

**Joint inspection of services to protect children and
young people in the Argyll & Bute Council area**

March 2007

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?	12
7. How good is individual and collective leadership?	14
8. How well are children and young people protected and their needs met?	17
9. What happens next?	18
Appendix 1 Indicators of quality	19
How can you contact us?	20

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 children² in the Argyll and Bute area took place between October and November 2006. It covered the range of services and staff working in the area with a role in protecting children. These included services provided by health, police, local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent services.

As part of the inspection process, inspectors reviewed practice through reading a sample of records held by services who worked 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 provided to help 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.

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

Argyll and Bute is the second largest local authority area in Scotland. It comprises three distinct areas. The Atlantic islands include the islands of Islay, Tiree, Jura, Coll and Mull. The rural mainland covers settlements from Mid-Argyll from Oban and Lorn to Kintyre. The third area comprises the communities of Helensburgh, Dunoon and Rothesay that are close to urban areas and a large naval base. The administrative centre of the authority is Lochgilphead.

Argyll and Bute has an estimated population of 91,306 of whom 19,338 are under 18 years. More than 50% of all residents live in a rural area. Employment levels and weekly earnings are lower than the national average. The number of people presenting as new clients seeking help with drug and substance misuse increased in 2003-04 but has since declined in 2005. The proportion of children in Argyll and Bute referred to the Children's Reporter in 2004-2005 was 5.6%. This was above that within comparator authorities³ and nationally.

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

³ Comparator authorities for Argyll and Bute include Highland, Dumfries and Galloway, Angus, Scottish Borders and South Ayrshire.

2. Key Strengths

Inspectors found the following key strengths in how well children were protected and their needs met in Argyll and Bute.

- Partnership working between services which provided supportive interventions and responses for children, young people and their families.
- Approaches to raising awareness of child protection.
- The high degree of commitment and team working across services to ensure the safety and protection of children.
- An extensive programme of inter-agency training on raising awareness of child protection issues accessed by a wide range of staff.

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

Children could access a range of trusted staff when they had concerns over their safety. They were confident that their concerns would be treated seriously and promptly. Services placed children at the centre of their work and provided opportunities for them to speak and be listened to, although access to independent advocates was limited to the use of safeguarders within children's hearings. There was a range of support services available for children. However, a few children experienced delays in receiving help. While short term needs were mostly met, services were less effective at meeting children's longer term needs.

Being listened to and respected

Communication and trust between children and staff was good. Children were able to identify staff working locally to whom they would go with any concerns about their safety. For some highly vulnerable children, the communication and relationships with trusted social work staff and support workers provided continuity and security in their lives. As a result, children were confident about accessing help. Health visitors, social workers and support staff worked well together to protect very young children. Staff used appropriate methods to communicate effectively with children with disabilities. However, relationships between some children and staff were variable. A few children experienced frequent changes of staff working with them. Some front line staff did not spend enough time working directly with children.

Independent persons and operational managers chairing child-care reviews helped to make these meetings child centred. They ensured that children's views were listened to and respected. Staff supported children to enable them to participate appropriately in formal meetings such as children's hearings and reviews. Chairs of children's hearings placed importance on using age appropriate language to ensure that children understood what was happening. As a result, children participated effectively in meetings and expressed their views. Panel members ensured that a good balance was struck between the provision of praise to recognise progress and discussion about ongoing concerns. They made good use of independent safeguarders' reports. However, outwith the use of safeguarders, there were few independent advocates available for children generally and particularly for those with disabilities. The views of some children with disabilities about the range and quality of the services they received were not always sought within formal meetings.

Being helped to keep safe

Being helped to keep safe was good. Staff from social work and health services made appropriate, timely and frequent interventions. This often involved work with reluctant parents and carers to provide practical help and support on matters of care and welfare. Staff interventions included provision of parenting support, help with issues relating to substance abuse, foster care and the use of extended family members as carers. Early intervention services such as *Fuller Services in our Neighbourhoods and Schools* (FUSIONS) and voluntary befrienders provided both individualised and general programmes of support to enable children to keep themselves safe outside school. These included family support and parenting programmes in some local areas which had reduced risk and significantly improved the lives of vulnerable children. However, not all vulnerable children, young people and families across scattered communities could access appropriate support when required.

Social work staff did not always have access to a range of services to support their work with vulnerable children and families.

