic abuse when children were involved.

The introduction of a single referral form had improved referral procedures for all staff working in health. A pathway for these referrals had been agreed with the Social Work Service which included written notification of the outcomes of referrals. The implementation of the new procedures had been supported by extensive training. Since its launch in 2005, the Child Protection Unit (CPU) based at the Royal Hospital for Sick Children in Glasgow had provided a single point of contact to all National Health Service (NHS) staff for information and advice on child protection matters. A duty system operated out of hours so that medical advice could be accessed at any time. Increasingly social work managers and police from the Family Protection Unit (FPU) used this service. However, professionals from the Social Work Service and the FPU did not routinely seek medical advice when making decisions about joint investigations.

3.3 Better sharing of information and assessment of risks so that decisions are taken on the basis of the fullest possible knowledge available.

Very good progress had been made towards meeting this main point for action.

A strong culture of sharing information in the best interest of children and families had been established. Professionals across different services worked collaboratively to come to a joint understanding of the implications of what they knew about children and their circumstances. They had developed a team approach to supporting families. Increasingly families benefited from support coordinated through one key professional.

Assessments of children's needs by social workers had improved significantly. Supported by a newly developed assessment framework and extensive training programme, they focused more on systematic gathering of information over time and from a range of sources. They analysed information and its implications for children's safety and wellbeing. They took more account of family strengths and the contribution families could make to protecting children. Improved information gathering and assessment had led to clearer decision making and improved planning for children and young people. Senior managers within health, education and social work met regularly to jointly review all complex child protection cases. This ensured joint working was increasingly effective and that decisions made and action taken protected children and met their needs.

Health visitors gathered information and assessed risk effectively. They worked closely with other professionals, particularly in education and social work, to develop a holistic understanding of a child's circumstances and plan appropriate support. As a result of extensive awareness raising and the introduction of the single health referral form, General Practitioners increasingly contributed to assessments of family circumstances of children at risk.

The ISMS, within social work, and the Social Emotional and Behavioural Support Service, within education, had piloted single integrated assessments and plans, based on national advice. These clearly demonstrated an effective approach to joint assessment by key professionals which fully involved children, young people and their families. The Social Work Service and the Education Service had jointly developed a database which enabled them to share information about vulnerable children and their families, and monitor progress.

Access to the Violent Offender and Sex Offender Register (ViSOR) used by all police forces had been agreed and an implementation programme was in place. This provided speedy sharing of information on offenders who may pose a risk to children. The Police and Social Work Services worked together effectively to ensure joint assessment and risk management plans were in place for managing sex offenders. The criminal justice and children and families teams had shared access to information held about families they were working with.

Jointly agreed procedures for inter-agency working with children and families affected by substance misuse had been implemented. Although at an early stage, the procedures had already ensured a timely response to concerns which resulted in well-planned pre-birth case conferences. Staff within addiction services recorded details about the children of substance misusing parents. This information was placed on *Carefirst*, the children and families management information system, to alert staff to potential risks to these children.

The CPC had considered the development of an integrated assessment framework incorporating risk assessment, across all services, in line with national advice. Members had agreed to amend and adopt the model being piloted in Glasgow in order to standardise the assessment framework across the NHS.

3.4 Increasing the range and accessibility of services to help intervene early to support vulnerable families and help children and young people recover from abuse or neglect.

Very good progress has been made towards meeting this main point for action.

Services had worked very well together to develop further the Promoting Positive Parenting (Triple P) programme across the area. The programme had helped parents to become more confident and improve their family life. Parents described benefits to their children such as calmer behaviour, improved sleeping and improved relationships with other children. Increasing numbers of parents had taken up the offer of the programme. Very good efforts were made to ensure parents who did not have enough confidence to participate in a group could work through the programme on a one-to-one basis with a member of staff. Plans were in place to offer specialised programmes for parents of children with additional support needs, and for parents of children who were displaying high risk behaviour.

Close partnership between services working with pre-school children, such as pre-school centres and health-visiting services, ensured that parents who needed support were identified early. Coordinated arrangements to meet their needs were quickly put in place. The development of new pre-school provision had strengthened the support available to families. Although the needs of vulnerable children who were under two were very well met, there were still sometimes difficulties or delays in providing the best support for younger children.

The development of the school based counselling service across all the secondary schools in the area provided valuable advice and support to pupils who required it. The service was accessed well by pupils, and highly regarded by those who had used it.

Very good progress had been made in increasing the number of care placements. The fee and allowance system for foster carers had been reviewed and new rates introduced. Foster parents were confident in their skills and contributed very effectively to the emotional development of the children in their care.

The ISMS had been developed as an alternative to secure placements for young people who were at high risk of harming themselves or others. It provided high quality education and care for young people. The service provided by *Includem* provided extended care, and a 24 hour service to respond to emergency needs of young people. Together these services had helped a number of young people make more positive choices about their lives, and helped them stay within their families and local communities. *National Children's Homes Scotland* provided a service for families in times of crisis, through helping parents develop better skills for caring for and protecting their children at home. *Children 1st* worked closely and flexibly with the services in the area to meet the needs of children who had been abused and needed longer term therapeutic support for recovery. Every effort was made to ensure that children who needed this service were able to access it. An additional social worker and youth worker had been appointed to the joint health and social work addiction team to develop outreach and prevention services for young people involved in high risk behaviour. The local Addictions Planning Group had developed safety packs which were provided as a follow up to medical intervention for young people involved in substance misuse.

3.5 Implementing planned reviews and improvements identified in previous audits, including the plans for reviewing the functions and composition of the Child Protection Committee (CPC) and improvements in training.

Very good progress had been made towards meeting this main point for action.

A Chief Officer's Group (COG) had been established which included the Chief Executive of East Dunbartonshire Council, the local Area Commander of Strathclyde Police and the director of the local CHP. This group provided strong leadership. They had a very good knowledge of the needs of children in the area and developments being taken forward by services to meet those needs. They valued partnership working across services and cooperated very effectively to monitor improvements and areas of risk.

The composition of the CPC had been reviewed. It had supported innovative and flexible developments which were making a difference to children through, for example, joint planning, the delivery of universal parenting programmes, and coordination of approaches to assessment. It had identified appropriate areas for improvement and had taken steps to develop joint evaluation of the services in the area.

Very good progress had been made in implementing a comprehensive programme of training within single agencies. Multi-agency training had also taken place and proposals had been agreed to further develop this training programme.

The restructuring of the children and families service within social work had been completed and managers had been appointed to each of the newly constituted teams. Staffing within the ART had been increased. These changes had led to increased confidence among social workers. Across all the services staff morale was high. They were positive about improvements which had been achieved and felt that they were meeting the needs of children and young people in need of care and protection more effectively.

4. Conclusion

Services had taken very effective action to implement the recommendations in the pilot inspection report published in July 2005. The strong leadership of the COG and the CPC had achieved improvement in services to protect children. Within a sound planning framework, service managers had demonstrated the capacity to take action to ensure better outcomes for children. Overall, services were well placed to work together to continue to improve services for children living in the area. As a result of the strong performance shown by services in taking forward improvements, HMIE will make no further visits in relation to the pilot inspection report published in July 2005.

Christine Knight
HM Inspector
August 2007

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If you wish to comment about this inspection

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

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