

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

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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

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 West Dunbartonshire area took place between December 2006 and January 2007. 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, as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of records 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 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 in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every child in the area who might need help.

West Dunbartonshire covers 159 square kilometres and is located to the northwest of Glasgow, between Loch Lomond and the River Clyde. The administrative centre is in Dumbarton. Over half of the total population lives in the town of Clydebank.

West Dunbartonshire has an estimated population of 91,400 of whom 19,400 are under 18 years. The population is declining, particularly among young people. The council area is one of the smallest and most deprived in Scotland. It is ranked 4th in the Scottish Index of Multiple Deprivation. Unemployment is higher than in Scotland as a whole. In some areas of West Dunbartonshire unemployment is more than double the national rate. There is a higher number of single parent families and a significantly higher incidence of domestic abuse than in comparator authorities³ and Scotland. The number of new people seeking help with drug misuse increased by almost 50% between 2005 and 2006.

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

³ Comparator authorities include Inverclyde, Renfrewshire, North Ayrshire, Clackmannanshire and Midlothian.

2. Key strengths

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

- A high level of awareness among children about how to keep safe.
- The range of early intervention services and easy access to these by vulnerable families.
- A high level of commitment to ensure the safety of children by motivated and dedicated staff.
- Safe recruitment practices.
- The leadership and direction provided by the Chair of the Child Protection Committee.

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

Children identified as being at immediate risk received very effective help when they needed it. Staff responded promptly to ensure children were kept safe. They worked hard to ensure that children knew how to keep safe and about their entitlement to be safe. Children were very positive about their relationships with school staff and knew who to go to for help. The needs of children and families were recognised at an early stage and there was a good range of support put into place to meet these needs. Overall, children's lives improved as a result. There were insufficient services for some children who needed specialist help.

Being listened to and respected

Overall, communication between staff, children and families was good. Almost all children trusted the adults who were working with them. Staff encouraged children to give their views about the help they needed. In schools they knew children well and listened to their worries. Overall, families were treated with dignity and respect. There were good relationships between families and outreach workers. Some services used text messaging and e-mailing effectively to keep in touch with children and families. Children and families responded well to these accessible and familiar ways of communication. Staff helped children with learning or communication difficulties to express their views. When carrying out investigative interviews staff listened carefully to children's experiences and gained their trust and confidence. A few children believed that adults did not respect their privacy or did not do what they had said they would do to help them.

At children's hearings, panel members communicated well with children and listened carefully to their views. Children who attended hearings were given "Having your say" forms to let the panel know what they wanted. However, the numbers of forms returned were low. For some children, safeguarders helped to explain their views at hearings. At other formal meetings where important decisions were being made, staff took care to consider children's needs when they or their parents did not participate. Staff made good efforts in some cases to continue to work with families who resisted support. Children did not always get the support they needed to help them decide what they wanted to happen and to express their views at meetings. Social workers did not always have enough time to work closely with families. Changes in staff meant that they did not get to know some families well enough.

Being helped to keep safe

Strategies to help keep children safe were very good. There was very good inter-agency support for vulnerable families. Children and their families received intensive support at an early stage from the Young Families Support Service and early education and child care centres. These services helped parents of very young children to become confident in their parenting and gave children stimulating experiences inside and outside the home. Family support workers provided valued practical and emotional support to children and their families. Health visitors assisted parents to manage their children's behaviour through a range of provision including sleep clinics. Effective support services were provided for families with children affected by disabilities and those affected by substance misuse or mental health difficulties. A good range of family support and outreach services helped parents to manage their own learning or health difficulties and to improve their parenting

skills. Older children benefited from a good range of youth services to help them manage substance misuse and offending behaviour. Some services offered parenting programmes for parents of teenagers. Social work support workers provided long-term help which enabled children to remain at home in improved circumstances.