Education staff worked closely with Strathclyde Police to deliver programmes on personal safety to children in school. These children made regular use of guidance and other staff to obtain support on issues concerning them. Vulnerable children in schools were encouraged to seek support through a range of approaches such as bully buddies, circle time and worry boxes. However, the effectiveness of these support systems for children had not been evaluated. Education, social work and police worked closely in partnership to quickly locate children who were missing from education. When children were being educated at home, education and social work staff ensured that regular visits and assessments were undertaken to support families in these circumstances.

Children had a good awareness of their right and entitlement to be safe. Evidence from school inspection questionnaires supported this view. Almost all felt that staff such as guidance staff had respected their privacy. Guidance staff and social workers were valued overall. However, the quality of relationships and support provided for a few children was variable.

Some examples of what children said about keeping themselves safe.

“There is always somebody in the guidance staff to help you when you need it”.

“Sometimes social workers don’t turn up when they say they will. This makes me feel not important and not want to meet them again”.

“We feel safe in school”.

“FAB (Friends Against Bullying) works. There is a drop-in club where you can get support and they deal with bullying”.

Response to immediate concerns

The response to immediate concerns was adequate. When health and other services raised concerns in pre-birth cases or in cases involving infants, these were addressed promptly. When children and young people expressed concerns to staff in education, police and health, these were treated seriously. Initial disclosures resulted in prompt referrals to, and interventions from, appropriate services. As a result, children received a timely and appropriate response when they shared their concerns or were seen to be at risk. However, children, young people and families were not consistently kept involved and informed about what was happening. Staff and members of the public raising concerns did not always receive feedback about what action had been taken. In a few cases, there were delays in responding to initial concerns. Information from social work standby services was not always readily available. A few criminal investigations and joint investigations were delayed as a result. Where children were placed with members of their extended families, services did not undertake automatic checks on their suitability as carers for children.

Meeting needs

The overall quality of meeting needs was adequate. Most staff delivering services for children and young people were confident that they understood procedures for identifying child protection issues and knew what action to take to protect children from immediate harm. Most children who had received sustained support from social work, education and other services had shown improvements in their attendance at school, in their attainments and achievements and in the development of personal and social skills. However, when this sustained support was not available, the educational and personal development for a few children was more limited.

The local authority commissioned a range of effective support services to support the needs of children and families. Staff from FUSIONS, community childminders and community services delivered effective short-term support for families including parenting skills classes and direct help in establishing domestic routines. Social workers involved parents in multi-agency meetings for children on the Child Protection Register and those subject to compulsory measures of supervision. Staff from the police, social work and education worked to share information on children involved in domestic abuse incidents. As a result, school-based child protection co-ordinators were now able to respond more quickly and appropriately to the needs of children and young people. Housing services offered limited accommodation for young people leaving care, especially those with high support needs related to drug and alcohol addiction. However, the authority had not yet developed systems to evaluate the longer-term impact of these services.

Children and young people in the Helensburgh area accessed effective support from a school nurse with a focus on child protection. The provision of therapeutic recovery services for children was inconsistent. The community-based mental health nursing service was providing an effective service to young people. In some cases, families using specialist mental health services had to travel long distances. This caused difficulties for families in sustaining their attendance. A few young people who had suffered neglect or sexual abuse experienced difficulties in accessing clinical assessments. Provision in meeting the longer term needs of children who were looked after and accommodated varied in quality.

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

Services made a wide range of high quality child protection information available in public spaces and through the media. Partners in the Child Protection Committee (CPC) had also established informative and attractive websites dedicated to promoting awareness of child protection and domestic violence. These measures helped keep children and families in scattered rural and island communities informed.

Being aware of protecting children

The promotion of public awareness of the safety and protection of children and young people was very good. Staff in schools ensured that parents were made aware of policy and procedures to safeguard the well-being of children. Schools displayed the ChildLine helpline number on posters, wall displays and further raised awareness of this service through the school curriculum. The website was well used with a range of useful resources which individuals and community organisations could freely access. It had clear links to single agency awareness raising campaigns such as on health and on domestic abuse. Community police officers played an important role in ensuring that children knew how to keep themselves safe and well through frequent presentations and a police youth magazine. Child protection training had still to be extended to elected members, who regularly attended school boards.

The public demonstrated high levels of awareness of child protection. Most children felt safe and secure in the school and within their local community. Police officers in local areas responded promptly to provide advice on child protection issues to members of the public. A number of paediatricians had received calls directly from the public and had given appropriate advice in response. Housing staff responded at short notice to referrals from social workers to provide effective support for families in crisis through the HELP project where housing was provided for young people experiencing family difficulties, including young mothers. However, there was a lack of feedback to identify actions taken to those who had made child protection referrals to social work services. Members of the public experienced some delays in contacting the out of hours social work standby services.

