



SCSWIS

social care
and social work
improvement scotland

Joint follow-through inspection of services to protect children and young people in the Fife Council area



HAPPY TO TRANSLATE

Introduction

Before the 1 April, 2011 the **Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006**, together with the associated regulations and Code of Practice, provided the legislative framework for the conduct of joint inspections of the provision of services to children.¹ This has been replaced by section 115 of the Public Services Reform (Scotland) Act 2010.

Since the 1 April 2011, responsibility for coordinating and leading joint inspections of child protection services has transferred to Social Care and Social Work Improvement Scotland (SCSWIS).

Inspections are conducted within a published framework of quality indicators. Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

¹ 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 inspection

HM Inspectorate of Education (HMIE) published a report on the joint inspection of services to protect children and young people in the Fife Council area in April 2009. Working together, services within the Fife Council area prepared an action plan indicating how they would address the main points for action identified in the original HMIE inspection report.

Inspectors revisited the Fife Council area in February 2011 to assess the extent to which services were continuing to improve the quality of their work to protect children and young people, and to evaluate progress made in responding to the main points for action in the initial report.

2. Continuous improvement

The Chief Officers Public Safety Group (COPS), the Child Protection Committee (CPC) and senior managers across services had shown significant commitment to improving services to protect children and keep them safe from harm. Chief Officers and senior managers were more visible to staff and this helped staff to understand the areas for improvement and the reasons for changes in practice. Expectations of everyone were clear. There was improved understanding of joint accountability for child protection across services which underpinned all child protection work.

COPS now included adult protection and offender management as part of their responsibilities as well as child protection. They were providing effective leadership for public protection in Fife. The range of senior managers in attendance had been usefully expanded and COPS benefitted from this additional expertise and advice. The independent chair of the CPC was now a permanent appointment and the role had been extended helpfully to include adult protection. The revision of the CPC sub groups had proved successful in taking forward actions, reviews and improvements.

Staff across services had a much improved shared understanding and common language which were used well to improve services for children. They were more likely than before to be involved in planning and piloting improvement, evaluating success, and making desired changes. The establishment of the Child Protection Self-evaluation and Audit Working Group had brought together single and multi agency self evaluation work in a systematic and planned manner. A three year plan of self evaluation started in April 2010. The plan identified priority areas for evaluation and linked skilfully to the overall improvement plan. Single agency and multi-agency audit work dovetailed well, working towards the same outcomes. Action points from all self-evaluation activities were included in the improvement plan which was closely monitored for progress.

Links between child protection and the children's services planning frameworks had been strengthened. A review of the functions and membership of various strategic planning groups had taken place. The Children in Fife Group (CIF) had replaced the Children's Services Group and reported to the Fife Partnership Group. The CIF group directed effectively the early implementation of a **Getting It Right For Every Child (GIRFEC)** approach to supporting families and meeting children's needs. Seven local multi-agency Getting It Right (GIR) groups had recently been established to review local provision for all vulnerable children and families including children in need of protection. Work was well advanced towards the publication of a third Children's Services Plan which will focus on vulnerable children and children at risk of harm. Across services, staff recognised that effective implementation of GIRFEC required them to continually evaluate their practice for impact on children and families.

3. Progress towards meeting the main points for action

The initial inspection report published in April 2009 identified five main points for action.

3.1 Improve the participation of children and families in key child protection processes and ensure that they were more fully involved in decision-making about their lives

Services had made very good progress in improving the participation and involvement of children and families in key processes and decision-making.

Staff across services paid much closer attention to seeking the views and wishes of children. They took time to build trusting relationships with children and listen to their views. There were marked improvements in the recording of children's views in reports and in minutes of meetings. Parents, carers and extended family members were invited to all relevant meetings and they were encouraged and helped to fully participate in these. The child's views about their future were given prominence in decisions about their lives. Plans to bring about improvements in their lives also took account of their views.