Children received a wide range of very effective information from school, police and health staff about personal safety. The subject was made interesting which had helped them to remember it well. Children were able to identify a range of possible dangers including the internet and chat rooms and knew how to keep themselves safe and well in these situations. Children were confident that there were trusted adults who could help them with their worries and concerns. They could identify adults within and outside their families to whom they could go for help. Staff from the Education and Cultural Services Department carried out appropriate procedures to support those children whose parents had chosen to educate them at home. They took into account both the education and care provided. Children who were not attending school because of illness or exclusion were effectively assisted by a teacher employed to support their continued learning.

Children were able to identify places in the community where they did not feel safe. Most knew about ChildLine, what the service could offer, and how to contact the helpline. Children and parents who responded to school inspection questionnaires felt that staff knew children well and showed concern for their care and welfare. School nurses provided effective drop-in sessions in secondary schools to promote healthy lifestyles and sexual health. Youth 2 Youth helped young people to find out about and gain access to a range of services.

Some examples of what children said about keeping themselves safe.

'The [school] staff always make time for you.'

'You can talk to the janitor and the dinner ladies if you need help.'

'This school helps you feel safe, you can trust the staff to listen to you and help you with personal things.'

"...X has helped me a lot. He helped me when I got in trouble. Just talking really helps."

Response to immediate concerns

The response to immediate concerns was good. Staff treated concerns expressed about children seriously. They were very alert to signs that children may need help and acted quickly to ensure children were protected. Services worked well together to provide support to meet children's immediate needs through prompt case discussions and multi-agency support groups for school-aged children. Multi-agency pre-birth planning ensured an effective and immediate response when babies were born. Social work and education staff

communicated sensitively with children. They provided good and timely support and care for children when they were seen to be at risk. When referrals were received there was good co-operation and discussion between police and social work staff. They considered carefully the most appropriate way to respond to concerns. They prepared joint investigative interviews well and took account of the age and communication difficulties of individual children. Staff kept children and families informed of what was happening and they received effective support during initial enquiries and investigations. Once the immediate concerns had been addressed some families experienced uncertainty. There were delays in communication and families did not receive enough information to keep them up to date with what was going to happen next. A few children who were a part of a family group did not always get the individual attention they required.

Meeting needs

Overall, the actions taken by staff to protect children from risk or harm were good. Short term needs were quickly identified and the necessary support and care provided. Services were provided for children for whom there were concerns whether or not their names were on the child protection register or subject to statutory measures of care. Staff continued to provide services to sustain improvements in children's circumstances. Overall, the help children received in the longer term improved their lives. However, comprehensive assessments were not widely used and the longer term needs of some children were not fully identified. In a few cases, support was withdrawn too quickly when parents were reluctant to accept help.

Overall, staff maintained good and consistent relationships with families. They remained focused on the needs of young children even when support was directed through the parents. They made good use of the extended family to provide consistent care for children. Imaginative packages of support and care were provided for children when preferred support services were not immediately available. Services worked well together to provide co-ordinated support to children and families where children had complex needs. This took account of changing circumstances, for example the provision of additional services which were needed during school holidays. When children were unable to remain with their family, they received good care from foster carers and residential units. Children and adult services worked well together to meet the needs of children whose parents had drug dependency problems or mental health difficulties. Voluntary organisations provided a range of useful support for vulnerable families which helped improve parents' skills and confidence.

Good support for children with complex emotional and psychological needs was available through Child and Adolescent Mental Health Services (CAMHS). These services were provided quickly. However, the full range of services was not available to all children who needed them across the area. Looked after children's nurses helped to ensure that the short and longer term health needs of children were met. Good support was provided to children who had experienced domestic abuse through Women's Aid. Some services to help adults were stopped too quickly when appointments were not kept which may have left vulnerable children at more risk. There were insufficient specialist services to help children who were recovering from abuse or displaying sexually harmful behaviour or self-harming.

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

Police and social work staff ensured that members of the public could raise concerns about a child's welfare at any time. They responded appropriately to referrals, however there were difficulties in making contact with social work services out of hours. Services had provided effective personal safety programmes to children. The Child Protection Committee (CPC) had taken some steps to raising public awareness about child protection. However, a co-ordinated approach had not yet been implemented.

