care inspectorate

Child Protection Services

Findings of Joint Inspections

2009-12

HAPPY TO TRANSLATE

CONTENTS

Foreword

How well do services protect vulnerable and at risk children? Are they working in an integrated way: talking to each other and working together effectively to ensure that children have the best possible outcomes? And how do they ensure that the long-term life chances of those children who have needed protection are promoted and planned for?

I am pleased to report our findings of the second programme of joint inspections of the child protection services provided across Scotland's 32 council areas.

This second round of inspections began in 2009 and responsibility for leading and completing inspections passed from Her Majesty's Inspectorate of Education to the newly formed Care Inspectorate on 1 April 2011. These joint inspections were carried out by teams of inspectors from the Care Inspectorate, Education Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. I am grateful for the joint work and cooperation between them.

Representing the culmination of three years' thorough scrutiny of Scotland's child protection services, this report presents an overview of how well children's needs are being met, and how well services are performing and improving overall.

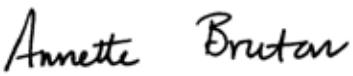
There is encouraging news: leadership and co-operation is stronger across responsible agencies; staff are confident about how and when to raise concerns leading to earlier, more effective action to protect vulnerable and at risk children; and planning and monitoring systems have improved their focus on outcomes.

But there is room for improvement: better intervention is needed to safeguard long-term outcomes; children and adolescents need better access to specialist mental health services; the time taken to make permanent plans for children who cannot return home needs to reduce; and services need to make sure self-evaluation addresses challenging questions about the difference they are making to lives.

If Scotland's vulnerable and at-risk children are to get the high quality, effective child protection services they need, then all of the agencies involved in providing and inspecting these services need to take account of the findings contained within this report, when developing and improving the work they do.

Already, Scottish Ministers have determined that future scrutiny of child protection services will happen as part of a new, broader programme of joint inspection of all children's services. We will ensure we capitalise on this opportunity to better explore how services identify vulnerable children at an early stage and intervene effectively so they have the best outcomes, and we will continue to work with child protection committees and community planning partnerships to support improvement.

I commend this report and its findings to all those with responsibility for protecting children.



Annette Bruton, Chief Executive

A BRIEF OUTLINE OF HOW WE INSPECTED SERVICES

Readers with no prior knowledge of our inspection process for child protection services may find it useful to read the following brief outline. You can read further detail about the methodology we used in Appendix 1 on page 69.

When we inspected each child protection service we examined records, talked to children, young people and their parents and carers, spoke to staff and senior managers in these services and examined good practice examples.

The high level questions we asked

Each inspection addressed four high level questions:

- How are services improving?
- How well are the needs of children and families met?
- How good is the management and delivery of services?
- How good is leadership and direction?

Following each inspection we produced an inspection report giving our findings against these high level questions. This report gives the overview of our findings for these questions in chapters 2,3,4 and 5.

The quality indicators

We used a set of six quality indicators when we inspected and evaluated services, to help us answer these big questions. These indicators were drawn from the Child Protection Quality Indicator Framework (shown on page 72) and are designed to find evidence of the impact services had on children's, young peoples' and families' lives.

The quality indicators are:

2.1 Children are listened to, understood and respected
2.2 Children and young people benefit from strategies to minimise harm
2.3 Children and young people are helped by the actions taken in immediate response to concerns
2.4 Children and young people's needs are met
5.5 Improvement through self-evaluation
1.1 Improvements in performance.

The four indicators 2.1 – 2.4 are directly concerned with the experience of, and the outcomes achieved for, children and families. Scottish Government decided that these would count towards the National Improvement Framework. Ministers set a target for all local authority areas to achieve evaluations of satisfactory or above across all four of these quality indicators.

Our evaluations scale

We evaluated how each service performed against all six indicators. We used this evaluations scale:

- excellent
- very good
- good
- satisfactory
- weak
- unsatisfactory.

You can find out more about how we applied the evaluations in Appendix 2 on page 73.

Executive summary

This report provides a high level overview of the findings of the second programme of joint inspections of child protection services carried out across all 32 council areas between August 2009 and March 2012. These findings, taken in context and set against the findings of the first programme, highlight progress made across Scotland since Ministers first asked for scrutiny dedicated to improving outcomes for children in need of protection.

We found: strategic leadership for child protection had been strengthened considerably. Across the country we found chief officers to have a sound understanding of both their individual and collective responsibilities for keeping children safe. They were appropriately promoting and supporting joint working to improve child protection services. Increasingly, chief officers were taking collective responsibility for wider public protection arrangements and, as a result, were developing a more comprehensive and effective overview of performance across all of these areas. Staff consistently reported stronger and more effective partnership working as the biggest improvement to practice in their area in the last few years.

We found: services from the third sector were playing a key role in important partnership groups throughout the country. In many areas, third sector partners were at the forefront of intervention to meet the needs of the most vulnerable children and families and they were making a valuable contribution to the planning and design of services as well as their delivery.

We found: the GIRFEC* approach was being used to support a shared language and common understanding across services of what needs to happen to improve services for children and families. However competing service priorities and policies were still presenting barriers to meeting the needs of the most vulnerable children on occasion. Examples included: practice around the exclusion from school of children who are looked after or on the child protection register; and policies on discharging families from health services after failure to attend clinic appointments.

* GIRFEC: Getting it right for every child is a national approach, initiated by Scottish Government, which provides a consistent way for all agencies to work together and with children and young people to improve their outcomes.

We found: high levels of alertness about signs that children may be in need of protection among staff working in universal services (education, health and police services). Staff were confident about their responsibilities to raise concerns when they felt children may be at risk and were doing so appropriately.

We found: there was significant improvement in almost all council areas in the way in which services cooperate to investigate child protection concerns. The quality of initial risk assessments had improved, supported in part by greater involvement of health staff in planning investigations and improved arrangements for medical examinations. We found children being protected more effectively when it was unsafe for them to remain at home. This happened through improved joint working between social workers and councils' legal advisors and the provision of emergency placements with carers or extended family.

We found: much more robust monitoring of the circumstances of children identified as at risk. In most areas, systems had been put in place to ensure regular contact was maintained with children and families when children's names were on the Child Protection Register. The use of regular multi-agency core group meetings to review children's circumstances had become firmly established practice across the country.

We found: the practice of involving parents and carers (and occasionally young people) in core groups was helping staff better engage families as partners in implementing plans to keep children safe. We found staff in nearly half of areas to be very good at communicating and building trust with children and families and a further four where practice was excellent. A key strength was the persistence shown by staff in engaging families who were reluctant to accept services. However, we identified a need for more work to help staff ensure children are protected when parents are openly hostile and intimidating, dishonest about difficulties or unable to change. This was particularly the case where parents were misusing substances, where there were often associated mental health difficulties. While, overall, addictions staff were making better contributions to key child protection meetings, their involvement in ongoing work to assess and manage risks to children affected by parental substance misuse was inconsistent across the country. There were very few examples of high quality joint assessment of risks and needs which made best use of the skills and perspectives of both children's social workers and addictions or mental health staff.

We found: the overall picture in respect of children whose names were not on the Child Protection Register was more complex and less encouraging. Positively, more than 84% of areas were evaluated as good or better at implementing strategies to identify and minimise harm to vulnerable children. We found notable improvements in the way services shared information to identify vulnerable unborn babies and the speed at which services were provided to ensure babies were safe and well cared for after birth. A wide range of parenting supports was available for the majority of families. Some families received very intensive packages of support which prevented further crises and in many cases these were highly beneficial in helping children remain within their families and communities. However, availability of such services was patchy across the country, with families in rural areas often disadvantaged in accessing local support to meet their particular needs. The development of new social work emergency services in some parts of the country was improving responses to crises out of hours. Nonetheless, for many families, getting planned help when it was most needed at evenings and weekends was still very difficult. Systems to support more timely sharing of information across services to identify vulnerable children, including children living in situations of domestic abuse, had been introduced in many parts of the country. Unfortunately, these were not always meeting their aim of ensuring better support to meet children's needs at an early stage.

We found: generally, there was too little contact from social workers with vulnerable children who just missed the threshold for registration or children in the period following deregistration. In nearly a third of areas contact was discontinued too quickly and children were frequently not seen regularly by social workers. Core groups were not always continued as a way of sharing information and co-ordinating on-going support for the child and family. As a result, families sometimes quickly

stopped making use of available support. Children's circumstances could deteriorate quite markedly before a multi-agency meeting was called and a new plan for intervention agreed.

We found: while there is growing recognition of the impact of neglect on children, intervening effectively quickly enough remains a huge challenge. In particular, we found staff often struggling to distinguish between those situations where parents can meet children's needs to an acceptable standard with additional help, usually on a long-term basis, and those where children require alternative care. The true impact on individual children of neglectful parenting was often understood only with hindsight, with recognition that children had been left too long with parents who were unable to sustain adequate standards of care over time. By this point, children were often struggling with developmental delay and significant emotional difficulties.

We found: while there were clear improvements in the quality of initial assessments, more work is needed to ensure comprehensive assessments are consistently rigorous. Assessments did not always address longer-term risks and needs well. Nor did they always lead to clear, outcome-focused plans, sufficiently resourced to achieve tangible improvements for children. Staff across services were starting to use a common language and frameworks for assessment, supported by the GIRFEC national practice model, but integrated assessments were still at an early stage of development. In a few areas, confusion about the format to be used for assessment and the complexity of the paperwork had deskilled staff and led to an overall deterioration in the quality of assessments. Assessments of parenting capacity were usually of high quality when completed but often started far too late, once children had already been removed from home, even where there had been a long period of prior involvement by social work and health services. There is an urgent need for better joint working between children's social workers and additions staff to assess and manage risks on an on-going basis.

We found: services were moving in a positive direction in their efforts to develop better outcome-focused plans for children. There was widespread enthusiasm for the incorporation of SHANARRI* indicators into plans to prompt staff to consider all aspects of a child's wellbeing. There were also encouraging improvements in some areas in the quality of decision-making and recording of decisions through improved chairing of child protection meetings. We found the role of front line managers to be critical in driving up the quality of both assessments and plans and maintaining them at an acceptable standard.

* The eight SHANARRI wellbeing indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. Scottish Government has identified these as the basic requirements for all children and young people to grow and develop and reach their potential.

We found: while the immediate safety needs of children at risk were being met more effectively, services continued to face challenges in meeting children's longer-term needs. The overview report of the first programme of inspections identified key areas for improvement in meeting needs, but we found limited progress had been made. We found major inconsistencies across the country in the support for kinship carers to provide safe and secure care for children unable to grow up with their parents. While sustained management attention in some parts of the country had reduced delays

in progressing plans for babies requiring adoption, finding suitable placements to meet the range of children's needs was a significant challenge. Finding longer-term placement options for older children and larger sibling groups was particularly problematic.

We found: a shortage of specialist services meant that many children and young people were still not getting the help they need to recover from the impact of trauma and abuse or to make up deficits acquired through living in neglectful situations where their early needs were unmet. Many young people described a 'Catch 22' situation where therapeutic support is regarded as inappropriate because of instability in their living situations, yet this instability is a direct consequence of their untreated emotional difficulties. Finding more effective ways of addressing trauma and supporting positive mental health for young people is critical to improving both their current circumstances and their future outcomes.

We found: clear improvement in child protection committees' oversight of child protection work and implementation of improvement plans but there is a need for better self-evaluation. Child protection committees had broadened the range of management information they collected and were using it more effectively to monitor developments and identify where improvements are needed. A few had a rigorous programme of self-evaluation and had been very successful in embedding a culture where staff at all levels were knowledgeable about the impact of their work, collective strengths and priorities for improvement. However, the majority of child protection committees were still asking themselves too few questions about the difference they were making to the lives of vulnerable children and families and were insufficiently knowledgeable about the quality of practice in their area and how it compares to practice elsewhere. Across the country child protection committees need to ensure their improvement priorities are influenced by the views of children and families who use, and need, services.

Developments in keeping children safe

In this report we comment on developments across council areas around seven key themes related to keeping children safe. These themes were identified by Scottish Ministers at the start of the second inspection programme and they asked inspection teams to gather information about them.

Key theme: child protection medical examinations

Most areas had strengthened their capacity to provide child protection medical examinations. However there were still a few areas where suitably trained doctors were not always available to carry out joint child protection medical examinations outside office hours, including child sexual abuse examinations. A positive development in some parts of the country was the introduction of comprehensive medical assessments for children experiencing physical neglect.

Key theme: management of sex offenders who pose a risk to children

Multi-Agency Public Protection Arrangements (MAPPA) were continuing to work well to share information about sex offenders who may pose a risk to children.

Key theme: children missing from education

Staff in education and other services had clear and comprehensive guidance to direct them when children go missing from education and were making appropriate connections with other agencies to ensure a consistent approach to tracing vulnerable children.

Key theme: internet safety

Child protection committees in many areas had undertaken substantial work to raise awareness of internet safety. A few had yet to fully grasp the importance of helping children and young people understand the risks involved in a range of communications technologies and learn how to keep themselves safe.

Key theme: young runaways

Much greater appreciation is needed of the risks to children who run away from home or care placements. In some areas, protocols to support information-sharing and joint working to trace children, assess risks and meet needs are outdated. Very few areas had a joint approach allowing staff to identify children who may be at particular risk and to address their needs appropriately. Child protection committees should treat this as a priority.

Key theme: trafficked children

About half of child protection committees had established policies and procedures to respond to children who may have been trafficked. Many others included this work in improvement plans following inspection. The awareness of staff and the public about the possible links between trafficked children and private fostering needs to be raised.

Key theme: lesbian, gay, bisexual and transgendered young people (LGBT)

While we found services to support lesbian, gay, bisexual and transgendered (LGBT) young people in two thirds of council areas, many staff could be better informed of their needs. More work is required across the country to address homophobic bullying so that the rights of LGBT young people are respected and their needs met.