The independent support provided by the Barnardo's Children's Rights Service had been highly effective in ensuring the views of the child were heard, whether or not they attended meetings. This service was extremely successful in increasing the positive engagement of children and parents at an early stage when there were child protection concerns. It was very valuable to children and families who were able to benefit from active participation and a positive experience even when difficult decisions were being made. Many children reported that they felt their circumstances had improved as someone was now listening to them.

Staff were making automatic referrals for advocacy support for all children over the age of five who were attending initial child protection case

conferences. They should now be encouraged to carefully select those individual children who would most likely benefit from an additional adult in their network of support.

3.2 Improve guidance on information-sharing, related support and training and improve consistency across services

Services, working together, had made very good progress with this main point for action.

Staff across services had an improved and shared understanding of their roles and responsibilities in child protection work. This had promoted effective communication, information-sharing and joint working to protect and safeguard children. Staff had been supported well to share information about children through revised guidance, support and training.

The Information Sharing Protocol (ISP) supported by relevant training gave staff a formal arrangement for sharing information between police and social work. Referral forms had been streamlined and staff were making effective use of a multi-agency Child Care Referral Form to report concerns about children. Child Protection Messaging and electronic access to the Child Protection Register (CPR) had improved information-sharing. Staff now received immediate notification of important information on a range of child protection events. However, across services there was a need to ensure a consistent approach in the use of Child Protection Messaging.

Overall, consistency of staff practice in sharing information to protect children had improved. Further work was required to ensure that information sharing between substance misuse, adult and child protection services was effective and consistent. Information available to the out of hours social work service was much improved. In responding to children out of hours staff were better informed in their assessment and subsequent actions by more accurate information.

3.3 Improve the processes to assess risks and needs of individual vulnerable children and ensure assessments were sufficiently rigorous to identify the actions needed to protect children

There had been good progress made in making improvements to the processes of assessing risks and needs.

Staff recognised the significance of information held in respect of children and families. They were much more likely than before to share this information and this helped improve the rigour and quality of assessments of risks and needs. Staff across services were increasingly alert to factors which may have placed a child at risk of abuse and referred those concerns appropriately to social work services. However, in a few cases concerns had not been appropriately shared and did not result in an immediate assessment of risk or adequate response. Consequently, those children may have been left in risky situations for too long before these risks were assessed on a multi-agency basis.

The Initial Referral Discussion (IRD) process had been strengthened. Clear procedures guided staff to gather relevant background information, carry out a joint assessment of risk, and plan the immediate actions necessary to protect children. However, IRDs were used more effectively in responding to single events than to accumulating concerns about children. Some health staff could not always obtain the necessary information to assist in the completion of IRDs due to ineffective information technology infrastructure.

Chronologies were beginning to provide a good account of the significance of events in a child's life. Further work was needed to integrate chronologies across services to give staff a complete history of events in a child's life. Staff were growing increasingly confident in using the national indicators of well-being to assess desired outcomes for children. A common language and understanding was emerging and helped staff as they began to take forward a GIRFEC approach to assessing and meeting needs. However, a few staff across services were not yet using effectively a common framework to assess risk and needs.

Staff needed to improve their understanding of the links between assessment and making effective plans of action to meet needs as well as to reduce risk. Social work assessments and those carried out within case conferences focused too much on risk factors and did not focus sufficiently on all aspects of a child's needs.

3.4 Improve planning to meet children's needs ensuring that all children have sufficiently detailed plans which contain arrangements for monitoring and review

Very good progress had been made across all services to improve planning to meet children's needs.

Robust planning processes were aligned to local and national priorities. Staff had received effective training and guidance to support delivery of effective planning to meet children's needs. Significantly, staff recognised the importance of planning together to meet the needs of children. The improved design and format of the child's plan helped identify actions needed to help children. Plans assisted staff to monitor progress and outlined what alternative action should be taken if the child's situation was not improving. The risks and needs of children were identified earlier leading to much improved planning and better outcomes for vulnerable children.