Being aware of protecting children

The promotion of public awareness was adequate. Local partnerships between police, education and youth services had delivered effective personal and community safety awareness programmes to children. The police had developed a popular website www.spstation.com and a colourful magazine called SPark which drew children's attention to personal safety. Information about child protection and domestic abuse was displayed in some public offices. The CPC had consulted the Council's Citizen's Panel about ways in which to promote public awareness of child protection. Safe parenting and community safety handbooks had been developed with information about how to raise concerns about children. However, these had not yet been distributed. The CPC had begun to develop a communications strategy to raise awareness within the community about keeping children safe. Public awareness of child protection and experiences of members of the public who had passed on concerns about children had not been researched or evaluated.

Members of the public contacted police and social work services when they had concerns about children. Police and social work staff dealt with these concerns promptly and appropriately. However, feedback to members of the public who had raised a concern about a child was not recorded. Specialist family protection police officers and the social work duty service were available during office hours. Outside office hours the police provided a point of contact for any concerns. Police call-handling staff prioritised calls expressing concerns about children. The West of Scotland Standby Social Work Service ensured that a social worker experienced in child protection was available outside office hours. However, the time taken by this service to respond to telephone calls was too long.

5. How good is the delivery of key processes?

There was an inconsistent approach to seeking the views of children and their families. They were not always fully involved in making decisions and some did not understand what was happening during child protection meetings. Staff who had contact with children recognised when help or protection was required and shared information appropriately when children were at risk. However, not all relevant staff contributed to information-sharing and assessment of risks and needs. There were systematic weaknesses in the assessment of risks which could leave some vulnerable children exposed to continued harm. There were effective processes to monitor and plan for children's longer term needs.

Involving children and their families

Arrangements for involving children and their families were weak. Parents routinely attended child protection case conferences and these meetings were chaired in a way which helped them to be involved. The skills of the children with disabilities social work team helped support the involvement of those with learning or communication difficulties. All children attending children's hearings were asked for their views. Some children and families were given help to prepare for meetings. However, staff were not consistent in obtaining or recording children's views. There was no agreed or systematic approach to guide staff in this work. There were occasions where children expressed a view about what they wanted to happen. However, they were not always helped to understand the reasons when another course of action was taken. Children and families were well-supported during joint investigations by police and social work staff. However, they were sometimes uncertain about what was going to happen next after the investigation was completed. In some cases family members attending meetings were given written reports which they had not seen before. Some children's hearings were continued to give parents more time to read and understand reports. Staff from Who Cares? Scotland provided support and advocacy for children who were looked after and accommodated. Safeguarders provided an independent voice for some children at children's hearings. Overall, the attendance of children at core group meetings and case conferences was poor. Children did not have access to independent advocacy services at crucial meetings such as child protection case conferences. The views of children and parents about being involved in child protection processes were not gathered in a systematic way.

All services had policies and procedures for handling complaints. These were available to service users and to members of the public in various formats including written information which clearly explained how to make a complaint. Services had clear expectations of staff conduct and had procedures in place for dealing with alleged misconduct. There were very few formal complaints and in some instances dissatisfaction was resolved locally without a need to use formal procedures. Where formal complaints were lodged, these were investigated in line with the appropriate procedures.

Sharing and recording information

Overall, the sharing and recording of information was adequate. Staff confidently used a range of multi-agency meetings to share concerns about children at an early stage. Inter-agency guidance gave clear instructions that concerns about child protection took precedence over confidentiality. A guide to good practice in information-sharing had been

distributed to all staff by the CPC. However, not all staff were aware of its existence. Information-sharing was enhanced through good working relationships among staff. Staff in adult services were alert to the needs of children and shared information effectively. Some staff in all services did not receive feedback when they made a referral about their concerns to the social work service. School nurses did not receive information about children for whom other services had concerns, nor were they invited to child protection meetings.

Particular features of information-sharing included the following points.