What next?

The future scrutiny of child protection services will be undertaken as part of the new, broader programme of joint inspection of all children's services that began in autumn 2012.

Leadership for child protection will be explored within the context of the aspirations and plans for all children in a community. Working alongside our scrutiny partners, we will have opportunities to explore how services identify at an early stage children who may be vulnerable to poor outcomes and how effectively services intervene to improve children's circumstances. Children already subject to child protection measures will maintain an important focus within the new model. The Care Inspectorate will continue to assist child protection committees and community planning partnerships to build capacity for self-evaluation and support improvement, focusing on improving outcomes for vulnerable children, including children who need care and protection.

Chapter 1

INTRODUCTION

This report provides a high level overview of the findings of the second programme of joint inspections of child protection services carried out across all 32 council areas between August 2009 and March 2012. Early in 2009 Ministers asked Her Majesty's Inspectorate of Education (HMIE) to lead the inspection programme, working in close partnership other scrutiny bodies, including the Social Work Inspection Agency (SWIA) and the Scottish Commission for the Regulation of Care (Care Commission). All of these bodies ceased to exist on 31 March 2011 and responsibility for the final year of the programme transferred to the newly-formed Care Inspectorate when it began operating on 1 April 2011.

This inspection programme built on a previous programme of joint inspections of services to protect children carried out between 2006 and 2009. Before the first programme there was limited information about the effectiveness of services' joint work to keep children safe and meet their needs. That first inspection programme provided a national overview of areas of strength and identified areas for improvement for all child protection committees. This made it possible for the second programme of inspections to take a more proportionate, intelligence-led and flexible approach to scrutiny.

Taking a proportionate approach means focusing scrutiny activity for each area depending on their identified strengths and risks. However, while each inspection differed in scope and focus, in all 32 areas, we published evaluations of the same six quality indicators, designed to evidence services' impact on children's, young peoples' and families' lives:

2.1 Children are listened to, understood and respected
2.2 Children and young people benefit from strategies to minimise harm
2.3 Children and young people are helped by the actions taken in immediate response to concerns
2.4 Children and young people's needs are met
5.5 Improvement through self-evaluation
1.1 Improvements in performance.

Under the Scottish Government's National Performance Framework, which aims to focus government and public services on creating a more successful country, with opportunities for all, Ministers set a target of increasing the proportion of council areas receiving a positive inspection report. A positive report required evaluations of satisfactory or above across the first four of these quality indicators, answering the high level question, how well are children's needs met?

In the following pages we report our findings against all six quality indicators evaluated in every inspection. We also include a discussion of our findings about collective leadership for child protection and some key child protection processes. We set our findings in the context of the position at the end

of the first programme of inspections (set out in 'How well do we protect Scotland's children? A report on the findings of the joint inspections of services to protect children 2006-2009, HMIE, 2009') to clearly demonstrate what progress has been made across the country since Ministers first requested scrutiny dedicated to improving outcomes for children in need of protection.

In 2009 HMIE published a revised self-evaluation guide 'How well do we protect children and meet their needs?' to help services undertaking self-evaluation for improvement. We used this framework to evaluate services throughout this inspection programme. You can find an overview of the methodology we used for the second programme of inspections in Appendix 1 on page 69. You can find out how we defined and applied evaluations in Appendix 2 on page 73.

Chapter 2

HOW ARE SERVICES IMPROVING?

"Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Social workers, health professionals, police, educational staff and anyone else who works with children and their families, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for child protection."

National Guidance for Child Protection, Scottish Government, 2010

Quality indicator 1.1: Improvements in performance

This indicator was introduced at the beginning of the second programme of joint inspections to help measure progress made by services in their child protection work. The indicator is concerned with what has actually been achieved in terms of overall performance. It relates to how successful services have been together in realising their aims and objectives for protecting children and how outcomes for children at risk are improving.

We considered key performance data and trends over time but this was limited in helping us understand how safe children are. We complemented this data by assessing the overall quality of services to protect children after we had considered all the evidence we gathered during the inspection. We also scrutinised services' performance against their own aims, objectives and targets as set out in

joint plans, including the local integrated children's services plan and any specific improvement plans. For areas where no follow-through inspection had been carried out, we took into account progress made against the main points for action identified in the previous child protection inspection.

In order to reach conclusions against this quality indicator, we also considered the effectiveness of the structures which had been put in place in each area to plan jointly for services and to support improvements.

Findings

	Areas inspected (32)	
Excellent	0	0%
Very good	11	34%
Good	14	44%
Satisfactory	5	16%
Weak	2	6%
Unsatisfactory	0	0%

We evaluated approximately a third of all areas as making very good progress in improving services for children in need of protection. The majority of these were delivering very high quality services for children and families. Two areas had made very significant improvements following poor evaluations in an earlier inspection. We evaluated seven out of the 32 areas as less than good at improving the quality of their services: five were satisfactory and two were weak. Of these seven services most had achieved some success in improving the quality of some of their services. However, there was limited evidence of progress against key targets set out in their own improvement plans, the pace of change was too slow or they had failed to address adequately key areas for improvement highlighted through previous scrutiny or self-evaluation.

Measuring outcomes for children in need of protection and those who have experienced abuse, neglect and chronic poor-parenting, presents us all with very significant challenges. To evaluate this indicator, we focused largely on processes which we know have a critical impact on how children and families experience services and on their outcomes. Of the improvements made at local level in council areas across the country, a number of themes have emerged about how child protection services are improving and where attention should now be focussed.

Key improvements we found

- **Strategic leadership** for child protection had been strengthened considerably. Across the country chief officers understood both their individual and collective responsibilities for keeping children safe and were promoting and supporting joint working to improve child protection services.

- There had been steady improvement in the functioning of **child protection committees**. Across the country, they understood their role and function well. The quality of child protection committee business planning had improved and child protection committees had appropriate representation and helpful structures in place to deliver on agreed plans.

- There were high levels of **alertness** about signs that children may be in need of protection among staff working in universal services (education, health and police services). This extended to staff whose primary role is working with adults and included increasing recognition of the risks to children of neglect and exposure to parental substance misuse or domestic abuse. Staff were confident about their responsibilities to raise concerns about child protection matters and were doing so appropriately. Forums which bring staff together to discuss concerns about children at an early stage were becoming increasingly common.

- **Inter-agency co-operation** to investigate child protection concerns had been strengthened. Initial referral discussions (IRDs) involving social work, police and health staff (sometimes referred to as tripartite arrangements) were established and working well in the majority of council areas. Arrangements for medical examinations of children suspected to have experienced abuse or neglect had also been strengthened in many areas.

- **Systems to monitor** social workers' contact with children on the child protection register had become the norm and, in almost all areas, children on the child protection register were being seen regularly. Recording of social workers' contacts with children on the child protection register had improved.

- **Core group meetings** for children while they are on the child protection register were firmly established and generally working effectively as a vehicle for inter-agency work to implement child protection plans.

- There had been significant improvement in the **identification of vulnerable unborn babies**, more timely assessment of risks and needs and better co-ordinated support.

- There was **increased focus on the health needs of children** who are subject to child protection measures, supported largely by greater involvement of health staff in assessment and planning. Comprehensive medical assessments for children at risk of neglect were being introduced in some parts of the country. Dedicated nurses for looked after children had made a very significant contribution to meet the health needs of children who are subject to both child protection and statutory measures.

- Child protection plans had improved in quality overall and were increasingly helpful to staff in identifying and meeting children's immediate safety needs. Use of SHANARRI wellbeing indicators was beginning to prove beneficial in helping staff achieve a more outcome-focused approach to planning for children. However there is still room for much improvement in the quality of plans and the effectiveness of planning to meet children's needs beyond the immediate crisis.

The structures and processes we found, which are supporting improvement in services to protect children

- We found widespread **streamlining of planning processes** for children's services with helpful interfaces with other planning arrangements for children.

- Across services, staff were becoming clearer about the contribution of their work to aims, objectives and targets set out in **the integrated children's services plan**.

- **Public reporting on progress against priorities** set out in integrated children's services plans was improving, allowing for greater transparency and challenge and supporting momentum on improvement.

- In many areas of the country, **the extension of chief officers' responsibilities from child protection to public protection**, including adult protection and the management of sex offenders, was increasing the potential for efficiencies and improved practice as staff across services make connections between these areas of work.

- **Lines of accountability for child protection were clear**. Chief officers' groups and child protection committees were working well together to cover strategic and operational matters. Overall child protection committees were proving to be a very effective mechanism to support interagency working to keep children safe.

- Across the country, **child protection committees had revised and extended multi-agency training to include a wider range of staff**. There was strong evidence of the positive impact of joint training in support better understanding and co-operation between services in their child protection work. Some progress had been made in targeting training more effectively to meet local needs and in monitoring the take-up of courses.

- **Where self-evaluation was robust, it was a key driver for change**. Child protection committees which were identifying their own strengths and areas for development, tended to embrace change and were highly committed to making and sustaining improvements.

Outstanding priorities for improvement

- Having successfully identified children at risk of abuse and neglect, bringing about **actual improvements in children's circumstances** continues to be very challenging. While staff across

services increasingly understand the corrosive impact on children's development of chronic poor parenting, neglect and emotional abuse, urgent work is needed to determine and resource ways of intervening effectively to reduce risks to children's long-term outcomes.

- Particular challenges lie in **assessing, reducing and managing risks where parents are misusing drugs and/or alcohol.** In such cases, a number of factors combine to increase risks and complexity. The nature and consequences of addiction generally make it very difficult for staff to build trust with parents. A family's situation can change very rapidly from stable to chaotic and outcomes are often hard to predict. Staff from addictions and children's services need to be supported to work together more effectively to assess and manage risks and ensure children's needs are met well.

- Despite notable improvements in some aspects of **assessment and planning**, work is still required to drive up the quality of these key child protection processes and ensure a consistently high standard across each child protection committee area and across the country. Developments in mechanisms for sharing concerns about children at an early stage are helpful and very welcome but will do little to ensure the protection of children unless information, once shared, is analysed, assessed and acted upon. More attention to completing thorough parenting assessments at an early stage, before children are at risk of removal from home, would be helpful in ensuring more coherent plans for intervention.

- Although sustained management attention in a few areas had been helpful in reducing delays for some looked after children who are unable to return home, **expediting permanency plans for all children whose parents are unable to care for them safely** must be a key priority to allow children to achieve the stability they need.

- The review of findings from the first programme of child protection inspections highlighted difficulties for many children across the country in accessing services to help them recover from the impact of abuse and neglect. Despite this need being identified as a priority area for improving outcomes for children, we found a continuing lack of **specialist recovery services**. Access to child and adolescent mental health services (CAMHS) was still problematic in many areas of the country. In many cases, children and young people who have not had the benefit of a good start in life failed to get all the support they need to attain positive mental health and emotional wellbeing.

- **The range and quality of management information gathered by individual services and child protection committees** was improving but more work is needed to ensure information is sufficiently robust and wide-reaching and that patterns and trends are fully explored and understood. Child protection committees now need to demonstrate that the information they collect is being used well to influence local priorities.

- Understanding of the importance of self-evaluation had grown but **approaches to joint self-evaluation** now need to mature and address more challenging questions about the difference services are making to vulnerable children. There should be greater effort to ensure the views of children, families and other key stakeholders are included in self-evaluation.

Chapter 3

HOW WELL ARE THE NEEDS OF CHILDREN AND FAMILIES MET?

> "Listening to children is one of the most important things we can do to ensure that they are able to experience and enjoy their rights as set out in the United Nations Convention of the Rights of the Child."
>
> *A RIGHT wee blether, Scotland's Commissioner for Children and Young People Final Report, Oct 2012*

Quality indicator 2.1: Children are listened to, understood and respected

This indicator focuses on the quality of communication with children and families. It considers the extent to which children and families feel respected, trust staff who are trying to help them and are confident that their views are listened to and considered carefully. Services achieving the most positive evaluations must have very effective processes in place to gather children's and families' views and help them understand and contribute to decisions made about them.

The position at the end of the first inspection programme

Communication with children and families was identified as a key strength in the first programme of inspections of services to protect children. All but one area was evaluated as satisfactory or above and 40% of services inspected received evaluations of good or very good. The best performing areas had developed a broad range of ways of communicating with children and families and were particularly effective in engaging those who were not receptive to intervention. Overall, services were urged to do more to help older children contribute to decisions that affected them.

Findings

	Programme 1 (30 areas evaluated)		Programme 2 (32 areas evaluated)	
Excellent	01	3%	04	13%
Very good	11	36%	15	47%
Good	10	34%	11	34%
Satisfactory	07	24%	02	6%
Weak	01	3%	00	0%
Unsatisfactory	00	0%	00	0%

Communication with children and families remains an area of strength, and there was evidence of further improvement. Nearly half of areas were evaluated as very good at communicating and building trust with children and families and a further four were excellent. Only two areas were satisfactory and none was evaluated as weak.

Maintaining contact with children and families

In most areas policies had been strengthened to give clear priority to maintaining contact with children whose names are on the child protection register, with systems in place to ensure these were implemented. As a result, in almost all areas, children on the child protection register were being seen regularly by social work and health staff. In a few areas, responsibility for maintaining contact was shared between a number of staff and the contact was not as purposeful or meaningful as it could be. Overall however, staff tended to know these children and families very well.

We found examples of commendable persistence and highly skilled work to engage parents and children who were reluctant to accept help and to win their trust and confidence. However, in some areas staff needed more help to challenge parents who were hostile or reluctant to accept help and children and young people who were difficult to engage. Greater stability in the workforce over the last few years was helping reduce the turnover in social work staff, although in a few areas vacancies or changes in social work or health visiting posts continued to make it difficult for families to build up trusting relationships with staff. Almost everywhere, appropriate priority was given to children on the child protection register but, unhelpfully, contact with children sometimes reduced as soon as their names were removed from the child protection register, despite them still being vulnerable.