5. How good is delivery of key processes?

Overall, the processes for protecting children had a positive impact on children and families. Case conferences and children's hearings were used effectively to communicate and plan with children, parents and carers and to involve them in decision-making. Services shared information to enable staff to recognise need and assess risks posed to children as a result of parental substance abuse and by sex offenders. However, not all services participated fully in initial meetings to share information. Health staff were not fully involved in assessments of risk and decision-making. For a few children there was insufficient inter-agency work to address long term needs or changing circumstances.

Involving children and their families

Arrangements for involving children and their families were good overall. Staff used case conferences and children's hearings to communicate effectively with the majority of children, parents and carers. They clearly and consistently involved them in decision-making. The use of core group meetings by services was particularly effective in keeping parents informed and involved in planning to protect their children. At these meetings staff and parents expressed the views of very young children and some children with disabilities. Children's panel members often appointed a safeguarder who effectively represented children and young people's views when necessary. Staff were not so effective at consistently seeking and recording the views of older children and involving them in decisions being made about them. Advocacy services for children, apart from safeguarders, were not well used and some staff did not fully understand the role of an independent advocate in helping children to understand and be involved in what was happening to them.

Complaints procedures were accessible and comprehensive. Services responded promptly to resolve complaints from parents, carers, children and young people. Services worked hard to ensure users felt empowered to respond when they were unhappy about decisions affecting them.

Sharing and recording information

Overall, the sharing and recording of information was good. Staff in all services had adopted an approach that treated each child as an individual. They understood and made good use of information-sharing as appropriate and followed clear guidelines and protocols. Information was shared effectively by staff working in adult services where there was a concern that an adult posed a risk to children. Staff from police and social work worked well together and regularly shared information where there was a concern regarding a child. Health staff were not involved in initial meetings to share information however their views were regularly sought and reported by social work staff at such meetings. Health staff were not routinely involved in the joint planning of further investigation. Overall, services consistently recorded the information they shared and made good use of case chronologies and care plans to develop their responses to children at risk.

Particular features of information-sharing included the following points.

- Close partnership working between services which assisted the sharing of information.
- Information to inform initial decision-making was sought and obtained from all relevant services. However health staff did not fully contribute to initial discussions.
- Information on children and their families was securely stored.
- Information Technology systems within and across the services did not always support the effective sharing of information.
- The views of health staff were not always recorded at initial discussions.
- Families were not always informed of what information about them was shared and recorded.
- Although chronologies were present in most social work, health and children's reporter records, in some cases the quality was variable.

Overall, staff from a wide range of services effectively shared information both formally and informally. They were starting to make good use of a history of significant events in case records to highlight the ongoing decision-making process and show the sharing of information across services. In most instances, the case files provided an accurate and up to date record of information held on a child. However, although health information was obtained to inform the initial case discussion, the recording of subsequent health information or involvement was generally sporadic.

Staff in social work, the police and health outlined clearly to parents and carers the need to share certain information for the well-being of the child concerned. These staff displayed tact and an understanding of the need to listen to and record the views of the child and families. This approach resulted in the development of trust between parents and staff which was maintained throughout the investigation. However, some families were not always aware what information was held about them or shared with other agencies.

Argyll and Bute Council had effective agreements with East and West Dunbartonshire Councils, the Royal Navy and Strathclyde Police for the sharing and recording of information about convicted sex offenders living in the area. Circumstances were clearly defined when information could be shared, with the focus being on the safety of children and the wider community. Staff displayed a good knowledge and understanding of these agreements, and were aware of the need to manage information on high risk offenders safely and effectively.

Recognising and assessing risks and needs

Recognising and assessing risks and needs was adequate. Staff took prompt and appropriate action to protect children who were at risk. They carried out an immediate assessment of risk to the child, as well as to any related children or young people. Individual services worked well to ensure a single point of contact for the child and family. This enabled strong relationships and effective communication to develop. Social work staff used a standard risk assessment tool although the quality of these assessments was inconsistent. Staff conducted investigations with the focus on the safety and welfare of the individual child. Police and social work staff met promptly at the outset of a child protection investigation. Social work staff undertook the responsibility to obtain information from all available sources, particularly from health staff to ensure that an informed risk assessment could take place.