- Meetings in response to child protection concerns were effective in providing prompt opportunities for all staff to share information.
- Carefirst was an effective recording system which was well-used by social work staff. A range of other services were able to access and view this information which assisted in the identification of children who may be of concern.
- There were very good arrangements for the police to share information about children who may be affected by domestic abuse.
- The High Risk Offender Forum assisted in the sharing of information and management of the risk posed by dangerous offenders and sex offenders who were a danger to children.
- Staff in specialist addiction services obtained the written consent of adults to share information with staff who worked with their children.
- General Practitioners (GPs) rarely attended child protection meetings or submitted reports.
- Accident and emergency units had separate information systems and as a result medical staff would not know about children's previous attendances at other centres.
- Health visitors or school nurses were not automatically informed about children over the age of five who attended accident and emergency services.

Recording in children's files varied. Social work records were effectively kept up to date. Chronologies were completed for most children in social work and health records. However, some had been prepared recently and they did not always sufficiently analyse significant events. Recently introduced family health records were beginning to improve assessment and recording of very young children. Social workers did not always ensure that records for individual children were distinct from the records of other family members. There were multiple records for children in health and education and not all important information was contained in each file. Very few school nurse records held information about concerns about children or the plans to ensure their safety.

Staff were aware of the circumstances in which they needed consent from children and families to share information they held. They were also aware that concerns about children's safety would override confidentiality. Specialist addiction services obtained written consent to share information with other services and clearly explained to parents the need to pass on any concerns about their children. Children and families were aware of the sharing of information between services and some knew about what information was held about them. However, written consent to share information about their circumstances was not obtained regularly from children and families.

Police officers who carried out risk assessments of sex offenders were co-located with police officers who worked in child protection and domestic abuse. Daily meetings ensured effective sharing of information about concerns. Police and criminal justice staff were

represented on the High Risk Offender Forum to identify and manage risks posed by sex offenders. Specialist police officers recorded information about allegations of abuse, neglect or relevant offences at the point of receipt. This ensured that information about individuals who may have committed offences, but had not yet been convicted, was known to Disclosure Scotland.

Recognising and assessing risks and needs

The recognition and assessment of risks and needs was weak. Overall, staff who came into contact with children were confident in the recognition of the signs of abuse and had an understanding of risk. There were effective processes for staff to jointly assess concerns about children including multi-agency support groups and case discussion meetings. Pre-birth case discussions were routinely held at an appropriate stage to consider the risks for vulnerable unborn babies. Staff were alert to and recognised the impact of domestic abuse upon children. Social workers and first-line managers undertaking risk assessments did not always take into account all of the circumstances. They did not always recognise patterns of risk emerging over time or the significance of individual incidents. Guidance recommending three-way discussions among police, health and social work staff when new referrals were received was not always followed. The 24-hour paediatric advisory service at Yorkhill Hospital was not widely used by police or social work staff when concerns were received about children. There was insufficient recording and scrutiny of social work decisions about referrals and concerns which did not proceed to a child protection investigation.

Child protection case conferences identified family strengths, areas of concern and provided a good forum for joint assessment of risk and needs. There were good examples of effective sharing and analysis of important information at case conferences. These meetings were well attended, however they did not routinely include all staff who could share information and contribute to assessments of risk. GPs, school nurses and allied health staff working closely with a child or family rarely contributed to the early assessment of risks and needs. Health staff who attended child protection case conferences were, on occasion, asked to give a medical opinion outside their sphere of competence. New information and changing circumstances were not always taken into account when reviewing and assessing risk. In some cases decisions about progress relied too much on the co-operation of families. Staff did not always focus sufficiently on progress made in relation to initial assessments of risks and needs. In some cases, assessments concentrated on a single child with not enough consideration of other children in the family. Risk assessments used to inform decisions about children were not clearly recorded. There were very few examples of comprehensive assessments being undertaken for children.

Joint investigative interviews were carried out effectively by trained and experienced staff. Staff in police and social work planned joint investigations when there were concerns about a child. Opportunities for health staff to participate in the joint planning of investigations were limited. The need for children to undergo a medical examination was decided by police and social work staff, sometimes in consultation with child medical examiners employed by the police. The health and welfare needs of children could have been overlooked when children were seen by doctors who did not have appropriate training or experience.