Communication

In many areas we found evidence of very effective communication with parents. A high proportion of parents interviewed during the course of our inspections demonstrated that they had been helped to understand the reason for any concerns. They were clear about what they were expected to do to improve their children's circumstances, even where they did not agree with all of the actions taken by staff. Parents were routinely invited to take part in child protection case conferences and core group meetings. Chairs of meetings were playing an important role in supporting parents to take part by taking time to ask for and explore their views, and by carefully explaining decisions. However, on the whole, parents were still being given too few opportunities to read reports in good time before child protection meetings. In the best performing services staff from different services communicated with each other very well to ensure key messages to parents and children were explained thoroughly and reinforced where needed, and to help parents participate fully in implementing children's plans.

In almost all areas children on the child protection register were benefiting from staff using a range of approaches to communicate with them. Staff showed skill and creativity in adapting established materials to meet the communication needs of individual children. When required, interpreters were provided to help families for whom English was not their first language understand fully what was happening during investigations and important decision making meetings and to ensure their views were represented well. It was rare to find interpreters used for less formal contacts despite the vital importance of ensuring messages about how to keep children safe were understood. When children were too young or unable to express their views, health and early years staff generally carefully observed their behaviour and physical and emotional development to assure their wellbeing. More effective use of these observations could have enhanced some social work assessment reports. Recording of staff contacts with children and observations of children's presentation and demeanour has been given more attention by managers in recent years.

Seeking children's and parents' views

Reports for meetings now routinely included sections that prompted staff to include the views of children and parents. These were completed more skilfully in some areas than others. Some staff needed more help to distinguish between parents' and children's views about what they wanted to happen and professionals' views about what they thought children needed. In a number of areas, an interactive computer programme, Viewpoint, had been introduced to help social workers and other staff find out children's views before key meetings. High performing areas had implemented Viewpoint widely, for children with a range of needs. There, staff used it thoughtfully in combination with other methods for consulting children and children had real choices about how to express their views.

Many areas had reconsidered their policies and practices to encourage children's attendance at their meetings. Staff and managers were understandably cautious about exposing children to inappropriate

information in meetings where adult problems were being discussed and there was no set formula to determine the age at which children should be involved and at which meetings. Nonetheless we found that more young people were being supported helpfully to contribute to meetings, such as core groups, where important decisions were made about them.

Advocacy services

Some children were helped to express their views and feelings by high quality independent advocacy services. These were generally looked-after children supported by, for example, Who Cares? Scotland, Barnardo's Hear4U project, family group conferences and children's rights officers. In a few areas, advocacy services were being routinely considered for a wider range of vulnerable children. However in most areas, staff needed a broader understanding of the benefits of independent advocacy for those children and families involved in child protection processes, and the circumstances in which it could be most helpful.

"We [..] have a responsibility to help those vulnerable children in families where the lack of care and support in the home may be significantly undermining their wellbeing, particularly where there is a risk of neglect or abuse."

National Parenting Strategy, Making a positive difference to children and young people through parenting, Scottish Government, October 2012

Quality indicator 2.2: Children and young people benefit from strategies to minimise harm

Inspections focused on services and outcomes for children who were already known or suspected to be at risk and in need of protection. Within this context inspectors examined how well children and families were supported to prevent difficulties arising or increasing. This included helping children learn how to keep themselves safe. We looked for evidence that this support was helping children be safer and have better life chances. High performance in this quality indicator needed to be underpinned by reliable processes to share and assess any concerns so that children's needs could be identified and met appropriately without undue delay.

The position at the end of the first programme of inspections

The first programme of inspections found performance in this indicator to be positive overall. Services were working well together to deliver a range of programmes to help children keep themselves healthy and safe, including when using the internet. Parents were benefiting from a range of parenting programmes to increase their parenting skills. A variety of multi-agency meetings were beginning to be used to co-ordinate the support given to children and families.

Findings

	Programme 1 (30 areas evaluated)		Programme 2 (32 areas evaluated)	
Excellent	00	0%	3	9%
Very good	12	40%	15	47%
Good	11	37%	09	29%
Satisfactory	06	20%	04	12%
Weak	01	3%	01	3%
Unsatisfactory	00	0%	00	0%

We found the effectiveness of early intervention for children who may need protection and their families had improved, with 27 out of 32 areas being evaluated as good or above. Evaluations improved in nine areas although one area was downgraded. Three areas were evaluated as excellent, 15 as very good and one area weak.

Parenting support

In almost all areas vulnerable children and their families benefitted from the help they received. This help was given by a variety of staff across a range of services which included family centre staff and family support workers. Parents were generally supported well to improve how they cared for their children. Their parenting skills and confidence were increasing through a wide range of parenting support, delivered either individually or in groups. In some areas health and education staff in family and preschool centres were working closely together to support parents to develop their parenting skills. We found a number of very positive examples of the work undertaken through programmes such as Triple P, Incredible Years and an adoption of the Solihull Approach*.

* These are programmes which help parents and carers to understand and respond positively to children's behaviour.

Intensive support to prevent crisis

In most areas staff across services worked effectively together to provide early support to reduce risks to vulnerable children. This helped prevent further difficulties and improved their situation at home. Some families received very intensive packages of support which included help at weekends and in the evenings although planned support during evenings, weekends and public holidays was lacking in many areas. Generally, services were offered without delay and targeted at those families who needed them most. However for some families in almost a third of the areas, there were delays before the most appropriate services were provided. Usually help continued for as long as families needed it. In only a very few areas were decisions made to withdraw support quickly. However at times services were not co-ordinated well enough to ensure families continued to make use of the support on offer. In a few more rural areas services were not always available to families who needed them. Even in high performing areas, parents were rarely involved in reviewing the effectiveness of the support they received.

The implementation of a GIRFEC approach to sharing concerns at an early stage

Throughout the programme we saw a growing awareness and use of the Getting It Right for Every Child (GIRFEC) principles across services. A few areas had managed very successfully to change the staff culture of 'silo working' into genuine partnership working around the child. Other areas concentrated on changing paperwork used for assessing risk and planning care but failed to change the way staff work and therefore had limited success in implementing the GIRFEC principles of joint working.

Multi-agency screening groups were sharing information at an early stage when concerns were raised, particularly when children were affected by domestic abuse. As a result many children and their families were receiving valuable help from the police, Women's Aid, social work and a range of third sector organisations to help keep them safe. Screening groups were becoming more established in many areas and some were expanding the role and remit of the group to include all child care concerns. Not all areas had a systematic way of sharing this information across services. As a result, despite concerns being discussed, at times it failed to result in any helpful responses or additional supports for the child and/or family.

Identifying and supporting vulnerable pregnant women

We saw particular improvements in the way services identify and support vulnerable pregnant women. In almost all areas support, advice and guidance was being given to those mothers identified as vulnerable in good time to help them prepare for the birth of their babies. Risks to unborn babies were being assessed more effectively by multi-disciplinary teams and plans put in place to ensure babies were kept safe following their birth. There was a high level of engagement with mothers who were being supported more effectively to keep ante-natal appointments and follow health advice. Addictions staff were identifying pregnant women more regularly and in a few areas were assessing risks to children jointly with social workers. The quality of these joint assessments was a particular strength when supporting pregnant women who were misusing substances.

Reducing risks by helping children learn to keep themselves safe

Overall, staff were recognising the need for children to develop skills to help keep themselves safe, particularly when using mobile technology and the internet. Children in all areas were being helped to keep themselves safe and healthy through a range of very effective, targeted and sometimes very creative programmes delivered in schools by a number of staff across services. Some of the most vulnerable children benefited when staff, across services, discussed strategies particularly relevant to their own situation which would help them keep themselves safe and healthy. These included safety plans completed in partnership with Women's Aid when children were affected by domestic abuse or substance misuse. However in a few areas more attention needs to be paid to assessing the risks for individual children whose life experiences or current circumstances increase their vulnerability. These children may need particular help to learn ways of reducing risks and keeping safe.

> "The measure of success of child protection systems, both local and national, is whether children are receiving effective help."
>
> *The Monro Review of Child Protection Final Report – A child-centred system, 2011*

Quality indicator 2.3: Children and young people are helped by the actions taken in immediate response to concerns

This quality indicator focuses on the extent to which children get the help they need without delay when there are concerns about their safety or immediate welfare. Services receiving positive evaluations will have demonstrated that children are supported well while concerns are being investigated, and that children are appropriately protected and cared for, whether or not it is not safe for them to remain at home. Sound processes are required in respect of information-sharing, initial assessment of concerns, investigative practice and the use of legal measures to protect children.

The position at the end of the first inspection programme

The first programme of inspections showed staff, on the whole, being alert to signs that children may be at risk of abuse and generally responding promptly and effectively to ensure their safety. However there were major weaknesses in seven areas where staff did not act quickly enough and children were left in high-risk situations for too long. We also highlighted the challenges in recognising and responding to accumulating concerns which may indicate neglect.

Findings

	Programme 1 (30 areas evaluated)		Programme 2 (32 areas evaluated)	
Excellent	00	0%	0	0%
Very good	08	27%	16	50%
Good	11	37%	10	31%
Satisfactory	04	13%	04	12%
Weak	03	10%	02	6%
Unsatisfactory	04	13%	00	0%

There was an increase in positive evaluations against this indicator. Seventeen areas showed improvement, including all of those areas previously evaluated as weak or unsatisfactory. Staff were working together more effectively, sharing more relevant information and making more informed decisions at an earlier stage. The number of areas where performance was very good doubled from eight to sixteen. However, in two areas the level of performance dipped to weak, from a previous evaluation of satisfactory in one area and from an evaluation of very good in the other.

Recognising when children may need protection

Overall, staff across services, including those who work mainly with adults, recognised when children may be at risk of harm and generally shared their concerns appropriately. There was a growing confidence in the number of staff working with adults who recognised clearly the role they had in identifying vulnerable children and working with children's services to help keep children safe.

Investigating child protection concerns

A formal system for gathering and sharing information consistently between police, health, social work and education staff when there were specific concerns about a child was a strong feature in many areas. Initial referral discussions were held to agree individual and collective responses to concerns. This was playing a very important part in delivering a prompt and effective response and ensuring that those children were protected from further harm. Children were also receiving the immediate attention and support they need from health professionals to achieve good physical and emotional health. Commendably, in a few areas education staff also participated in initial referral discussions to share relevant information about children known to their service. Across the country however, education services did not always have systems in place to share information when child protection concerns arise during school holiday periods. In a few areas health staff were still not involved consistently in discussions with police and social work staff when initial concerns about children were raised. As a result children's wider health needs may be overlooked.

Recording of initial referral discussions was gradually improving with the development in some areas of a single shared electronic format but the quality of recording of decisions made at initial referral discussions and the rationale for them was still too variable. Debriefings did not always take place to ensure that decisions and future actions were clearly communicated to staff and followed through.

Those areas performing most strongly had an effective out-of-hours social work service ensuring a consistent and robust response to child protection concerns when those arose in the evenings or at weekends. In some areas delays in the initial response were associated with a less effective out-of-hours service, but in most of these, managers had already recognised this and were taking steps to strengthen out-of-hours responses.

Responding effectively to parental substance misuse, domestic abuse and neglect

Identifying and responding effectively to children experiencing neglect was still a challenge for staff in some areas. While understanding of the impact of neglect on children's development and their future outcomes was growing, in individual cases staff did not always recognise the patterns of neglect and the impact on the child's health and wellbeing quickly enough. Once recognised, in many cases it was proving extremely challenging to balance up risks and needs to determine what action to take and how best to improve the child's circumstances. This was particularly the case for sibling groups or older children. The best performing areas were sharing concerns about children in a variety of multi-agency meetings and were using chronologies and other assessment tools very effectively to determine patterns of risk and the likelihood of positive change.

There was usually a high level of awareness across services about the risks to children who experience domestic abuse and parental substance misuse. This was helping staff to take action more quickly to reduce risks to children and keep them safe.

Supporting children and families during investigations

During child protection investigations children and parents were usually kept well-informed about the actions staff were taking and provided with the support they need. In the best performing areas leaflets were provided to reinforce the information provided by staff.

Acting to make children safe

Staff generally made good use of various legal measures that were available to them to help keep children safe. When it was no longer safe for children to remain at home with their parents, an alternative safe place for them to stay was usually found quickly either with relatives, friends, foster carers or in residential units. While we are aware that in many areas finding suitable longer-term placements for children is a considerable challenge, placements were being found for children in emergency situations, which is a significant improvement from the first programme of inspections. Increasing use was being made of kinship carers. Checks made by staff on the suitability of places found for children to stay in an emergency were usually carried out, but not always recorded well in the children's records.

"The impact of maltreatment is damaging at all stages of children, including the teenage years. By adolescence, neglect and/or neglectful parenting are associated with poorer physical and mental health, risky health behaviours, risks to safety including running away, poorer conduct and achievement at school and negative behaviours such as offending and anti-social behaviour. Emotional abuse is also associated with teenage suicide."

Safeguarding Children Across Services: messages from research. Davies, C and Ward, H, 2012

Quality indicator 2.4: Children and young people's needs are met

This indicator focuses on how well children's short and long-term emotional and wellbeing needs are met and the extent to which children and young people get appropriate help to recover from abuse and neglect. To achieve a positive evaluation services should be able to demonstrate that children's lives have improved or are improving in the short-term and are likely to improve in the longer-term, as a result of the services they receive. Robust assessment and effective joint planning are key to ensuring children's needs are met well.