The number of reviewing officers responsible for monitoring children's plans had been increased and the post of reviewing manager had been usefully introduced. This had further strengthened processes to plan to meet children's needs. In addition there had been a significant reduction in the number of key decision meetings cancelled. This avoided delays in taking forward actions needed to help children. Staff had a clearer understanding of the quality assurance role of reviewing officers.

Overall, staff attendance at key decision making meetings had improved. In particular, staff from addiction services were beginning helpfully to attend child protection meetings. Housing staff, General Practitioners and out of hours social work services were more fully involved in planning.

Where staff were unable to attend meetings they ensured a report was available to inform assessment, decision-making and planning. Some further work was needed to ensure there was a better understanding of the role and function of core groups in regularly and consistently monitoring children's plans.

Overall there were early signs that children's needs were better met as a result of effective planning arrangements, enhanced staff understanding and involvement of children and families.

3.5 Ensure that Chief Officers and senior managers direct and monitor the effectiveness of the CPC and key child protection processes.

Chief Officers and senior managers had made very good progress in directing and monitoring the effectiveness of the CPC and key child protection processes.

Since the original inspection of services to protect children, COPS had taken a much more structured approach to directing and monitoring the performance of child protection work in Fife. The collective and shared responsibility for child protection, modelled by the Chief Officers in the work of the COPS, was having a positive influence on joint and partnership working at all levels. There was more effective monitoring and scrutiny of the work of the CPC and expectations had been made clear on improvements required. Chief Officers were now much more visible to staff and there was greater awareness of the role of COPS in directing child protection. The COPS group was now aware of the need to give strong strategic direction to ensure that there was greater focus on improved outcomes for children and families.

The leadership and organisation of the CPC had been further strengthened. Adjustments to the membership had ensured vital links were being made across services involved with children and families. Members were clearer about expectations of their involvement in the CPC for multi-agency working and implications for individual services. The independent chair had provided strong leadership of the CPC in ensuring

there was a strong focus in addressing the improvement agenda. Working groups had comprehensive work plans and for the most part were taking forward developments successfully. The CPC and its working groups were developing well. This encouraging start requires to be consolidated and sustained. The work of COPS, the CPC and its working groups were well supported by the lead officer and the CPC support team.

There had been a very useful range of self-evaluation and audit activities undertaken, such as the recent multi-agency case file audit and ongoing audits in social work. As a result COPS, the CPC and managers had a better awareness of performance in child protection work. The weaknesses identified from self evaluation provided good starting points for directing improvement priorities. The CPC Self-evaluation and Improvement Plan had commendably consolidated all the actions and plans for child protection into one document in an attempt to make the improvement agenda more manageable. This plan was the blueprint for change and improvement. Progress was being monitored closely by both COPS and the CPC.

There had been slow progress made in providing appropriate performance and management information to COPS and the CPC. A set of key performance data on child protection, with some comparative data, had been presented to COPS and the CPC for discussion and consideration. It was not yet well enough developed to ensure a more robust scrutiny of performance and to inform improvements and decision-making.

4. Conclusion

Chief Officers, the CPC and staff in the Fife Council area had made, overall, very good progress in responding to the main points for action contained in the original inspection report of April 2009. There had been a significant improvement in joint leadership and in the development of partnership working within and across services. Services, individually and collectively, had taken forward considerable improvements in important areas such as children's participation in making decisions for their future, sharing significant information amongst relevant staff and planning to meet the needs of vulnerable children. Notable improvements had been made in assessing the risks and needs of children at risk of harm or abuse. Chief Officers and senior managers were aware that further work was needed in this area to build on improvements made. Approaches to delivering service improvements through joint self-evaluation were beginning to develop well and should now place increased focus on the impact of services on outcomes for children and families.

5. What happens next?

Services were well placed to work together to continue to improve the quality of services to protect children. As a result of the effective performance shown by services in taking forward improvements, inspectors will make no further visits in relation to the inspection report published in April 2009.

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