



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

6 October 2011



HAPPY TO TRANSLATE

The inspection of services to protect children¹ in the Argyll and Bute Council area was carried out in June 2011. We looked at the services provided by health, the police, the council and the Children's Reporter. We also looked at the services provided by voluntary and independent organisations. Our report describes how good they are at protecting children and keeping them safe. To find this out we read a sample of children's files which were held by these services. We talked to a number of children and their parents and carers to listen to their views about the services they had received. We also spoke to staff in these services who worked with children, parents and carers and to senior managers who were responsible for these staff and the services they provided.

What we found and tell you about in this report is based on a sample of children and families. We cannot promise that this will be the same for every child in the area who might need help.

A team of inspectors gathered all the information and helped to write this report. These inspectors have experience of working across the range of services involved in protecting children. Inspection teams include professional staff who work in council areas elsewhere in Scotland.

¹ When we refer to children in this report we mean children and young people under the age of 18 years.

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1. The area

Argyll and Bute Council area is situated in the west of Scotland. Covering an area of 6909 square kilometres, it is the second largest administrative area of any Scottish Council. It comprises a number of island communities, including Islay, Jura, Mull and Tiree. Nearly three-quarters of the population live in remote areas. The Council's administrative centre is in Lochgilphead. Other important towns are Helensburgh, Oban, Dunoon, Rothesay, Campbeltown and Inveraray. Argyll and Bute Council area has a population of 90,040 with 18.8% under the age of 18 years compared to the Scottish average of 20.5%.

The number of children referred to the council for child protection enquiries increased between 2006 and 2009. The level of referrals is slightly higher than that for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Argyll and Bute is 2.9 per 1000 which is broadly in line with the national average.

2. Particular strengths that made a difference to children and families

- Helping vulnerable children learn how to keep themselves safe.
- Staff persistence in building relationships with families and helping them understand what they need to do to reduce risks for their children.
- High quality support in schools to help children learn and develop well.

3. Examples of good practice

- Providing effective support for children attending Oban High School and their families through staff from different services working closely together.

4. How well are the needs of children and families met?

Staff work hard to help children learn how to keep themselves safe. A range of staff undertake very useful one-to-one work with children to help them identify dangers and make safe choices. School pupils are given helpful advice about how to use the internet safely. Overall, staff identify vulnerable children and families at an early stage and provide a range of effective supports to prevent difficulties or stop problems getting worse. Vulnerable pregnant women are given appropriate support to plan for and care for their babies well. Occasional delays in holding planning meetings means that co-ordinated support is not put in place for a few vulnerable pregnant women as quickly as needed. Staff use a variety of ways to help parents understand their children's needs and promote their development. Where parenting groups are not available, health visitors and other staff provide advice and support to parents on a one-to-one basis, usually in family homes, without delay. In a few cases, the particular support provided depends on the experience and knowledge of the individual staff member rather than on a clear assessment of the family's situation. As a result, the family may not get the most appropriate type of help to meet their particular needs. Managers should consider ways of providing support to the most vulnerable families during evenings and weekends.

Most staff recognise signs that children may be in need of protection and report concerns without delay. A few are reluctant to share concerns and as a result, these do not come to light until further incidents occur or are not investigated quickly enough. Once concerns have been identified, social workers and police officers often work together well to assess risks and plan how best to respond. However, in a few cases they investigate concerns alone when it would be more helpful to share information and follow up concerns jointly. Information is not always gathered from all available sources to build up a complete picture of a child's circumstances. This includes details of any previous concerns and information about adults who have contact with the child and may pose a risk. Police and social workers sometimes make decisions about whether a child needs a medical examination without advice from suitably trained health staff. As

a result, decisions about how to respond to concerns are not always based on the best possible information. In such cases, risks to children may not be fully considered. The action taken may not be sufficient to ensure children are fully protected and their needs met.

Children and families are given helpful written information about child protection investigations. Staff take time to explain what action is being taken and why. Legal measures are used effectively by staff to ensure children are kept safe. They quickly find alternative safe places for children to stay when they cannot remain at home, checking to ensure people who are asked to care for children in an emergency are suitable to do so.

Strong support for children in schools is helping many vulnerable children learn and develop well. Health, education and social work staff work together effectively to help children stay healthy and make positive relationships. Dedicated nurses are starting to improve health outcomes for children who are looked after away from home, gypsy travellers and homeless children. Closer working between children's social workers and addictions staff is helping to better meet the needs of children whose parents have drug or alcohol problems. Some children benefit from high quality specialist services to help them recover from the impact of abuse and neglect. Where children live far from specialist services, staff who know them well undertake helpful direct work with support from specialist staff. Plans are well advanced to expand specialist services so that more children can get the help they need quickly. In a few cases, staff do not have a clear enough picture of the specific needs of each child in a family to ensure these are met appropriately.