The position at the end of the first inspection programme

In the first programme of inspections there was significant room for improvement in services' performance against this quality indicator. Of 30 council areas evaluated, performance was below satisfactory in nearly a quarter and very good in only three. Most areas were managing to meet children's short-term needs reasonably well but in a significant few, services were either too slow or ineffective in taking action to protect children and keep them safe. Across the country, there was a need to give greater attention to identifying longer-term needs and taking action to ensure better future outcomes for children. Local authorities and their partners were urged to increase specialist resources to ensure all children who need it get help to recover from the effects of abuse and neglect.

Findings

	Programme 1 (30 areas evaluated)		Programme 2 (32 areas evaluated)	
Excellent	00	0%	01	3%
Very good	03	10%	07	22%
Good	11	37%	13	41%
Satisfactory	09	30%	11	34%
Weak	06	20%	00	0%
Unsatisfactory	01	3%	00	0%

Overall services are getting better at meeting the needs of children requiring protection. In nearly two-thirds of areas, we evaluated performance as good or better. Seven areas were evaluated as very good at meeting children's needs and one area was excellent. We found particular improvement in the extent to which services were meeting children's immediate needs for safety and protection.

Helping families meet their children's needs

In most areas staff in statutory and voluntary services were working well together to provide the help children needed. A shared responsibility for meeting children's needs had been helpfully reinforced by extensive joint training across services and the development of multi-agency forums where staff meet regularly to discuss the needs of individual children. We found a range of supports for vulnerable families which, in many cases, were very successful in helping parents learn to meet their children's needs better. This included services to reduce risks and improve the day to day experiences of children whose parents were very young or those children affected by parental substance misuse. However, services were usually in great demand and not always available when, or for as long as, they were needed. In some parts of the country, geography was a major challenge and services were inaccessible for families unless help with transport could be provided over an extended period. In a few areas well co-ordinated packages of intensive support had been very effective in ensuring children's needs continued to be met when families were in crisis, to prevent children being accommodated or to support them in the vulnerable period when they returned home.

Meeting on-going needs

More council areas had policies in place for continuing support to families when a child's name was removed from the child protection register. Nevertheless, in nearly a third of areas, support stopped too quickly to ensure children's needs continued to be met. Rarely were services deliberately withdrawn but plans often relied too heavily on parents' continued co-operation, their ability to recognise their children's needs and their willingness to ask for help. In these areas services were usually quick to respond to further crises but were not always sufficiently proactive to ensure children in chronic situations got the on-going health care, stimulation and learning opportunities they needed.

Meeting children's health needs

Greater involvement of health staff in planning to meet children's needs has been a very positive development, raising awareness of a range of health needs and widening understanding of the importance of good health to positive outcomes for children. Health visitors played a key role in ensuring children's health needs were identified and met without undue delay. School nurses were making a significant difference to meeting the needs of school-aged children but the school nursing service was frequently overstretched and school nurses were not always able or invited to contribute to support plans. Designated nurses for looked after children were making a very positive contribution to more effective assessment and better health care for children unable to live with their families. This was starting to include children who are looked after at home, who are potentially very vulnerable and need extra support to ensure they have a healthy lifestyle and make safe, positive choices.

In some areas NHS systems were not designed to meet the needs of the most vulnerable children well, for example when they were discharged too quickly from services. Meeting children's needs successfully often required prompt information-sharing and follow-up by community health staff or other professionals to ensure children got the assessment or treatment they needed when parents were unable to keep appointments or did not co-operate well with treatment plans.

Meeting long-term needs through safe and stable placements

Finding and supporting the appropriate care arrangement for each child was critical to providing stability for children and meeting their needs in the long-term. In some areas ensuring enough resources to meet the needs of children who required long-term alternative care presented a significant challenge. However, we found many examples of children's wellbeing improving, sometimes dramatically, through the care provided in high quality foster placements. Sustained management attention had been effective in reducing delays in decision-making for some children who needed permanent placements. In the best performing areas very positive outcomes for young children who required adoption were being achieved through early identification of vulnerable children, excellent information sharing and high quality permanence planning . However, older children who were unable to return home were still experiencing longer delays and periods of uncertainty in many cases.

There was wide variation in the extent to which services supported kinship carers and assessed whether kinship placements deemed appropriate as a short-term measure were able to meet children's long-term needs. Best practice was underpinned by sound assessment of children's short and longer-term needs and combined financial and practical support to carers with additional services to meet children's needs. By investing in local care and education resources, some councils had succeeded in reducing the number of children who need to be placed at some distance from home and were meeting children's short and longer-term needs more effectively as a result.

Identifying and meeting the needs of children affected by neglect

Responding well to meet the needs of children experiencing neglect or chronic poor parenting has been an emerging challenge across the country. We found increasing understanding of the impact on children of continued exposure to domestic abuse and the risks presented to children by living in situations where parents misuse drugs and/or alcohol or have significant mental health difficulties. In some areas schools and early years services were making a very positive impact on the most vulnerable children through high quality nurturing and pastoral care and a range of supports, including breakfast clubs, out of school care, learning support, homework clubs and home-school links.

Managers and staff in areas meeting children's needs most successfully had worked hard to improve the quality of assessments to identify both risks and needs in the short and longer-term. They focused carefully on the needs of all children in the family and took specific, detailed and sustained action to ensure these needs were met for as long as required. Examples included ensuring that children received routine dental care, got to nursery and school regularly and on time, had opportunities to take part in appropriate play, maintained meaningful contact with friends and important family members and lived in a clean and safe home. In very good and excellent services staff were highly aware of the deficits there may be in children's learning and development, including their emotional development, from early experiences of neglect. They anticipated and actively planned to meet these needs before significant difficulties arose.

Helping children recover from trauma and attain positive mental health

Accessing Child and Adult Mental Health Services (CAMHS) and other specialist recovery services was still problematic in most areas of the country. Services were usually of high quality when provided, and greatly valued by carers, but too often children and young people still waited for lengthy periods to get the help they need. In many areas NHS Boards had clarified referral routes and many were developing triage systems to direct staff and families to the most appropriate service for their needs. There had been helpful investment in primary mental health workers in a few areas which was helping to meet the needs of some children. While carers and staff valued consultation with specialist staff to help them meet children's emotional needs more effectively, this should not be an alternative to providing direct intervention by specialist staff if it is required. In a few areas waiting times reduced for initial assessment, but there were still delays for treatment. Finding more effective ways of addressing trauma and supporting positive mental health in young people is critical to improving both their current circumstances and future outcomes. This is an area that demands commitment and effective leadership within the NHS and collective responsibility between partners.

Third sector organisations providing recovery services had worked very well with their council partners to tailor services to meet local needs. Nevertheless children and young people who lived some distance from specialist services, or whose living situations were unstable or unsupportive, were not always able to get the help they needed to address their difficulties. Staff in very good and excellent services identified recovery needs at an early stage, were proactive in seeking out help and advocated strongly on children's behalf. They made and carried out detailed plans to ensure children and young people kept appointments and organised transport when needed. They were creative about providing help for children in the absence of specialist services, seeking out help and advice for carers. They were supported by their managers to find the time, resources and support to undertake direct work with children themselves.

Chapter 4

HOW GOOD IS THE MANAGEMENT AND DELIVERY OF SERVICES?

> "A particularly significant finding is the high number of significant case reviews which relate to the care and protection of children living in families whose lives are dominated by drug use and the associated issues this brings [..] In most cases the child's needs had been identified and an extensive support package had been put in place but this did not prevent these children from dying or experiencing harm."
>
> *Audit and analysis of significant case reviews Vincent, S and Petch, A., Scottish Government, 2012 (p 9)*

Information-sharing, assessment and planning

In all the areas we inspected, when reviewing documents before each inspection, we paid particular attention to exploring how well key child protection processes were managed and the impact these had on vulnerable children and families. Our review of documents included the child protection committee's own self-evaluation and supporting evidence, which inspectors examined carefully to ensure its conclusions were valid. We gathered significant amounts of evidence through reviewing children's case records about information sharing, assessment and planning. Where there was uncertainty about the quality and application of these processes, we examined them more closely in the second phase of the inspection.

We did not evaluate these processes using the six-point scale but they did have a direct influence on children's and families' experiences and on the outcomes achieved for them. So, strengths and weaknesses in key processes are reflected in the evaluations reached in the four quality indicators that are explained at the start of each section in this report. The first inspection programme identified information-sharing, assessment and care planning as key areas for development nationally and, in most areas, inspectors had made recommendations to improve some aspect of these key processes.

Sharing information and assessing risks and needs

Multi-agency screening

Many areas of the country had established a multi-agency referral screening process whereby representatives from police, health and social work services and, in a few cases, education services meet on a regular basis to jointly consider a range of concerns about children. The type of concerns referred to screening groups varied, as did the sources of referral. Concerns most commonly raised were about children affected by domestic abuse, usually generated by police reports of specific incidents. The intention of sharing information at an early stage is that more appropriate support will be provided to the child and his/her family before problems worsen. However, we found success in achieving this aim varied considerably. In some areas, multi-agency screening had been very helpful to services in identifying the most vulnerable children at an early stage. It ensured children and families got the right kind of support and established a surveillance system to pick up any further needs or risks in the event of recurrence or deterioration. However, in a few areas information was being shared without assessing needs and risks properly and without making a plan of action. It was not appreciated that although sharing information was a prerequisite for thorough assessment, it was not enough by itself. In a few areas systems for sharing information after a screening group meeting were not efficient enough to ensure that staff with a key role in supporting the child or family were made aware of concerns quickly and could respond appropriately.

Initial referral discussions

We found significant improvements in the way social work, police and health staff work together in the initial stages to respond to child protection concerns. Specialist child protection nurses had been appointed more widely and were making a significant contribution to this practice change. We found staff were helped by the development of electronic systems to gather relevant information from across health services more consistently and share this more quickly with police and social workers, to inform decision-making. This included relevant health information about significant adults in a child's life. The practice of convening an initial referral discussion involving police, health and social work staff was the goal in almost all parts of the country but was at different stages of implementation - very well established and routine in some areas, but not yet consistent in others. Making arrangements for this process to operate effectively outside office hours continued to present additional challenges in most areas.

The role of health staff in assessing risks and needs

More consistent involvement of health staff was allowing informed decisions to be made more often about which children need to be medically examined when concerns are being investigated. This was supporting more effective consideration of, and response to, children's wider health needs. Nevertheless, we still found inconsistencies. Sometimes decisions were still being made about

the need for medical examination by police and/or social workers without the advice of a suitably qualified health professional. This was more likely to be the case outside office hours. In a few areas managers across services were meeting regularly to quality assure initial responses to child protection concerns and IRDs. This was helping them reach consensus about child protection thresholds and improve the quality and consistency of this key child protection process.

Most areas had strengthened their capacity to provide joint child protection medical examinations. Helpfully, a few areas were leading the way in instituting systems for comprehensive medical assessments for children at risk of neglect. More information about our findings in relation to arrangements for medical examinations for children in need of protection can be found in chapter six of this report

Initial risk assessment and pre-birth assessment

Overall, the quality and rigour of initial risk assessments had improved with a positive impact on children's immediate safety. Particularly encouraging was progress made on assessments of risks and needs pre-birth, which were being completed more timeously and supporting more effective intervention to reduce risks prior to babies being born. More detail about our findings about the impact of improved pre-birth assessment and planning on improving experiences for vulnerable mothers and babies is given in chapter three.

Comprehensive assessment

A less encouraging picture was found in relation to comprehensive assessments of risks and needs, the quality of which remained too variable. Staff across services were increasingly using standardised assessment formats based on the My World Triangle and Resilience Matrix, (found in 'A guide to getting it right for every child', published in 2008 by Scottish Government) This was helping them develop a shared understanding and language for their assessment. Overall, health visitors and school nurses were becoming more competent and confident in their assessments. Staff working in early years services often provided detailed assessment reports based on careful observations and consideration of children's needs in the round. However, assessment reports of school-aged children sometimes focused too narrowly on attendance and behaviour, even when education staff had a sound understanding of children's wider development, circumstances and needs.

We found some examples of high quality comprehensive assessments by social workers. These gathered information from all relevant sources, clearly discussed the nature and extent of risks and needs and analysed their impact on children's day to day safety and wellbeing. In many areas,

however, these were not the norm. Poorer quality assessments were too descriptive and did not take full account of historical information. Risk factors were listed in a superficial way. Not enough consideration was given to parents' capacity to sustain any change or improvement in response to the help they receive. Family assessments did not always consider fully the needs of individual children. In a few areas, confusion about the format to be used for assessment and the complexity of the paperwork had deskilled staff and led to an overall deterioration in the quality of assessments. Fully integrated assessments were at an early stage of development.

Some social work services had improved the quality of assessment reports provided to children's reporters and panel members and reduced delays but further improvement is required to meet agreed timescales routinely. Effective liaison between social work managers, children's reporters and panel chairs was helping to improve performance in some areas.

Assessing the suitability of kinship placements

Assessments of kinship carers to ensure their suitability to care for children in the longer term varied significantly in quality and timeliness. A few areas had managed to improve how effectively they were able to take forward permanency plans for children through sustained management attention. Nevertheless, some children were still experiencing significant delays before finding permanent families because assessments were not completed within prescribed timescales.

Compiling and using chronologies

The way chronologies* were used as a tool to support assessments of risks and needs varied. When thorough chronologies were compiled, these enabled staff to identify patterns of risk rather than treating each new concern in isolation. This was particularly helpful with concerns emerging pre-birth or where children were thought to be experiencing neglect or domestic abuse. In a very few areas core groups were maintaining chronologies and using them very well to understand and monitor risk and keep track of progress. However, the purpose of different types of chronologies was generally not well understood. A chronology of agency involvements was often confused with a chronology of significant events in a child's life. Often services maintained chronologies containing completely different events and there were important gaps in information about events with significant meaning for the child. Some chronologies were far too detailed to be effective as a tool for identifying patterns of risk. Systems and processes were under development to support staff in reviewing and updating chronologies. Electronic systems which automatically populate chronologies and which encourage 'cutting and pasting' to produce very lengthy documents with no review and analysis were largely unhelpful.

