

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



The inspection of services to protect children¹ in the Moray Council area was carried out in January 2012. 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.

The Care Inspectorate carried out inspections of Moray Council fostering and adoption services linked to the inspection of services to protect children. Any recommendations or requirements are reported on the Care Inspectorate website, www.careinspectorate.com

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

Moray council area is situated in the north east of Scotland. It covers an area of 2,238 square kilometres. The population lives mainly in small towns and rural settings. The centre of administration is Elgin. Moray council has a population of 87,720 with 20.2% under the age of 18 years compared to the Scotlish average of 20.5%.

The number of children referred to the council for child protection enquiries decreased between 2007 and 2010. The level of referrals is in line with that for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Moray council is 2.8 per 1000 which is the same as the national average of 2.8 per 1000.

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

- Prompt and effective response by staff to immediate concerns about children
- Helpful communication and trusting relationships with staff.
- Effective leadership and team working taking forward improvements.

3. Examples of good practice

- Effective partnership working between Moray Integrated Drug and Alcohol Service (MIDAS), social work staff and health colleagues which is helping to reduce risks to children affected by parental substance misuse.
- The Parenting Assessment Manuel 3.0 (PAM) assessments are helpfully supporting and improving parents' skills and confidence in caring for their children.

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

Some vulnerable children are benefiting from effective work to help them learn how to keep themselves safe. A more co-ordinated approach across services would help more children learn how to stay safe when using the internet and mobile phones. Police share concerns about vulnerable children promptly and effectively, but these concerns are not yet jointly assessed or informed by contributions from all staff who have contact with the child or family. Managers across services are aware they need

to further develop current systems to identify vulnerable families at an early stage to ensure children get the help they need. Once risks and needs have been identified families receive helpful support from a range of services usually without delay and for as long as needed. Families are supported well in emergency situations but routine support at evenings and weekends is very limited. Vulnerable pregnant women are now benefiting from earlier assessment of their needs and better co-ordinated support. Schools support children in nurture groups and promote emotional well-being through programmes such as **Seasons for Growth**. Parent's skills and confidence in caring for their children are increased through group parenting programmes, **PAM** assessments or by individual support from health visitors and family support workers.

Children and families are benefiting from a much improved, more effective and better coordinated immediate response to initial concerns. Staff recognise when children, including unborn babies may be in need of protection. Police and social work staff investigate child protection concerns promptly and sensitively in most cases taking effective action to keep children safe. Children and families are usually kept well-informed about the progress of investigations. Overall, legal measures are used appropriately. Safe alternative accommodation is found quickly for children unable to remain at home. Staff make appropriate checks on the suitability of alternative carers. Occasionally, accumulating concerns about the welfare of children are still not responded to quickly enough.

The needs of some children are met well by helpful support provided directly to them or their families. Parents, including those with poor mental health or substance misuse difficulties, benefit from practical or emotional support which is helping them meet their children's needs better. Children's health needs are met well by health visitors, school nurses and specialist clinical services. A range of specialist services is available for children who need particular help to recover from the effects of abuse and neglect but not all children who would benefit have been identified and referred for support. Where children cannot grow up with their parents, staff make plans for their permanent care in good time. On those occasions where permanency planning arrangements are progressed in time, children's needs are met well.

Services are aware of their responsibilities to check the whereabouts of all children who are not attending school. Guidance for staff has recently been strengthened. Well-established procedures are in place to make certain children who run away are returned safely to their family home, foster or residential care. Managers have already made helpful links between children who are privately fostered and those who may have been brought into or moved around the country illegally. Further work is now needed to raise staff awareness of child trafficking. A monthly support group is available for young people who are lesbian, gay, bisexual or transgender (LGBT).

Overall, staff see children regularly and work meaningfully to get to know their needs. They successfully build trusting relationships with families, including with parents who are reluctant to accept help. They communicate clearly and honestly with families to help them understand what must change to reduce risks and improve children's lives. In a few cases, social workers rely too much on contact with parents to assess children's well-being rather than seeing children themselves. Staff are improving how they seek and report on children's views. Practice would be further strengthened if they made more use of children's own words and had access to a wider range of materials and approaches to gain children's views. Parents and older children are helped to attend and participate in decision-making meetings. Independent support is now considered routinely for children in the child protection process. Although some parents benefit from independent support in meetings, it has yet to be considered for all parents who need it. Access to and staff awareness of interpreting services has improved for families whose first language is not English.