The CPC and the Drug and Alcohol Forum had jointly produced an effective protocol for working with families affected by substance misuse. There was a high level of awareness of the needs of children by staff who primarily worked with adults. A single shared assessment

was used by all specialist addiction services across the local authority area. This included an assessment of the impact of a parent's substance misuse on each child. Staff regularly referred children for whom they had concerns and made regular use of support services. They were regularly involved in multi-agency meetings about children. The Special Needs in Pregnancy Service effectively identified and managed risks for pregnant women and unborn babies who may be affected by substance misuse. Some families had been issued with lockable cupboards for the safe storage of medication.

Planning to meet needs

Planning to meet needs was good. Staff met regularly in a variety of planning meetings to meet children's needs. They jointly considered what actions were required and put in place the extra help children needed to keep them safe and well. Overall, children's lives improved as a result. Although plans recorded the responsibilities of staff and family members, a lead professional was not always clearly identified. Some plans gave insufficient attention to what needed to improve in order to meet children's needs and the timescales for meeting them. There were a few examples where staff reported upon progress over optimistically to Reporters.

All children whose names were on the child protection register had an allocated social worker and a child protection plan. Staff continued to plan well for all vulnerable children, whether or not their names were on the child protection register. They prioritised children's safety and took account of their wider needs. Family members contributed to plans and some children were helped to keep safe and receive consistent care through the actions of their extended family. Decisions about whether children's names should be placed on the child protection register were usually made by the chair of the case conference. Some staff lacked confidence to participate fully in case conferences or to voice their disagreement with plans. Minutes of case conferences were provided to those who attended and included the details of an immediate plan to reduce the risks to children's safety. However, staff who had missed meetings were not always kept up to date with information or involved in plans to meet children's needs.

There was a range of appropriate multi-agency meetings to develop and monitor plans for children. These included case discussions, case management meetings, core group meetings and reviews for looked after children. Overall, staff continued to plan and provide support for children when their circumstances improved. For a few children who were part of a larger family group, individual staff had made efforts to ensure their needs were considered through separate planning and review meetings. There were difficulties in planning for and meeting the needs of some children when social work assessments indicated specialist resources were needed and these had not been made available.

Regular core group meetings were well attended and took place for all children on the child protection register. They monitored and reviewed the progress of child protection plans. Parents found it easier to participate in core group meetings. Staff varied the time and place of meetings to ensure parents were included. New information was shared and changing circumstances were taken into account. However, this did not always lead to a re-assessment of risks or changes to the plans for children.

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

Overall, operational management in key services to protect children was effective. Across children's services appropriate guidance on child protection supported staff in their work. Collectively, agencies had produced integrated plans to direct the work of all children's services. However, these plans were not sufficiently understood by all staff. Very effective measures were in place to support the safe recruitment of staff. Overall, staff were well-supported in their work. However, there were weaknesses in the arrangements to seek the views of service users particularly when improvements in provision were planned.

Aspect	Comments
Policies and procedures	Overall, policies and procedures were good. There was a good range of policies, procedures and arrangements in place to guide staff in their work and provide a consistency of approach. This included guidance for dealing with children affected by parental substance misuse. Inter-agency child protection guidelines were widely distributed and accessible to staff. However, a planned review of these guidelines was overdue. There was insufficient guidance for staff to support, prepare and assist children to participate in formal meetings. A clearer framework for risk assessment was needed.
Operational Planning	Operational planning was good. The Integrated Children's Services Plan 2005-2008 (ICSP) contained a shared and clear vision for children's services. It included detailed action plans which set out areas for improvement. There was a lack of awareness amongst some staff about the ICSP and how it influenced their work. The Joint Strategy Group provided strategic leadership and direction for the development of all children's services. Progress was monitored by a co-ordinating group. Appropriate links were made to the CPC business plan but it was not always clear how the progress of some objectives would be measured. Senior managers and the CPC had access to a range of management information relating to child protection. There was regular monitoring and review of the CPC business plan.
Participation of children, their families and other relevant people in policy development	The participation of children and families in policy development was weak. There was limited engagement with hard to reach and vulnerable children to inform policy development. Local drop-in services had been developed as a result of feedback from children. Children had recently been consulted by the community safety partnership. However, there was no systematic approach to gathering feedback from service users to inform service improvement. Children and families had not been involved in the development of local child protection policies or the ICSP.