* A 'chronology' is a timeline of significant events.

Parenting assessments

We found many examples of very helpful parenting assessments with strong evidence of how these were helping mothers and fathers to reflect on their own experiences of being parented and their approaches to child development. Staff had access to a number of very useful frameworks to support them in this work. Unfortunately most parenting assessments happened only when removal from home was being considered or once children had already been removed from home, to help decision-making about the prospects of rehabilitation. We acknowledge this work is time-consuming for social work staff who are often working under significant pressures. Nonetheless, making better use of parenting assessment frameworks at an earlier stage could do much to help direct intervention, target resources, clarify plans for children and reduce the risk of drift.

Children affected by parental substance misuse

Increasingly we could see addictions staff sharing information more routinely about parental substance misuse with children's social workers. However, there was still a lack of consistent practice across the country and different expectations about participation in processes, such as core groups, for implementing children protection plans. It was very rare to find joint assessments undertaken by children's social workers working together with addictions staff to assess and manage risks on an on going basis. Given the particular challenges and the level of risks associated with parental substance misuse, there is an urgent need to develop this area of work.

PLANNING TO MEET CHILDREN'S NEEDS

"It must be remembered, while planning is an important part of offering appropriate help, it should not be an end in itself. It is the actions that arise from the plan and the outcomes these produce for an individual child that matter most."

GIRFEC practice briefing 6: The Child's Plan, Scottish Government, 2010

Child protection case conferences

Child protection case conferences had been strengthened with improved attendance by staff across services, including school nurses and substance misuse workers. Police were making an important contribution to risk assessment through attending initial child protection case conferences including pre-birth case conferences. Police attendance at review child protection case conferences, including those making decisions to de-register children's names from the child protection register, was variable. While they routinely provided information to help decision-making, sometimes the significance of the information they were providing was not understood by those who did attend, for example legal terms or the reasons for police or procurator fiscal decisions. There was some improvement in participation by GPs either by attending or submitting a report although this remained highly inconsistent. In some areas, chairing of case conferences had been greatly strengthened by ensuring chairs were independent of the management of the child's case and had the necessary authority to quality assure and challenge practice across services.

Child protection plans

We saw a welcome improvement in the quality of child protection plans, the majority of which had clear, attributed and relevant actions laid out to protect the child and meet his/her needs in the short term. In a few areas family plans were used where siblings were living together in the same household. These did not always recognise how the same circumstances affected children differently.

Outcome focused care planning

In most areas staff were finding it a significant challenge to align child protection plans which addressed immediate needs with more outcome-focused plans to support the child and family beyond the immediate crisis. For many children, SMART (Specific, Measurable, Attainable, Realistic, Timely) outcome-focused formats, including SHANARRI wellbeing indicators were being introduced to plan how to meet their needs. This shift was helping staff focus on different aspects of individual children's wellbeing, but they need much more help to identify and apply measures of success in their planning to deliver desired improvements in children's wellbeing. The challenge for managers in most areas was to ensure that all plans for individual children were of a consistently high quality. In the best performing areas staff were developing plans consistently for individual children which set out aims for all aspects of the child's wellbeing with clearly articulated decisions about the overall aim of intervention. They detailed all the actions required to achieve those aims, considered the contribution all relevant staff could make, and diligently measured progress.

Core groups

It was clear that the use of core groups to implement child protection plans is now very well established across the country. Core groups were meeting more regularly and staff across services were more committed to taking part in these meetings. The most effective core groups were co-ordinated well by a lead professional and involved a consistent team around the child. Involvement by parents and carers in child protection core groups was routine. Core groups were becoming more purposeful in reviewing the effectiveness of the child's plan and responding to changes in a child's circumstances. Increasingly, and helpfully, core groups were being continued after children's names are removed from the child protection register to help sustain improvements, although for too many children support still fell away too quickly after deregistration. In some areas progress had been made in reducing the number of planning meetings by combining child protection case conferences with looked after children reviews and education reviews of children with additional support needs. Where this had been done thoughtfully it minimised duplication for staff as well as families, while still successfully meeting the different aims of all of the processes. In a few areas however, risks were not addressed well enough when the combined meeting's agenda was too broad.

The role of front line and middle managers

In a few areas the role of front line and middle managers across services had been strengthened and was leading to notable improvements in the quality and consistency of key processes. In these areas social workers were benefiting considerably from regular, outcome-focused supervision which developed their knowledge and skills and supported learning through constructive criticism. In health services, more areas had introduced child protection advisors and health visitor team leaders who were playing a key role in supporting staff working with vulnerable children and families. Not all social workers, health visitors, school nurses and front line managers working with vulnerable children and families had appropriate opportunities to regularly reflect on their practice in keeping children safe.

Front line managers who carefully monitored the work of their team were helping ensure thorough assessments were completed on time and high standards of recording were maintained. When they chaired core groups effectively they ensured tasks were carried out in accordance with the child's plan and helped staff consider how well the longer term needs of the child were being met. They challenged parents to stick to the plan and made timely decisions to change the plan when children's circumstances did not improve enough. In some areas we found social workers struggling to undertake the administrative requirements of core groups alongside their own work with families and to bring the independent perspective needed to chair the meetings well.

> "We will support robust self-assessment within delivery organisations using outcome based approaches [..]. The involvement of service users will be a critical component of self assessment. We will work to support delivery bodies to develop these approaches which in time should be an integral part of a more proportionate external scrutiny system and crucially an integral part of a continuous improvement approach within the organisation."
>
> *Scottish Government response to Crerar Review, 2008*

Quality indicator 5.5: Improvement through self-evaluation

Robust self-evaluation is central to continuous improvement. It allows chief officers, child protection committees and managers across services to be confident that the work they are doing has clear benefits for children. Key features of this indicator are the commitment shown to self-evaluation by chief officers and senior managers, how self-evaluation is managed and the extent to which it has resulted in actual improvements which have had, or are likely to have, a positive impact on children and families.

The position at the end of the first programme of inspections

In the first inspection programme, self-evaluation was considered in the wider context of the leadership of change and improvement. Most services had carried out some structured self-evaluation of their own work to protect children but joint self-evaluation was acknowledged to be in the early stages of development. For the second programme of inspections, a specific self-evaluation quality indicator was developed and included in the suite of indicators to be reported on in all areas.

Findings

	Programme 2 (32 areas evaluated)	
Excellent	1	3%
Very good	5	16%
Good	16	50%
Satisfactory	6	19%
Weak	4	12%
Unsatisfactory	0	0%

Five areas were rated very good at improving services through self-evaluation and one area excellent. In these, inspectors were confident that self-evaluation was being used very effectively to support improvement. In exactly half of the areas inspected, improvement through self-evaluation was evaluated as good. Services had strengths which they should now build on to ensure desired improvements are achieved. Evaluations were satisfactory in a further six areas and in a further four, we found joint self-evaluation to be weak.

Across the country we found growing recognition of the role of joint self-evaluation in raising the quality of services for children in need of protection. Nowhere did we find child protection committees resistant to the idea of reviewing their own child protection work or unwilling to self-evaluate. Child protection committees were beginning to understand how having an accurate picture of services' joint performance, what is working well and where difficulties lie, is fundamental to effective prioritisation for improvement. We found a small number of areas where services demonstrated a high level of sophistication and maturity in how they understood and approached joint self-evaluation. These areas had a strong vision and high aspirations for children and clear shared aims for child protection. They had been very successful in embedding a culture of self-evaluation where staff at all levels were able to describe the impact of their work, understand the reasons for any new developments and were readily receptive to new ideas and practice. A key feature of these areas was that managers across services knew what constituted best practice. They aspired to better outcomes for children, recognised and celebrated success (crediting and encouraging both their own staff and partners) and were equally open to exploring 'failures' in a way which focused on improvement not blame.

Overall, however, we found child protection committees continuing to be challenged by the task of jointly evaluating their work to protect children. Services were still asking themselves too few questions about the difference they are actually making to the lives of vulnerable children and families. Staff's and managers' own views of the quality and impact of their work were too rarely tested against an agreed set of indicators using robust evidence. In many areas monitoring of key child protection processes had improved. This is important but of limited value unless managers and

child protection committees know these are the right processes carried out for the right children at the right time and they are confident about their impact on children. While there were a few examples of individual services consulting very effectively with vulnerable children and families, most child protection committees had yet to develop ways of ensuring their improvement priorities are influenced by the views and experiences of children and families who use, or need, services.

Shared vision, aims and objectives

For self-evaluation to be effective, it must be underpinned by a shared vision. Without a clear understanding of what the partners together are aiming to achieve in respect of vulnerable children and families, managers cannot hope to lead staff in assessing how effective their contribution is. While chief officers' groups and child protection committees across the country had experienced a great deal of success in agreeing common vision and values for their work, in some areas less attention had been given to agreeing shared improvement priorities. As a result a few child protection committees were working without enough direction from chief officers about where to focus their attention. Some child protection committees were wrestling with complex improvement plans with far too many actions to progress efficiently, dispiriting themselves in the process. The ability of chief officers and senior managers to prioritise the most important areas of work was central to ensuring that self-evaluation resulted in tangible improvements to benefit children and families.

A key challenge for partners seemed to lie in developing a common understanding and language around self-evaluation. Education services have a longer-established tradition in managing self-evaluation while others have varying levels of knowledge and experience. Some services, for example the police, are very experienced in audit and quality assurance processes but less well versed in self-reflective approaches. A number of social work services had found the self-evaluation framework 'Guide to Supported Self-evaluation, building excellent social work services', published by the Social Work Inspection Agency in January 2009, very helpful in increasing their skills and confidence in self-evaluation. Where very different approaches were taken by partners in any one area, we found this to be a hindrance to developing a robust assessment of partners' joint work to keep children safe and meet their needs. Higher-performing areas had benefited from time and effort taken at an early stage to agree a joint strategy for managing self-evaluation activity. In a few areas the child protection committee had assigned lead roles for managing self-evaluation to staff with the most experience of this type of work, even if they were less 'expert' in child protection than other colleagues. This was proving very helpful in achieving a consistent, systematic and sufficiently rigorous approach.

Effective leadership for self-evaluation

Genuine commitment to self-evaluation was demonstrated where leaders authorised and took ownership of a rolling programme of joint self-evaluation activity. This reinforced the message that self-evaluation is intrinsic to how services operate and not undertaken simply to satisfy independent

scrutiny bodies in advance of an inspection. Where we evaluated this indicator highly, the products of self-evaluation activity showed a realistic and balanced picture of strengths and areas where improvement is needed. They led to a manageable set of improvement priorities with the greatest relevance for vulnerable children. Moreover, chief officers had made sure these priorities were progressed, giving clear direction and making resources available where required to implement changes. In a few areas the chief officers' and child protection committees' focus had been on addressing serious weaknesses identified in previous inspections and self-evaluation had necessarily been given less attention. In these areas, we would expect self-evaluation to be given greater priority as a driver for improvement in due course.

In a few areas we found services knew themselves well in that their self-evaluation was highly accurate but failed to result in any improvements. In some, the same issues were identified through self-evaluation time and time again. Here, leaders did not ask enough questions about the reasons for apparently intractable problems, gave too little direction to staff or did not make the necessary resources available to resolve long-standing problems.

On occasion self-evaluation exposed underlying tensions in partnership working. Where there is a lack of trust between partners, it is very difficult for services to be honest about their own performance and work together to find solutions. Conversely, the opportunity to gain helpful critical feedback is missing where partners are reluctant to challenge each other for fear of causing offence. Honest challenge, given in the right way with mutual respect and genuine ownership of a joint improvement agenda, is a prerequisite for effective joint self-evaluation.

Robust evidence-gathering

We found a very wide variation across the country in services' understanding of what constitutes robust evidence to support self-evaluation. Where self-evaluation was strongest, services clearly understood that their assessment of themselves has to be tested using data and perspectives from a range of sources and that this information must be accurate and up-to-date. We found a few areas which had been creative in developing data-capturing systems which were rigorous, systematic and transparent, for example setting up a portal for evidence which is open to all staff and other stakeholders. Overall, however, more work is needed to develop systems that routinely capture relevant data and views of children, families and other stakeholders including frontline staff.

A common weakness in gathering evidence for self-evaluation was a failure to relate supporting evidence to the question being explored. For example, assuming that the existence of a policy tells managers anything about how well the policy is understood or implemented by staff on the ground. Developing understanding about how to test assumptions when undertaking self-evaluation is a key area for development nationally.