Staff have helpful guidance in tracing children who go missing from education. Monitoring arrangements have been strengthened for children educated at home. Police and residential staff work together well to respond to the needs of children who run away from residential care. The Child Protection Committee (CPC) is using a helpful DVD made by local pupils to raise staff awareness of risks to children who may have been brought into or moved around the country illegally. Gay and lesbian young

people benefit from access to helpful and confidential information through appropriate web-sites which link to relevant support groups.

Most children and families benefit from planned, regular contact with staff who know them well and understand their needs. Very helpfully, staff persist in building relationships when families are reluctant to address their difficulties to ensure children get the support they need. In most cases, staff communicate effectively with parents about what they need to do to improve their children's lives. Some children have been helped to give their views at decision-making meetings using a specially designed computer programme. Staff should now strengthen the range of ways in which children can give their views. Independent supporters are helping some children and parents participate in meetings and understand decisions. A few parents and older children would benefit from greater involvement in important meetings. In a few cases, staff need to be more alert to children's behaviour to ensure they understand how they are feeling.

5. How good is the management and delivery of services?

Chief Officers and the CPC are strongly committed to improving services and achieving better outcomes for children. Managers collect and share information about key areas of performance and now include findings from reviewing children's records and the views of staff, children and families. As a result, they have identified some priority areas for improvement. Managers need to ensure their judgements about how well services are performing are always based on robust evidence measured over enough time to provide an accurate and reliable picture.

The quality of assessments of risks and needs is improving. However more work is required to ensure assessments consistently take full account of all relevant information and focus on what needs to change to improve the child's life in the short and longer-term. Social workers have a range of assessment tools to help them. Managers should ensure staff know when to choose the most appropriate tool to take account of each child and

family's particular situation. Planning for individual children has improved significantly. Staff now use a standard format for children's plans to ensure they are more consistent and cover all relevant aspects of a child's life. Case conference chairs and independent reviewing officers are helping ensure progress is made in the situations of children on the child protection register (CPR) and looked after children. This includes children who cannot return home and need permanent alternative care. Staff need greater support from managers to continue improving the quality of children's plans so that they are more able to measure real improvements in each child's safety and wellbeing.

Child-friendly facilities are available for children to be examined by appropriately trained doctors but these are not used for all children when concerns are being investigated and examinations are needed. Some children experiencing neglect have benefited from having a thorough co-ordinated health assessment. Managers should now agree and implement a system to identify which children most need this valuable service. Staff have helpful guidance for sharing information to keep children safe from sex offenders.

6. How good is leadership and direction?

Chief Officers have a common purpose and share a clear vision for protecting children and improving their lives. Staff understand the priority for protecting children and as a result, most take appropriate action to ensure that children are safe. Commendably, Chief Officers make opportunities to speak regularly with staff across the whole council area about their work to protect and meet the needs of vulnerable children. The CPC and the Adult Protection Committee are starting to develop a joint approach to public protection. Chief Officers take seriously their collective responsibility for child protection and make joint decisions to ensure staff have the necessary resources to meet vulnerable children and families' needs. Chief Officers and the CPC need to give stronger direction to managers and staff about agreed priorities for improvement, ensuring staff at all levels across services fully understand what they need to do to make improvements happen.

7. How are services improving?

The Integrated Children's Services Plan (ICSP) sets out clear priorities for improving the lives of children and a helpful framework is in place to support and monitor progress. The CPC has strengthened the ways in which it collects and reviews information about how well services are performing. A number of improvements in key processes are starting to make a positive difference to the experiences of children and their families. These include improvements in planning for individual children and a clearer focus on meeting children's longer-term needs.

All relevant services have detailed and up-to-date improvement plans for protecting children and meeting their needs. These would be improved by clearer identification of the most important priorities for action and more specific information about how to measure success. Managers should focus on implementing agreed changes and sustaining improved ways of working within and across services. Priority should be given to working together to improve immediate responses to concerns about children.

8. What happens next?

We will carry out a follow-through visit within one year of the publication of this report and report publicly on the extent to which services have improved.

We have agreed the following areas for improvement with services in the Argyll and Bute Council area.

- Improve the initial response of staff to children in need of protection and the impact of immediate actions to keep children safe.
- Continue to develop approaches to self-evaluation, ensuring it is based on robust evidence.
- Identify key priorities for improvement and ensure that staff have sufficient direction, support and challenge to take these forward.

Quality indicators help services and inspectors to judge what is good and what needs to be improved in the work to protect children and meet their needs. You can find these quality indicators in the HMIE publication *How well do we protect children and meet their needs?* Following the inspection of each local authority area, the Scottish Government gathers evaluations of four important quality indicators to keep track of how well services across Scotland are doing to protect children and meet their needs.

Here are the evaluations of these for the Argyll and Bute Council area.

Children are listened to and respected	good
Children are helped to keep safe	good
Response to immediate concerns	weak
Meeting needs and reducing long term harm	good

We also evaluated the following aspects of the work within the local authority area.

Self-evaluation	satisfactory
Improvements in performance	satisfactory

Managing Inspector: Helen Happer
October 2011

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This report uses the following word scale to make clear the judgements made by inspectors.

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

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