<p>Recruitment and retention of staff</p>	<p>The recruitment and retention of staff was good. Services had robust and safe recruitment procedures which took account of current legislation. Shortages of social workers and health visitors had been improved through workforce planning, financial incentives and training of unqualified staff. Services had an effective range of policies and practices to encourage staff retention. NHS Greater Glasgow and Clyde had plans to improve and develop the skill mix in the school nursing and health visiting service. All services had effective policies for the investigation of allegations of abuse against staff with clear links to child protection procedures. When allegations were made against staff they were thoroughly investigated.</p>
<p>Development of staff</p>	<p>The development of staff was good. The CPC co-ordinated and delivered effective inter-agency training across services which was valued by staff. Health, education, social work and police had invested in specialist child protection posts to provide advice and support to staff and ensure continuous improvement. Single and inter-agency training in child protection was widespread and had increased staff competence and confidence. However, some important groups of staff had not received child protection training within the last two years. The measurement of the impact of training programmes was at an early stage. Overall, staff received good supervision and support.</p>

7. How good is individual and collective leadership?

A shared vision for the protection of children had been developed across the key agencies. The importance of protecting children had been given a high priority within and across all services. This has resulted in an increased understanding in staff at all levels of their role in protecting children and fostered a commitment to working together towards this aim. The Chief Officers Group (COG) had put in place appropriate structures to lead the work of an effective and well co-ordinated Child Protection Committee (CPC). A good start had been made towards inter-agency self-evaluation but this was not yet firmly established.

Vision, values and aims

Overall, the vision, values and aims to protect children were good. Individual services had clear vision, values and aims on the protection of children. There were shared principles between services at strategic and operational management levels and a strong collective responsibility for protecting children. Leaders provided strong and consistent messages and effectively raised staff awareness and commitment to the protection of children.

- Elected members in the Council were clear in their vision to provide the best possible start in life for children. They gave a high priority to child protection and in supporting staff in this challenging area of work. The Chief Executive was new in his role and was clear about accountability for and commitment to the COG for child protection. Senior officers in Education and Cultural Services and social work gave high priority and importance to child protection.
- The Chief Executive of NHS Greater Glasgow and Clyde and the Director of the West Dunbartonshire Community Health Partnership (CHP) were very clear about the priority afforded to child protection in health services. They were fully aware of the importance of the contribution of health services to keeping children safe.
- Strathclyde Police had ensured a strong vision for the protection of children and this was given a high priority within the force. The Divisional Commander was clear about his role and effective in promoting the priority for the protection of children throughout the division.

The ICSP clearly outlined a shared vision for all children to be protected from abuse, neglect and harm. It linked well with the Community Safety Plan and set out objectives in line with Scottish Ministers' vision for Scotland's children. The plan was well-understood by senior and operational managers but was less familiar to front-line staff. Staff did not understand the links between the work of the CPC and the plan for integrated children's services.

Leadership and direction

The leadership and direction of child protection was good. Chief Executives of West Dunbartonshire Council and NHS Greater Glasgow and Clyde and the Divisional Commander were clear about their individual and collective responsibilities and accountability to the protection of children. They had put in place effective structures to give authority and direction to the CPC. A more structured and formal approach to ensuring accountability for the work of the CPC was planned. The COG had recently prioritised

resources to provide a budget to support the CPC and employ a co-ordinator to take forward its work.

The CPC was well-established and received very effective direction and leadership from the Chair. It had broad membership and appropriate representation from most agencies, but this did not include the voluntary sector. A collective approach to continuous improvement was promoted by the CPC. It was beginning to develop a strategic overview of services to protect children and was well-placed to take forward detailed action plans to effect service improvement. The CPC had started to take a systematic approach to evaluating current practices and leading improvements at a local level.