A culture of enquiry

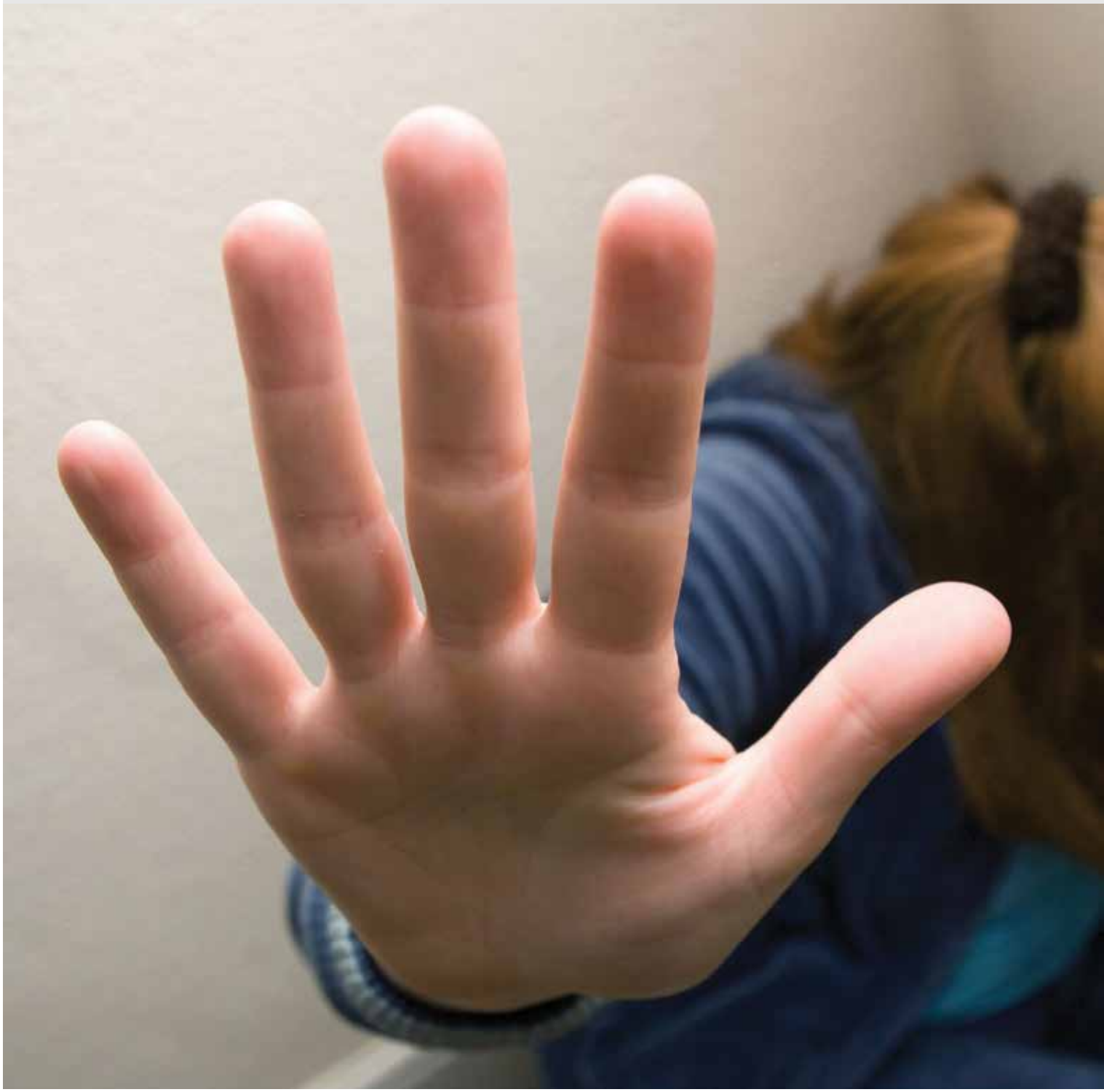
In the best performing areas, processes for self-evaluation were being considered for all new initiatives. Feedback from children and families who use services and other stakeholders was asked for routinely. The question 'how do we know?' was starting to be asked at regular intervals at all levels.

Quality assurance processes focused on quality and impact, not just on compliance. Staff were supervised and supported well and managers were taking every opportunity to encourage staff to consider the impact of their work. Staff and service users felt their views mattered and they could influence how services developed. These examples are encouraging signs of the development of an embedded culture of enquiry and reflection which is needed to underpin robust self-evaluation and improvement. These examples were not the norm, however. Even in areas where self-evaluation was evaluated as very good and excellent, more work is needed to involve frontline staff in joint self-evaluation which focuses on improved outcomes for children and families.

An outward focus

A common theme among those child protection committees most effective in self-evaluation was the efforts they made to seek out the best child protection practice from across the country and beyond. They looked beyond traditional boundaries and alliances to ensure they were appropriately challenged by comparing themselves with the very best practice available. We found surprisingly wide variation across the country in how aware child protection committees were of practice in other areas. Some had formed very helpful alliances, sharing ideas and supporting one another. Elsewhere, services described "innovative practice" in their own area, unaware that this had already been the norm in other parts of the country for a number of years.

Chapter 5



HOW GOOD IS OUR LEADERSHIP?

> "Attention by senior managers to the quality of services delivered at the front door of each agency where referrals are received is vitally important. Managers must lead by example by taking a personal and visible interest in frontline delivery."
>
> *The Protection of Children in England: A progress report The Lord Laming March 2009*

The self-evaluation framework 'How well do we protect children and meet their needs?' published by HMIE 2009 considers a number of aspects of leadership under three quality indicators:

- **Vision, values and aims** considers the extent to which chief officers and senior managers have developed a shared vision for protecting children and how well they ensure staff across services are working with a common purpose.

- **Leadership and direction** focuses on the effectiveness of joint leadership to plan and deliver services against demanding targets, to make the vision a reality for children and families.

- **Developing people and partnerships** explores the culture and ethos of key partnerships. It evaluates how leaders build capacity within their services, appropriately equip their staff for the tasks required of them and support effective joint working.

The position at the end of the first inspection programme

During the first programme of inspection we made specific evaluations of each of the three leadership quality indicators in the 30 areas inspected. We found notable strengths in collective vision, values and aims and how leaders were building partnerships and promoting and supporting joint working. However, there was a need for more effective leadership and direction by chief officers and the child protection committee in more than a third of areas. There was a strong correlation between weak leadership and direction and poor performance in key areas which impact on the safety and wellbeing of children and families.

Findings from the second programme of joint inspections

In the second programme of inspection we considered the same aspects of leadership in all 32 areas inspected and commented on the quality and effectiveness of leadership for protecting children in all published reports. We did not evaluate leadership using the six-point scale.

Vision, values and aims

A shared vision

We found widespread appreciation of the need for staff at all levels to be guided by a clear, well articulated vision to keep children safe. Chief officers and senior managers understood that the vision must be owned and implemented across services if positive outcomes for children are to be achieved. In almost all areas we found staff and child protection committees working together well to implement the vision agreed by chief officers, reflecting a joint commitment to keep children safe and protected from abuse. In most areas the shared vision appropriately promoted children's rights, with emphasis on addressing inequalities and improving the circumstances of children in greatest need and at greatest risk. In a small number of areas the vision lacked ambition, being restricted to meeting children's immediate safety needs. In contrast, the best performing areas had high aspirations for all children and a strong commitment to closing the gap between the outcomes of the most disadvantaged children and young people and their peers.

The vision for all children

Generally, there was coherence between vision, values and aims for child protection and Community Plans, Single Outcome Agreements (SOAs) and Integrated Children's Services Plans (ICSPs). In a few areas we found child protection firmly sited in the context of prevention and early intervention with significant resources devoted to building capacity in universal services (education, police and health services). Overall, we found services to be very aware of the relevance of GIRFEC but at very different stages of implementation of the approach. Those areas which had devoted time and resources to helping staff understand GIRFEC principles, agree common values and develop a common language before introducing new systems and processes were experiencing the greatest success in implementing the approach.

Leadership and Direction

The role of chief officers

Across the country leadership and direction for child protection is the responsibility of a chief officers' group or similar. Core membership comprises the chief executives of the council and health board and the chief constable or divisional commander in the larger police authorities. The groups often include a senior manager from the Scottish Children's Reporter Administration (SCRA). In some cases senior managers in social work and education services are members or in attendance. Staff in most areas expressed confidence in the leadership and direction for child protection provided by chief officers and the child protection committee.

Lines of accountability

During the first inspection programme, in three parts of the country, wider partnerships for child protection were in place which spanned several local authority areas. In all of these areas chief officers reviewed these arrangements and had made changes to strengthen local accountability and responsibility, while maintaining the necessary links between the partner areas for efficient working. This had been helpful in strengthening multi-agency monitoring and quality assurance arrangements, identifying and implementing best practice and supporting a shared approach to joint problem solving. In a number of other areas child protection committees in neighbouring authorities were helpfully sharing learning and cooperating in training, practice initiatives and self-evaluation activity.

Increasingly chief officers' groups were taking collective responsibility for wider public protection arrangements, comprising child and adult protection and the management of sex offenders, including young people who present harmful and problematic sexual behaviour. As a result chief officers were developing a more comprehensive and effective overview of performance across all of these areas with the aim of early identification and analysis of patterns and trends to assist service planning. Keeping abreast of such a broad agenda will present significant challenges. It will be important for chief officers to ensure they have sufficient capacity and are supported by managers with the necessary expertise to address all areas without any drop in standards or reduced momentum for improvement.

The role of the child protection committee

In most areas we found high levels of confidence from staff in chief officers' ability to provide effective leadership and direction but in a small number of areas there was room for improvement in the relationship between the chief officers' group and the child protection committee. Here, child protection committees did not get enough support, challenge, or direction from chief officers or there was a lack of clarity about roles, responsibilities or governance arrangements.

While we found the profile of child protection committees among staff at the front line varied from area to area, it was clear that child protection committees understood their role and function and were delivering well against their remit. The amount and quality of performance management information used by child protection committees to review the effectiveness of child protection processes had improved in the majority of areas. Nevertheless, developing data sets which tells child protection committees something meaningful about the outcomes being achieved for vulnerable children remains very challenging. Most had a number of subgroups to plan and progress work according to local priorities and needs. Almost all had appropriate representation from a range of services including key third sector services.

Child protection committee business planning

Although no longer required to do so by the Government, most child protection committees were still completing a business plan and reporting annually and publicly on their work. In some areas chief officers had made available additional resources to support child protection work, generally, though not always, following an inspection. Examples include additional staff in specialist police units, the creation of health visitor team leader and social work reviewing officer posts and additional training. In most areas there was helpful sharing of resources to meet children's immediate safety needs.

Generally we found helpful working and planning arrangements between child protection committees and strategic planning groups for children's services and, through these, to community planning partnerships. This was helping ensure the needs of the most vulnerable children were reflected appropriately in overall plans for children. In a few areas further work is needed to ensure the child protection committee and staff responsible for integrated children's services planning work together to optimum effect and that their activity complements and supports one another well.

Staff guidance

All child protection committees gave guidance to staff on working together to protect children. Many were in the process of reviewing and updating these to take account of redrafted national guidance. Staff said they had easy access to both their own service's procedures and inter-agency guidance and that there was a good 'fit' between the two where there are clear child protection concerns. In a few areas there was less clarity about procedures to share concerns about children at an early stage. Managers need to review procedures to ensure staff are clear about when and how they should bring together a variety of perspectives to assess whether and what intervention is required to meet the needs of individual vulnerable children.

Developing people and partnerships

Valuing staff

Where we observed chief officers and the child protection committee providing high quality leadership and direction this was positively reflected in a strong culture of support and helpful challenge. In particular, staff felt valued and recognised for their contribution to delivering high quality services and this was leading to high standards of practice and innovative ways of effective partnership working. Practitioner forums were operating in around a quarter of council areas. Staff found these helpful in sharing practice and facilitating joint working. A few areas were developing ways of recognising good practice through local awards or submission of practice for recognition at a national level and staff valued this highly.

Promoting joint working within and across services

In almost all areas, we found high levels of mutual respect between services and growing understanding between staff of each others' roles, contribution and pressures. Staff consistently reported stronger and more effective partnership working as the biggest improvement to practice in their area in the last few years. Co-location, ready access to high quality joint training and the opportunity to work closely with children and families and on practice developments were frequently cited as contributing to better partnership working at all levels, by staff from front line to senior management.

In some areas staff credited the implementation of the GIRFEC approach for a shared language and common understanding of what needs to happen to improve services for children and families. However, we did find new or continuing tensions where services had competing priorities or different perspectives on how services' individual policies and practices impacted on vulnerable children. These were evident barriers in implementing the GIRFEC approach successfully and need decisive intervention from managers at the highest level to overcome them. Examples included different thresholds for intervention by the social work service or police; practice around the exclusion from school of children who are looked after or on the child protection register and; policies on discharging families from health services after they had failed to attend clinic appointments.

We could see how clear direction from chief officers about shared responsibility and the priority for child protection is allowing a wider range of staff to recognise the role they can play in keeping children safe. It was encouraging to see how many staff who work primarily with adults, such as staff in criminal justice, substance misuse and housing services, were more engaged with the child protection agenda and understood how they might contribute to keeping children safe through improved information-sharing and participation in decision-making meetings. More work is now needed by chief officers and senior managers to ensure this is the case for all staff, particularly

those working in the field of mental health, to remove barriers to helpful information-sharing when addressing early concerns and to deepen the involvement of key services such as drug and alcohol services in assessing and managing risks.

The contribution of the third sector to partnership working

Key partnership groups which impact on both strategy and operational practice in relation to children in need of protection include alcohol and drug partnerships and domestic abuse forums. At their best they gave very helpful direction, provided resources and expertise, brokered training for staff and promoted effective joint working and a number of practice initiatives but their impact varied widely across the country.

Services from the third sector were playing a key role in important partnership groups throughout the country. In many areas, third sector partners were at the forefront of intervention to meet the needs of the most vulnerable children and families and they were making a valuable contribution to the planning and design of services as well as their delivery. Third sector services were often involved in piloting new initiatives along with their statutory partners. There were examples of them reconfiguring services to respond more effectively to changing demands and to meet the needs of children and families better, for example developing outreach services to children and families in rural areas. In a few areas two or more third sector organisations were working very creatively in partnership with each other to meet children's needs. Improving approaches to commissioning children's services would be very helpful in supporting these kinds of developments to benefit a greater number of children and families.