There were examples where greater involvement of health staff in the assessment of needs may have led to more consistent provision of therapeutic services.

Overall, staff across services developed and maintained strong professional relationships and made informed judgements about the needs of the child. They met regularly to share information on the changing circumstances of a child and family. As a result, most staff could confidently outline their actions and reasons for their decisions. Staff clearly focused on both the short and longer term needs of the child. They shared an agreed approach to assessment, ensuring that in most cases all aspects of risk and need were addressed. In such cases, staff operated an ongoing risk assessment process that was responsive to changing circumstances and the effect these had on the child. There needed to be greater involvement of General Practitioners (GPs) in risk assessment as they did not attend many case conferences. There were frequent gaps in information from this group of medical staff. In a few cases, services did not sufficiently recognise children's longer term needs in planning their responses.

The need for medical assessment was often made by the police and social work staff involved in the early assessment of risk and needs. The practice for medical examinations was inconsistent. In some cases, medical examinations were carried out by a single doctor rather than through joint paediatric examination. The out of hours standby social work service based in Glasgow had insufficient information about current circumstances to fully assess health and welfare needs. Out of hours paediatric advice was obtained from a hospital in Paisley. When the on-call paediatrician did not have appropriate training or experience to conduct a medical examination, there were delays in children being examined.

The CPC had responded to the issue of parental substance misuse by commissioning the production of a handbook of guidance to support practice. Staff and carers were increasingly making effective use of this guidance which promoted better gathering and sharing of information. The guidance helped staff working with families to promptly identify and respond to the needs and risks when a child was affected by substance misuse. Staff across services had attended multi-agency training which had enhanced their ability to assess parental substance misuse, children's needs and parental capacity to respond.

Planning to meet needs

The effectiveness of planning to meet needs was adequate overall. In many cases, services worked closely together to reach shared decisions in case conferences. Staff identified the needs of children and young people and agreed appropriate actions to meet these needs. In most cases, staff undertook regular assessment of needs as circumstances changed to ensure that packages of support, including specialised services, were appropriate. This support extended to children living in both islands and rural areas. Staff produced plans for vulnerable children whether or not the children were on the child protection register. Plans recorded roles and responsibilities and were reviewed regularly. However, the implementation of plans was not always carried through consistently. In a few cases there were insufficient inter-agency responses to address needs or changing circumstances. This resulted in limited improvements to the child's situation.

Overall, staff planned effectively for those children who were placed on the child protection register. Social work, education and health staff planned carefully for the child and provided appropriate support in complex situations. They set clear objectives and timescales and

delegated responsibility for actions to achieve them. Staff ensured that decisions were communicated clearly and consistently to children and families. They made good use of support programmes and inter-agency networks. However, a comprehensive approach to planning was not applied systematically across all parts of the Council area. Relevant staff did not always attend or were not always invited to case conferences or other formal meetings. As a result they were not fully involved in plans to meet children's needs.

Overall staff undertook regular assessment of needs as circumstances changed. They ensured that children and families were involved and informed as plans were adjusted to meet changing circumstances. However, assessment and planning did not always focus sufficiently on longer term needs of children. Alternative courses of action or support packages were not always considered. Staff attending regular core group meetings planned effective interventions however not all services participated in these meetings. In a few cases recording, monitoring and implementation of plans was erratic. Decision-making at some children's hearings was affected by the lack of clarity or quality in planning. The Chairs of child protection case conferences were operational service managers from the social work service. The potential for any conflict of interest this might cause was being considered by the Chief Officers Group (COG).

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

Services had clear policies, procedures and a well-developed staff training programme to support effective practice. The existing inter-agency child protection guidelines were still to be updated at the time of the inspection. The Integrated Children’s Services Plan (ICSP) was clearly organised and the use of management information was improving. However, links between the ICSP and operational plans in terms of measuring outcomes were not always clear. Uneven staffing complements across the services hindered the effective delivery of the ICSP. All services sought actively to continue to improve and increase the participation of children, young people and families in policy development.