The administration and corporate management team within West Dunbartonshire Council had undergone a number of recent changes. External support to implement remedial actions arising from a Best Value Audit Report was planned to improve the arrangements for decision-making. Elected members, senior officers and staff were confident in the strong leadership and direction provided by Heads of Service in social work and education. A joint approach to the identification of unequal provision of services across the council area, gaps in services and shortfalls in resources for children was emerging.

Leadership of People and Partnerships

Leadership of people and partnerships in child protection was good. There was a strong ethos of partnership working to meet the needs of children. There was a high degree of commitment to a collective approach to services for children. Strong local relationships among staff in health, social work and education services were a major strength in ensuring good outcomes for children in need of protection. However, there were areas such as training and development of staff which did not maximise the benefits of sharing resources.

The Joint Strategy Group took a lead in integrated children's services planning and was influenced by the work of the CPC. This group had representation on the Community Planning Partnership. Recent changes in the structures of health services and proposed changes within social work department structures presented opportunities for further enhancing partnerships. There was good joint working between health services and their partners.

The Chief Executive of NHS Greater Glasgow and Clyde had committed resources to a service-wide Child Protection Unit to contribute to continuous improvement and good practice. Strathclyde Police had ensured that policy direction for child protection was provided across the force by a central policy unit. The local authority had appointed staff to co-ordinate and improve practices in child protection within social work and education services. There were strong links with partners across the West of Scotland to pool expertise and resources for example in the planned revision of the inter-agency guidelines. However, this was also associated with delays in updating procedures and improving practice.

Leadership of change and improvement

Overall, leadership of change and improvement across services was adequate. Strategic leaders and managers were committed to taking a systematic approach to quality assurance including self-evaluation to improve services to protect children. Collectively services had made a good start to inter-agency self-evaluation in relation to how well children were

protected. The CPC had undertaken recent self-evaluation which had highlighted areas for improvement. Approaches to self-evaluation within individual services were more variable. These were mostly at an early stage of development and not yet firmly established.

Senior officers within the local authority monitored the performance of child protection processes and key issues were reported to the COG, the Corporate Management Team and elected members. A comprehensive audit of social work files was undertaken in 2006 and this had yet to be reported. The CPC was co-ordinating a significant case review which was on-going at the time of the inspection. Initial difficulties around the way in which the review should be carried out and the sharing of information by health had resulted in a delay. However, barriers to progress had been overcome and early indications were that lessons could be learned and improvements made across all key services to procedures and practice in child protection.

The social work child protection co-ordinator systematically monitored and reviewed all initial and review child protection case conference minutes. The minutes of formal case discussions and pre-birth case conferences were also monitored. Results of detailed analysis were reported to senior managers every six months and feedback provided to staff when practice issues were identified. An audit of case records in specialist health services had started with an aim of evaluating the impact of training, policies and procedures on practice. The police regularly reviewed and monitored child protection work within their own services.

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

Summary

Inspectors were confident that the children who needed protection were known to services and that actions were taken to meet their needs. Children were very aware of strategies to keep themselves safe and they had access to trusted adults to help them. Children and families received intensive support at an early stage. Most children were protected, and staff had ensured that their needs were met and circumstances improved. Clear and agreed frameworks for the assessment of risks and needs were required to improve the protection of children. Children and families were not fully involved in key processes and more work was needed to ensure their full participation in decisions about their lives.

The Chief Officers and the CPC have appropriate structures to identify and implement improvements in services. In doing so they should take account of the need to:

- develop and implement a co-ordinated strategy to raise public awareness of child protection;
- improve the processes for the immediate assessment of risk, and, ensure that initial assessments are followed up with a more comprehensive assessment of risk and needs;
- ensure the full involvement of health practitioners, particularly medical staff, in child protection processes;
- improve the involvement of children and their families in decisions about their lives; and
- develop a systematic approach to gathering the views of children and families about services and use this information to ensure service improvement.

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.

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

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
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

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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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