Chapter 6

KEY THEMES OF NATIONAL INTEREST

At the start of the second programme of child protection inspections, Scottish Ministers identified seven key themes about which they requested inspection teams to gather information. The aim was to build up a picture of developments across the country in each of these themes. Themes were either established or emerging issues related to keeping children safe.

In each inspection we reviewed evidence provided by child protection committees about their work in relation to the seven themes, sometimes complemented by other scrutiny activity. We included comments in all published reports.

Key theme: child protection medical examinations

The need for child protection committees and NHS boards across the country to ensure that suitably trained paediatricians and forensic medical examiners are available to carry out medical examinations and assessments in a child-friendly environment was identified as a priority area for improvement following the first child protection inspection programme. Subsequently most areas had strengthened their capacity to provide child protection medical examinations undertaken by suitably trained staff. In many areas facilities for conducting child protection medical examinations had been modernised, although providing an appropriate service and facilities continued to challenge a few health board areas. Our inspections in the west of Scotland identified the recently developed Archway as an example of best practice in meeting the needs of young people in need of sexual abuse medical examinations. However, there were a few areas where suitably trained doctors were not always available to carry out joint child protection medical examinations outside office hours, including child sexual abuse examinations.

Comprehensive medical assessments were being introduced in some parts of the country and these were contributing to improved responses to the needs of children experiencing physical neglect when undertaken in the context of a reliable system to follow up identified needs. In a few areas services were working together to design more systematic approaches to identifying the children who would most benefit from a comprehensive medical assessment. Some areas had produced helpful leaflets for children and parents about child protection medical examinations. Seeking feedback more routinely from children and young people who have experienced child protection medical examinations and assessments could help services further improve the delivery of this service.

Key theme: management of sex offenders who pose a risk to children

The first programme of inspections found that multi-agency public protection arrangements (MAPPA) were working well to share information about sex offenders who may pose a risk to children. Our

recent findings suggest arrangements have continued to work well and that risks to many children are reduced and managed through effective joint working. In many areas chief officers' groups had extended their responsibilities from child protection to public protection including adult protection, domestic abuse and the management of sex offenders. This was creating additional opportunities to further streamline information-sharing and strengthen joint working.

Key theme: children missing from education

There was widespread recognition by staff in education and other services about the vulnerability of children who go missing from education. In almost all areas there was clear and comprehensive guidance to direct staff when children go missing. Helpfully the guidance was underpinned by the principles of Safe and Well: Good practice in schools and education authorities for keeping children safe and well (Scottish Government, August 2005) and was reviewed and updated regularly in most areas. Procedures were well known and understood by staff and gave an appropriately high profile to the needs of more vulnerable groups of children. Examples include children with additional support needs, gypsy traveller children and children looked after by the local authority. In most areas staff were visiting children educated at home to ensure the education provision is appropriate to their individual needs. Overall we found staff linking well with other agencies to ensure a consistent approach to tracking vulnerable children and making appropriate use of the Children Missing from Education team in Edinburgh to co-ordinate tracing over a wider area.

Key theme: internet safety

Internet safety had been given a high priority by child protection committees in most areas, resulting in substantial work being done to raise awareness of internet-related risks to children. Initiatives ranged from the production of helpful, colourful leaflets to high profile national videos aired in public places such as shopping centres. Most areas had a strategy to ensure internet awareness is key learning for all professionals who work with children. Increasingly, school staff were being trained as Child Exploitation and Online Protection (CEOP) ambassadors and cascading internet awareness training to other staff within their schools. This training had been extended in some areas to include others, including residential staff and foster carers.

Some schools were using creative drama productions such as Cyber Spider to counteract cyber-bullying as part of an overall approach to tackling bullying. A small number of child protection committees had still to fully grasp the importance of helping children and young people understand the risks involved in a range of communications technologies and learn how to keep themselves safe.

Key theme: young runaways

In almost all areas we found procedures to ensure children are returned safely when they run away, but the extent to which children are protected by use of these procedures varied. Most areas had

developed a joint protocol for responding to children who go missing from residential care. This sometimes involved using a traffic light system to help staff identify risks and ensure children receive the appropriate response. However, children living in community settings were rarely included.

In many parts of the country staff were sharing appropriate information across services to help keep children safe, but in a few areas protocols were outdated and urgently needed revision. In only a quarter of areas were children offered a welfare interview within a few days of returning home. These interviews give children an opportunity to discuss their own situation and get information on how to keep safe. Only a very few areas had a joint approach which allowed staff to identify children who may be at particular risk and to address their needs, for example by referring children who run away to a multi-agency screening group. This should be a priority for attention for child protection committees.

Child protection committees were becoming more aware of the links between children missing from education and children who run away. Some had helpfully issued or amended guidance to staff to improve responses to these vulnerable groups.

Key theme: trafficked children

About half of child protection committees had established policies and procedures to respond to children who may have been trafficked. These child protection committees had hosted events to raise staff awareness of trafficked children across services, developed resources and issued guidance to staff about what to do if they suspect a child may have been trafficked. Many were following the lead set by Glasgow City Council which had undertaken important research about the incidence of trafficking and piloted a very helpful assessment toolkit to ensure children at risk are identified and responded to effectively. A few child protection committees had produced leaflets and posted information on their websites to help raise public awareness of the issue.

Although managers in a few areas had identified links between trafficked children and private fostering, more needs to be done to make staff and the public aware of possible connections.

Key theme: lesbian, gay, bisexual and transgendered young people

We found services for lesbian, gay, bisexual and transgendered (LGBT) young people in two thirds of council areas. Examples were support groups, (including peer support), information and advice services, befriending and health services. In a few areas resources such as interactive web sites had been developed in partnership with young people. Although most schools include some aspects of LGBT topics within the school curriculum, we found limited understanding among staff of the needs of LGBT young people. More work is required across the country to raise awareness and address homophobic bullying so that the rights of LGBT young people are respected and their needs met.

Chapter 7

CHILD PROTECTION WITHIN THE CONTEXT OF FUTURE SCRUTINY OF SERVICES FOR CHILDREN

Following the conclusion of this second programme of inspections, Scottish Ministers determined that future scrutiny of services to protect children should be undertaken within the new programme for joint inspection of children's services. This will increase opportunities to explore how services identify at an early stage children who may be vulnerable to poor outcomes and how effectively they intervene to improve their circumstances before they become in need of formal protection measures. Ministers are keen to see how services are rising to the challenge of better integrated working to secure improved outcomes for all children in Scotland, in line with their aspirations that we should get it right for every child.

Children already subject to child protection measures will maintain an important focus within the new inspection model. Methodology for joint inspections of children's services will include reviews of practice using examination of the case records of a statistically valid sample of children from a number of groups of children identified as vulnerable. It will specifically include children who are, or have recently been, subject to child protection measures; looked after children, including children in respite placements; and unborn children whose family circumstances or history make them particularly vulnerable and young people leaving care. Case file reading will be complemented by a range of other scrutiny activities, which will include observation of key meetings and sampling of child protection processes; discussion with children and families themselves; interviews with staff and managers from across services; and analysis of documents and other material.

Before an inspection, in their analysis of information about children's services in the area, inspectors will include consideration of all the information known about how services respond to concerns and meet the needs of children who may be at risk. The aim will be to identify any particular aspects of child protection that need detailed scrutiny. As in previous programmes, there is an expectation that chief officers and managers will be able to demonstrate that, through rigorous self-evaluation, they are aware of their strengths and have a sound rationale for any identified areas for improvement. They should be able to show that they have been able to make tangible and sustained improvements and that children are better protected and have improved outcomes as a result.

The Care Inspectorate will continue to help child protection committees and community planning partnerships to build capacity for self-evaluation and support improvement, focusing on improving outcomes for vulnerable children, including children who need care and protection.

Appendices 1-4

APPENDIX 1
INSPECTION METHODOLOGY

The methodology for the joint inspections of services to protect children was based on the European Foundation for Quality Management business excellence model. In agreement with Scottish Ministers, we drew six quality indicators from the suite of 25 that made up the Child Protection Quality Indicator Framework, set out in HMIE's 2009 publication 'How well do we protect children and meet their needs?' shown on page 72. These indicators were intended to help us answer four high level questions:

- How are services improving?
- How well are the needs of children and families met?
- How good is the management and delivery of services?
- How good is leadership and direction?

We published our findings in an inspection report at the end of each inspection. In each report, we made formal evaluations of the same six quality indicators.

You can read the inspection reports for all 32 areas at **www.educationscotland.gov.uk** for reports published before 1 April 2011, and **www.careinspectorate.com** for those published on or after 1 April 2011.

Determining the scope of the inspection

At the start of each inspection, we reviewed all of the information already known about how well services were working together to protect children and meet their needs. We used a range of statistical information, documents and other evidence to do this, including responses to questionnaires sent to parents receiving child protection services, information from previous inspections (including recommendations for action) and from other scrutiny bodies. We paid close attention to services' own evaluation of their joint work to keep children safe, examining the evidence they presented to support their views of how effectively they were working. We discussed with chief officers and senior managers their aspirations for vulnerable children, plans and progress, achievements and challenges. This helped us identify areas to focus on and determined the initial scope of the inspection.

Reviewing case records

We reviewed practice by reading records held by social work, police, education, health and the children's reporter for a sample of children in receipt of child protection measures. This statistically valid sample was chosen by inspectors from lists of children whose names were either on the child protection register at the time of the inspection; removed from the child protection register during the year previous to the inspection; or subject to a child protection investigation, discussion or case conference during the preceding year but not subsequently placed on the child protection register.

We asked the child protection committee for each child's age, gender, ethnicity, postcode, disability and category of registration. In this way, we could be sure we were selecting a sample which was truly representative of the population of children receiving child protection services in any area. Our findings are therefore relevant for all children in need of protection unless specifically stated otherwise.

Talking to children, parents and carers and staff

Our findings from reviewing case records helped us further refine the scope of the inspection, answering questions and clarifying what remaining scrutiny activities were required. We met with any young person whose records we had read and their parents or carers who were willing to meet with us, to find out about their experience of services and the impact on their lives. We also met with staff and managers in single-agency and multi-agency groups to discuss their work, what was helping them improve outcomes for children and any barriers that were getting in the way. We met with groups with a critical role in planning or delivering services for children in need of protection, including any sub-groups of the child protection committee responsible for taking forward agreed work and those staff responsible for integrated children's services planning.

Examples of good practice

We asked every area to be inspected to nominate up to three examples of good practice - work done by services together, of which they were particularly proud. During the inspection we met with staff, children and families, reviewed documentation and, where appropriate, observed practice to check that there was compelling evidence that this work was making a real difference to children and families and would be worth replicating elsewhere. Validated good practice examples were noted in the published inspection reports with fuller details available from our websites. A list of the good practice examples validated during this inspection programme is given in Appendix 4.

Being thorough and proportionate

In each area, we agreed on the activities most likely to help us answer any questions we still had about how well services were working together to protect children. The extent and focus of our activity was proportionate to the level of uncertainty or risk. In all areas, we made opportunities throughout the inspection to discuss what we were finding with managers, seeking more information from them where needed and agreeing improvement priorities.

Supporting improvement

We discussed our findings with chief officers and senior managers at the conclusion of the inspection fieldwork. Shortly afterwards, we returned to discuss in more detail any priorities for improvement and how we could support them to take these forward. Where child protection committees had achieved a positive report, we made an offer of ongoing support from a designated link officer. Where evaluations were lower, the designated officer maintained regular contact to monitor progress against the child protection committee's improvement plan.

Our inspection teams

Between 2009 and 2011, our inspection teams included full time and sessional inspectors employed by HMIE and secondees from Her Majesty's Inspectorate of Constabulary working alongside colleagues from the Care Commission and the Social Work Inspection Agency. From 1 April 2011, these staff were brought together in the newly formed Care Inspectorate. Throughout the inspection programme, our inspectors worked alongside associate inspectors from local authorities, health boards, police forces and third sector organisations across the country.

Inspections of fostering and adoption services

In all but one inspection* undertaken after March 2010 we incorporated a closer inspection of outcomes for children in need of protection who also needed fostering and adoption services. Inspectors read documents relating to fostering and adoption services, reviewed the records of children in the sample who were placed with local authority carers and carers' records. They followed this up by speaking with these children, where possible, and their carers. They also conducted focus groups and interviews with family placement staff, managers and other carers, where appropriate. By following this methodology, we could be confident that our findings about children in need of protection, as detailed in our public reports, apply equally to children in need of protection living in local authority foster placements. Where the experiences and outcomes of these children differed in any way, we made this explicit in our reports. Chief officers were notified of any recommendations and requirements about fostering and adoption services by letter.

*In one area where fostering and adoption services had achieved low grades in recent inspections, a stand-alone inspection of fostering and adoption services was carried out by the Care Commission.

Child Protection Quality Indicator Framework

1 What key outcomes have we achieved?	2 How well do we meet the needs of our stakeholders?	3 How good is our delivery of services for children and families in need of protection?	4 How good is our operational management?	5 How good is our leadership?
1. Key performance outcomes 1.1 Improvements in performance 1.2 Fulfilment of statutory duties	**2. Impact on children and families in need of protection** 2.1 Children and young people are listened to, understood and respected 2.2 Children and young people benefit from strategies to minimise harm 2.3 Children and young people are helped by the actions taken in immediate response to concerns 2.4 Children and young people's needs are met	**5. Delivery of services to children and families in need of protection** 5.1 Involving children, young people and families in key processes 5.2 Information sharing and recording 5.3 Recognising and assessing risks and needs 5.4 Effectiveness of planning to meet needs 5.5 Improvement through self-evaluation	**6. Policy development and planning** 6.1 Policies and procedures 6.2 Operational management and planning 6.3 Involving children and families in developing policies and services	**9. Leadership and direction** 9.1 Vision, values and aims 9.2 Leadership and direction 9.3 Developing people and partnerships 9.4 Leadership of improvement and change
	3. Impact on staff 3.1 Impact on staff		**7. Management and support of staff** 7.1 Staff sufficiency, recruitment and retention 7.2 Staff deployment and teamwork 7.3 Staff training, development and support	
	4. Impact on the community 4.1 Being aware of protecting children		**8. Partnership and Resources** 8.1 Partnership working 8.2 Management of resources	

HOW GOOD CAN WE BE? What is our capacity for improvement?