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

Managers have worked hard to improve immediate responses to child protection concerns by strengthening initial information-gathering and risk assessments. Very helpfully, multi-agency meetings are now held

routinely to share information and to jointly make plans about how to proceed when there are concerns that a child may need protection. The quality of assessments is improving steadily. Further work is required to help staff make best use of chronologies to identify patterns of risk and need. This would help staff decide when alternative action is necessary to improve children's circumstances. Staff from a wider range of services including staff from adult services are now contributing much more effectively to assessing and monitoring risk and to decision-making at child protection case conferences. Staff are implementing child protection plans well through core groups which meet regularly and helpfully involve parents. Staff are starting to support children better in developing and reviewing their plans. The quality of children's plans is improving although many still need to have a clearer focus on improving children's well-being beyond their immediate safety.

Interim arrangements are in place to provide medical opinion and examinations as part of a Grampian-wide specialist child protection service. A more robust process requires to be developed in the longer-term which fully supports health involvement in multi-agency discussions of child protection concerns at an early stage. Children who experience physical neglect do not always benefit from receiving a comprehensive medical assessment to promote their health and development. Appropriate arrangements are in place to manage sex offenders safely who may pose a risk to children.

The Moray Child Protection Sub Committee (MCPSC) recognise the importance of reviewing its work to support improvement. Staff carry out multi-agency audits of practice through reading children's records and implement resulting action plans. This has led to some significant improvements in key processes to protect children. Ways of gathering evidence to check the difference such improvements are making to the lives of vulnerable children and families have yet to be developed. The introduction of a programme of single-agency and joint reviews of services should include a wider range of approaches to promoting staff and service user involvement and focus more on improving outcomes for children.

6. How good is leadership and direction?

A review of responsibilities and accountability by North East Scotland Child Protection Committee (NESCPC) has led to the establishment of Moray Child Protection Sub-Committee (MCPSC) to take forward child protection practice locally. MCPSC has developed a shared vision which is understood clearly by staff across services. As a result of improved leadership and direction staff across services are now taking collective responsibility for keeping children safe, adopting a shared approach to problem solving and responding more effectively to child protection concerns. Chief Officers and senior managers helpfully promote sharing of good practice, commission case reviews and share key learning. A range of management information is used well to identify trends, in particular support provided to parents affected by substance misuse. There is an emerging and supportive culture where staff feel valued and see child protection as a priority for all. The MCPSC is helpfully developing partnership arrangements with a stronger focus on early intervention with the aim of prioritising a preventative approach.

7. How are services improving?

Chief Officers and senior managers from across services have shown they are committed to improving services and protecting vulnerable children. Key priorities set out in the Integrated Service Plan for children and young people in Moray have been realised. The MCPSC working groups are helping drive forward identified improvements across services. A wide range of management information is gathered to help measure improvement and analyse trends across Grampian and with similar local authority areas.

The number of notable improvements to key processes have been underpinned by high quality training. Staff are clearly working more effectively in partnership with others and more confident in key areas of their work to keep children safe. Helpfully when improvements are made to child protection processes, managers continually monitor their use to ensure they are working effectively.

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Staff are now beginning to see the benefits of reviewing their own work and challenge themselves and others to take action to implement necessary improvements. Chief Officers and senior managers are aware there is more they still need to achieve. Very good progress has been made in all of the main points for action identified as needing improvement at the first inspection of services to protect children. Services should continue to take forward planned improvements ensuring there is a strong focus on improving children's well-being.

8. What happens next?

We are confident that the services will be able to make the necessary improvements in light of the inspection findings. As a result, we will make no more visits in connection with this inspection. Our link inspector will maintain contact with services to support improvements.

We have agreed the following areas for improvement with services in the Moray Council area.

- Develop joint initial assessments to support effective early help to children and families.
- Continue to improve the quality of assessments with a particular focus on identifying and meeting children's longer-term needs.
- Strengthen approaches to joint self-evaluation, ensuring a clearer focus on improved outcomes for children.

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 Moray Council area.

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

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

Self-evaluation	satisfactory
Improvements in performance	very good

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May 2012

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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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