Aspect	Comments
Policies and procedures	Policies and procedures were good overall. Statutory and voluntary services had a range of clear policies and procedures to support effective practice in protecting children. Policies and procedures were reviewed and updated using a variety of methods. Revised guidance was communicated effectively through staff training. Social work had undertaken a timely review of procedures to improve practice. The inter-agency guidelines on child protection were widely available. The CPC recognised the need to update these inter-agency guidelines but this required to be agreed with the West of Scotland Child Protection Group before this work could commence. However, there was a need for greater clarity on procedures involving health staff in initial responses to concerns.
Operational planning	Operational planning was adequate. The ICSP was clearly organised. Each of the seven key areas in the ICSP had a series of actions with timescales, indicators and reference that guided related operational plans and delivery services such as FUSIONS. Agency managers used operational plans to meet local needs. However, the links between the ICSP and the delivery of operational plans in terms of monitoring outcomes were not always clear, although the use of management information was improving.
Participation of children, their families and other relevant people in policy development	Participation of children, their families and other relevant people in policy development was adequate. There had been sustained efforts to consult with children and young people in schools and youth councils in developing the children’s service plan. Services had sought and effectively included the views of parents whose children had been on the Child Protection Register. Consultation with vulnerable families had been less successful in developing regular participation and involvement by these families. All services had identified the need to improve the involvement of service users in policy development but subsequent work was still at a planning stage.

Aspect	Comments
Recruitment and retention of staff	<p>Recruitment and retention of staff was adequate. Policy and procedures for the safe recruitment and selection of staff were being developed. In health, the Knowledge and Skills Framework was effectively used to assess the skills of staff. Vetting procedures were carried out for all newly appointed staff. However, there were not yet procedures for investigating allegations of abuse against staff in some services. Staffing numbers across the services were uneven with some services such as social work carrying long-term vacancies and sickness absence. Workforce planning to ensure there were adequate numbers of staff with the right skills to deliver child protection services had still to be developed.</p>
Development of staff	<p>The overall quality of staff development was good. Services had delivered a well-attended staff training programme based on national priorities and an audit of needs. Staff training in recording and record keeping had improved the quality of information-sharing about children particularly in schools. However, there was no specific training on the impact on children of parents with mental health issues. Not all GPs had attended training in child protection.</p>

7. How good is individual and collective strategic leadership?

Services' visions, values and aims with regard to child protection were understood by all staff and elected members. The ICSP was a comprehensive planning document with clear visions and values. There was wide support at senior levels across individual services for a shared approach to training and there were effective examples of joint work between services. The new COG was focusing on quality assurance and the strategic and collective deployment of shared resources. However, systematic inter-agency approaches to information-sharing and quality assurance were in the early stages of development.

Vision, values and aims

The quality of vision, values and aims to protect children was good. Individual services had clear vision, values and aims in relation to the protection of children. Services used appropriate joint working as a means to build inter-agency approaches. This had effectively raised staff awareness of, and their commitment to, protecting children.

- Elected members in the council provided effective support to officers carrying out responsibilities for protecting children. The Chief Executive and senior staff were clear about their vision for keeping children safe. Relevant council staff had undertaken joint training on child protection and had a clear understanding of their role in protecting children.
- The Chief Executive of NHS Highland ensured that health staff were clear about the vision and their responsibilities for child protection. Senior managers placed considerable emphasis on staff contribution to local child protection structures following the recent dissolution of Argyll and Clyde Health Board and subsequent merger with NHS Highland. The involvement of staff was at an early stage of development, given the recent merger.
- Within Strathclyde Police, there was a strong vision for child protection that was well understood by staff at all levels. The police placed a very high priority on child protection and worked effectively in partnership with a number of services to protect children and meet their needs.

The ICSP was clear and expressed a shared vision. It was closely linked to other strategic plans. The COG and the ICSP placed a strong emphasis on collective responsibility. Although the recent merger and staff shortages in certain services meant that operational delivery of the ICSP was inconsistent, this had been recognised and addressed by the COG.

Leadership and direction

Leadership and direction was adequate. There was clear and authoritative strategic leadership in services to protect children. Chief officers and senior elected members on the Strategic Policy Committee (SPC) of the local authority collectively promoted key priorities. The COG was now adopting an increasing role in scrutinising and directing the work of the CPC to ensure that it focused on quality assurance and deployment of resources, following national guidance.

The CPC reported regularly to the COG. This relationship was still at an early stage of development. The CPC had an important and effective role in leading change at operational level. The development of FUSIONS was an example of how the CPC had developed preventative services. The CPC also made effective use of the commitment of services to contribute staff and resources to short term working groups. These groups addressed specialised areas of child protection work, for example, the housing of sex offenders recently released from prison.

The sharing of resources to protect children was still developing. While services were committing resources to protect children, these were new and it was difficult to register impact for children at the time of the inspection. The COG was still relatively new and a key partner, NHS Highland, was assessing the management of its local operations since taking over responsibility for the Argyll and Bute area in April 2006. The CPC had not clarified how it would influence the allocation of resources, particularly to support direct work with children and recovery services. This was of particular concern given the geographic and social diversity of the area.