APPENDIX 2
DEFINITION OF EVALUATIVE TERMS USED IN INSPECTION

Level 6	excellent	outstanding or sector leading
Level 5	very good	major strengths
Level 4	good	important strengths with areas for improvement
Level 3	satisfactory	strengths just outweigh weaknesses
Level 2	weak	important weaknesses
Level 1	unsatisfactory	major weaknesses

Excellent will apply to performance which is a model of its type. The outcomes for children, young people and their families along with their experiences of services will be of a very high quality. An evaluation of excellent will represent an outstanding standard of performance, which will exemplify very best practice and will be worth disseminating beyond the service or area. It will imply these very high levels of performance are sustainable and will be maintained.

Very good will apply to performance characterised by major strengths. There will be very few areas for improvement and any that do exist will not significantly diminish the experience of children, young people and their families. While an evaluation of very good will represent a high standard of performance, it is a standard that should be achievable by all. It will imply that it is fully appropriate to continue the delivery of services without significant adjustment. However, there will be an expectation that professionals will take opportunities to improve and strive to raise performance to excellent.

Good will apply to performance characterised by important strengths which taken together clearly outweigh any areas for improvement. An evaluation of good will represent a standard of performance in which the strengths have a significant positive impact. However the quality of outcomes and experiences of children, young people and their families will be diminished in some way by aspects where improvement is required. It will imply that the services should seek to improve further the areas of important strength but take action to address the areas for improvement.

Satisfactory will apply to performance characterised by strengths which just outweigh weaknesses. An evaluation of satisfactory will indicate that children, young people and their families have access to a basic level of service. It represents a standard where the strengths have a positive impact on the experiences of children, young people and their families. However, while the weaknesses will not be important enough to have a substantially adverse impact, they will constrain the overall quality of outcomes and experiences. It will imply that professionals should take action to address areas of weakness while building on strengths.

Weak will apply to performance which has some strengths but where there will be important weaknesses. In general an evaluation of weak may be arrived at in a number of circumstances. While there may be some strengths, the important weaknesses, either individually or collectively, are to diminish the experiences of children, young people and their families in substantial ways. It may imply that some children and young people may be left at risk or their needs not met unless action is taken. It will imply the need for structured and planned action on the part of the agencies involved.

Unsatisfactory will apply when there are major weaknesses in performance in critical aspects requiring immediate remedial action. The outcomes and experiences of children, young people and their families will be at risk in significant respects. In almost all cases professionals responsible for provision evaluated as unsatisfactory will require support from senior managers in planning and carrying out the necessary actions to effect improvement. This may involve working alongside other staff or agencies. Urgent action will be required to ensure that children and young people are protected and their needs met.

APPENDIX 3

Quality indicator evaluations for joint inspections of services to protect children in 32 council areas, Scotland 2009 - 2012

Council area	Date	1.1	2.1	2.2	2.3	2.4	5.5
Aberdeen City	June 2011	G	G	S	S	S	W
Aberdeenshire	December 2009	G	G	VG	G	G	G
Angus	April 2011	G	VG	G	G	G	G
Argyll & Bute	October 2011	S	G	G	W	G	S
City of Edinburgh	January 2010	S	S	S	S	S	S
Clackmannanshire	April 2010	G	G	G	VG	S	S
Dumfries & Galloway	May 2010	W	G	S	G	S	G
Dundee	May 2012	VG	G	G	G	G	G
East Ayrshire	March 2010	S	VG	VG	G	S	G
East Dunbartonshire	February 2010	G	VG	VG	G	G	G
East Lothian	April 2011	G	VG	VG	VG	G	G
East Renfrewshire	September 2010	VG	E	VG	VG	VG	VG
Falkirk	September 2011	S	VG	VG	VG	G	G
Fife	June 2012	G	G	G	S	S	G
Glasgow City	June 2011	G	G	VG	G	S	S
Highland	May 2010	VG	VG	VG	VG	G	VG
Inverclyde	January 2011	VG	E	VG	VG	VG	VG
Midlothian	August 2011	G	S	G	S	S	G
Moray	May 2012	VG	G	S	G	S	S
North Ayrshire	September 2010	VG	VG	VG	VG	G	G
North Lanarkshire	March 2011	VG	VG	VG	VG	VG	VG
Orkney	November 2009	G	VG	VG	G	G	G
Perth & Kinross	October 2011	VG	E	E	VG	E	VG
Renfrewshire	January 2011	VG	E	E	VG	G	E
Scottish Borders	December 2011	G	VG	G	VG	G	S
Shetland	January 2012	S	VG	G	VG	G	W
South Ayrshire	March 2012	VG	VG	VG	G	VG	G
South Lanarkshire	December 2010	G	VG	VG	VG	VG	G
Stirling	June 2010	W	G	W	W	S	W
West Dunbartonshire	March 2012	G	VG	VG	VG	VG	W
West Lothian	October 2010	VG	VG	E	VG	VG	G
Western Isles	January 2010	G	G	G	VG	S	G

The quality indicators are:

2.1 Children are listened to, understood and respected
2.2 Children and young people benefit from strategies to minimise harm
2.3 Children and young people are helped by the actions taken in immediate response to concerns
2.4 Children and young people's needs are met
5.5 Improvement through self-evaluation
1.1 Improvements in performance.

APPENDIX 4
GOOD PRACTICE EXAMPLES

Examples of good practice were evaluated as innovative at the time of the inspection but may now be commonplace in other parts of the country. A brief description of each example can be found by visiting the web address given. For more information, contact the child protection committee lead officer in the relevant council area.

Listening to children and families, involving them and seeking their views

Visit **http://bit.ly/1048mIj** for:

- Joint audit of investigation records [Orkney]
- Rights respecting schools initiative [Inverclyde]

Visit **http://cinsp.in/10xTDAT** for:

- Listen more assume less - Staff using technology effectively to gather the views of children and young people to improve services [East Lothian]
- Barnardos Advocacy Project - independent support for young people [Fife]

Supporting vulnerable children and families

Visit **http://bit.ly/1048mIj** for:

- The Triple P Project - increasing the confidence and skills of parents to protect and care for their children [Orkney]
- Peer Listening - providing effective emotional support for children and young people in five schools across the council area [Aberdeenshire]
- Time Out for Teens - helping parents understand and meet the needs of their teenage children better to reduce conflict at home [Aberdeenshire]
- Growing Confidence training programme for staff, children and their parents - promoting positive mental health and wellbeing in children [City of Edinburgh]
- POINTERS young mums' group - supporting young parents to be more confident and positive about their futures [Western Isles]
- The Solihull approach to developing parents' confidence and skills in caring for children aged 0-5 years [East Ayrshire]

- Help and support provided to children and families affected by parental substance misuse through the Link-Up initiative [Angus]
- Parents as First Teachers - promoting parenting skills in families from pre-birth to three years old [Dumfries and Galloway]
- The work done by children's services workers to support families at an early stage [Highland]
- Home security project [North Ayrshire]
- Testing out a GIRFEC approach to domestic abuse in one locality [North Lanarkshire]
- First steps programme [South Lanarkshire]
- Time4Us - improving relationships and parenting in families affected by substance misuse [Stirling]
- Safer Streets initiative: quick and effective response to victims of domestic abuse [West Lothian]

Visit **http://cinsp.in/10xTDAT** for:

- Integrated support for pupils at Oban High School [Argyll and Bute]
- Improving the skills and confidence of new mothers who were previously looked after children through the Vulnerable Young Mum's group [East Lothian]
- Stepping Stones Family Sessions which helps parents of very young children to enjoy playing with, and caring for them [Glasgow]
- Rosemount Lifelong Learning Family Link Service - supporting children and families affected by drugs and alcohol misuse [Glasgow]
- Helping parents to encourage their children's development through Parents as Early Education Partners (PEEP) [Aberdeen City]
- Moray Integrated Drug & Alcohol Service (MIDAS) [Moray]
- Bounce Back - building resilience in universal services [Perth and Kinross]
- @ Scott Street - providing young people with easy access to a range of services to promote their health and wellbeing [Perth and Kinross]
- Addaction Family Service improving the lives of children affected by parental substance misuse [Scottish Borders]
- A multi-agency co-located team approach providing effective help to vulnerable pregnant mothers to reduce risks to their new-born babies [Scottish Borders]

- Early identification and co-ordination of support for vulnerable children through the Getting it right for every child (GIRFEC) group [Shetland]
- Crossing Boundaries in Girvan – partnership working to bring services closer to families [South Ayrshire]
- School Nurse drop-in service – [South Ayrshire]
- Support to Children and Families [West Dunbartonshire]

Helping children to keep themselves safe

Visit **http://bit.ly/1048mIj** for:

- The RESPECT programme - raising awareness among children of domestic abuse [Orkney]
- The Street Project [South Lanarkshire]
- The Think, Feel, Do programme in primary schools - increasing children's understanding and skills to help keep them safe from sexual abuse [Stirling]
- Operational Floorwalk: success in tackling under-age drinking [West Lothian]
- CyberSpyder - drama raising children's awareness of internet safety [East Dunbartonshire]
- The work done by services to support the safe use of the internet by all children, parents and relevant staff [Clackmannanshire]
- Protecting children in the electronic age [Inverclyde]
- Play it safe - a development programme about child abuse and neglect for children of all ages [North Lanarkshire]

Visit **http://cinsp.in/10xTDAT** for:

- Positive attitudes to alcohol [South Ayrshire]
- Internet Safety, helping children to avoid danger when using ICT, including mobile phones [Falkirk]

Helping communities keep children safe

Visit **http://bit.ly/1048mIj** for:

- Television advertising to increase community awareness about internet safety [Renfrewshire]

Meeting children's needs and helping them recover from abuse or neglect

Visit **http://bit.ly/1048mIj** for:

- Edinburgh Connect, a specialist mental health team for children looked after away from home [City of Edinburgh]
- The early years and early intervention strategy - helping young families become less isolated and stressed [Western Isles]
- Stornoway Contact Centre - helping looked after children have safe and enjoyable contact with members of their families on a regular basis [Western Isles]
- Motivating young people looked after in residential children's houses to take part in sport and leisure activities [East Ayrshire]
- Support for young carers affected by parental substance misuse [East Ayrshire]
- The work of the Befriending Scheme in increasing children's confidence through safe and positive relationships [East Dunbartonshire]
- Meeting the health needs of looked after children [East Renfrewshire]
- What about Me? - enhancing the experiences of children affected by parental substance misuse [East Renfrewshire]

Visit **http://cinsp.in/10xTDAT** for:

- Providing quick and effective help and support for young people who run away [Aberdeen City]
- Young Runaways Protocol - ensuring children who run away are kept safe and their needs are met [Falkirk]
- Intensive Family Support Service - helping young people to receive specialist support without having to live outwith their own homes [Falkirk]
- CEDAR Project, support children and families to recover from the trauma of domestic abuse [Fife]
- Multi Systemic Therapy (MST) - an approach to working with young people aimed at keeping them in their local communities [Fife]
- The Archway - helping young people who have been sexually assaulted [Glasgow]
- Improving the wellbeing of children affected by parental substance misuse [Perth and Kinross]
- Improved life chances for vulnerable young people through effective partnership working at the Bridges project [Shetland]

Sharing and recording information to keep children safe and meet their needs

Visit **http://bit.ly/1048mIj** for:

- Using child concern forms to share information, helping staff respond appropriately to meet children's needs [Highland]
- Housing services helping to identify vulnerable children [North Ayrshire]

Assessing risks and needs

Visit **http://bit.ly/1048mIj** for:

- Services working together to protect vulnerable children from sex offenders who may pose a risk to their safety [Angus]
- Using observation records to assess risks and needs and improve planning to meet children's longer term needs [South Lanarkshire]

Visit **http://cinsp.in/10xTDAT** for:

- Parenting Assessments [Moray]

Planning for individual children

Visit **http://bit.ly/1048mIj** for:

- Family Group Conferencing effectively involves children and their whole family when planning and making decisions about their future care [Dumfries and Galloway]

Supporting staff and increasing their competence and confidence

Visit **http://bit.ly/1048mIj** for:

- Preparing staff to meet the needs of children affected by parental substance misuse [Renfrewshire]
- Risk assessment - audit and training [West Lothian]

Leadership and direction

Visit **http://cinsp.in/10xTDAT** for:

- Looked After Children Champion's Board [Dundee]

Improvement through self evaluation

Visit **http://bit.ly/1048mIj** for:

- Improving children's wellbeing through an effective approach to joint self-evaluation [East Renfrewshire]
- The involvement of staff across services in revising child protection guidance and reviewing the effectiveness of services [Highland]
- Improving child centred practice through joint self evaluation [Inverclyde]
- Evaluating the impact of the multi-agency domestic abuse referral process. [North Ayrshire]
- Learning from reviews of practice [Renfrewshire]

Visit **http://cinsp.in/10xTDAT** for:

- The Multi-Agency Practice Review Group [Dundee]
- Taking a multi-agency approach to reviewing the effectiveness of practice [Midlothian]
- Self-evaluation of the work of LGBT Youth Borders [Scottish Borders]

Engagement of young people in developing services

Visit **http://bit.ly/1048mIj** for:

- Engagement of young people in policy development and awareness raising [North Lanarkshire]

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