Leadership of people and partnerships

Leadership of people and partnerships was good overall. Senior officers actively supported and promoted joint working. Each service had been involved in leading on aspects of child protection activities and in playing a supporting role in other work. There was clear commitment and involvement across services for a shared approach to training. Collectively, the COG had taken an effective lead on gathering and analysing information across services. They had identified which staff were not attending regularly at case conferences. This was starting to be addressed by monitoring and reporting on attendance.

All services could show clear benefits of joint working and partnership. There were several positive instances of joint work at both strategic and operational level, for example on the effective management of juvenile sex offenders. Staff from all services in local areas made good use of working in close proximity to develop teamwork. This supported the sharing of informal and formal information. Senior staff had identified this team working as an important strength in child protection. They were seeking to further develop and extend this through training and staff development.

There were effective partnerships with other members of the COG and the CPC. These partnerships operated at both strategic and operational levels. This had resulted in joint working approaches in schools and in FUSIONS. This had good results for children through the early identification of risk and in raising awareness of child protection. Joint work with a few specialist voluntary sector organisations such as Children 1st and Women's Aid was providing both direct support and recovery work for some highly vulnerable children and families. However, partnership work with the wider range of specialist voluntary organisations was generally limited. The potential contribution of voluntary sector organisations was recognised as an area for further development by members of the COG.

Leadership of change and improvement

Leadership of change and improvement was adequate overall. The CPC had previously taken a main role in leading change. The COG had now developed this work further and the development and promotion of quality assurance was a focus for the CPC. Staff from various

services noted and welcomed the increasing focus on child protection. However, systematic approaches to monitoring, information-sharing and quality assurance were under-developed. Although extensive training programmes had been designed and delivered, these were still to be evaluated to show the impact on services for vulnerable children.

Argyll and Bute Council had undertaken statistical evaluations of child protection services delivered by social work in recent years. As a result, the CPC had recently commenced three Critical Incident Reviews. The Reviews had not reported at the time of the inspection. Self-evaluation systems were now beginning to be used to assess and address service capacity and gaps. Some services, such as social work, were at the early stages of implementing self-evaluation systems. Others were slowly improving the monitoring of performance and upgrading their management systems. There was too much emphasis upon gathering information and a lack of focus on the quality of service users' experience.

Services had started to take action on quality improvement both internally and within the CPC. The CPC data sharing partnership was developing its approaches to sharing information. NHS Highland held monthly workshops with staff on information-sharing. The police placed a high priority on regular monitoring that had resulted in improved response rates to child protection, domestic abuse and sex offenders. However, both the CPC and partner services' self-evaluation approaches were still at an early stage of development. NHS Highland were still planning their allocation of resources in the area.

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

Summary

Services in Argyll and Bute had a strong and increasing commitment to protect children in a period of change. Services focused on developing high quality responses for children that kept them safe from risk and harm and increased their well-being. Further work was required to improve the assessment of risks, the effectiveness of planning and the involvement of children, young people and their families in developing services to meet long term needs.

Inspectors were confident that if the CPC and the individual services they represent continue to strengthen their activities in child protection then there would be benefits to children, young people and their families. In doing so they should take account of the need to:

- ensure that the long term needs of vulnerable children are met;
- review resources, including staff, for children in need of protection;
- ensure that no child is disadvantaged in gaining access to specialist resources by location or disability;
- ensure the consistent involvement of health services in initial child protection investigations;
- review and improve the provision of specialist paediatricians and forensic medical examinations for children who present with injuries which might be attributed to abuse; and
- extend approaches to monitoring and evaluation to ensure more consistent standards of delivery across services.

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 to share that plan with stakeholders. Within two years of this report HM Inspectors will re-visit to assess and report on progress made in meeting these recommendations.

Philip Denning
HM Inspector
March 2007

Appendix 1 Indicators of Quality

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

The 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
Adequate	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 services. 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 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.

Our complaints procedure

If you have a concern about this report, you should write in the first instance to Hazel Dewart, Business Management Unit, HM Inspectorate of Education, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. A copy of our complaints procedure is available from this office or by telephoning 01506 600258 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 Service Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and services. You should write to SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail ask@spsa.org.uk. More information about the Ombudsman's office can be obtained from the website www.spsa.org.uk

Crown Copyright 2007

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.