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**Report to Council Meeting of 12th March 2009**

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**Subject: HM Inspectorate of Education (HMIe) Joint Inspection of Services to Protection Children: Interim Follow Through Inspection Report, 5th February 2009**

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**Prepared by: Sara Lovelock, Quality Improvement Service Manager - Child Protection & Lead Officer - Clackmannanshire Child Protection Committee**

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**1.0 Purpose**

- 1.1. HMIe published a report in February 2008 on the joint inspection of services to protect children in Clackmannanshire which took place between June and September 2007. The Interim Follow Through Inspection report was published in February 2009 and evidences that substantial progress has been made.
- 1.2. Inspectors revisited the Clackmannanshire area in November 2008 to assess the extent of which services were improving the quality of their work to protect children.
- 1.3. In November 2008 the inspection team focussed on evaluating the progress made in responding to the main points for action detailed in the initial report. These are as follows;
  - Key Issue 1 - involve children and families more fully in the decisions about their lives.
  - Key Issue 2 - improve the processes for the assessment of risk and needs.
  - Key Issue 3 - fully involve health and medical staff at an early stage when there are child protection concerns and improve the arrangements for medical examinations.
  - Key Issue 4 - improve the quality of social workers' reports and ensure that they are provided on time.
  - Key Issue 5 - improve joint planning to meet children's needs and ensure regular planning meetings take place for all children in need of protection.
  - Key Issue 6 - improve joint performance monitoring of key child protection processes and outcomes for children and families.

- Key Issue 7 - sustain sufficient levels of social workers within the child care social work service.
- 1.4. The Child Protection Committee, and its Continuous Improvement Sub Group, have driven the change agenda on an inter agency basis. Partnership working has been positive and focussed with all key agencies contribution to the noted improvements.
- 1.5. The HMle Interim Follow Through Inspection Report notes that overall significant progress had been made in most of the main points for action arising from the main inspection.
- 1.6. The report also notes that a clearer vision and priority had been set for improving services to protect children. The role of the Chief Officers and elected members to provide leadership and scrutiny is specifically mentioned.
- 1.7. It is acknowledged that there remain key areas for focused improvement . Staff from across all agencies are working together to progress outstanding areas for improvement.

## **2.0 Recommendations**

It is recommended that;

- 2.1. The Council notes the HMle Joint Inspection of Services to Protect Children: Interim Follow Through Inspection Report, 5th February 2009. This is for information only.

## **3.0 Considerations**

- 3.1. The Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act provide the legislative framework for the conduct of joint inspections. The HMle Inspection is a review of all agencies who work together to protect children but there were key issues identified for child care social work in the main points for action.
- 3.2. Inspections are conducted within a published framework of quality indicators;  
  
How well are children and young people protected and their needs met ?  
Self Evaluation Using Quality Indicators, HM Inspectorate of Education 2005.
- 3.3. The HMle joint inspections of services to protect children have been underway since 2006 with all but two local authority areas having been subject to inspection.
- 3.4. The initial HMle report, February 2008, assessed Clackmannanshire using the quality indicators on a scale of excellent down to weak. The Follow Through Inspection can only comment on progress made.
- 3.5. The interim Follow Through Inspection reported on the seven main points for action and concluded that overall significant progress has been made.

- 3.6. The Child Protection Committee and Continuous Improvement Sub Group have now integrated the recommendations from the Follow Through Inspection and work is well underway to address any areas reported for improvement.
- 3.7. HMle will return to Clackmannanshire for the full Follow Through Inspection within a year to assess further progress being made in meeting the main points for action.

#### **4.0 Sustainability Implications**

- 4.1. Not applicable.

#### **5.0 Resource Implications**

##### *5.1. Financial Details*

The requirements from the HMle Interim Follow Through Report can be met with existing resources.

- 5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. ☐

##### *5.3. Staffing*

The requirements from the HMle Interim Follow Through Report can be met with existing staffing resources.

#### **6.0 Declarations**

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

##### **(1) Our Priorities 2008 - 2011** (Please tick ☒)

- |  |                                     |
|--|-------------------------------------|
| The area has a positive image and attracts people and businesses         | <input type="checkbox"/>            |
| Our communities are more cohesive and inclusive                          | <input type="checkbox"/>            |
| People are better skilled, trained and ready for learning and employment | <input type="checkbox"/>            |
| Our communities are safer  | <input checked="" type="checkbox"/> |
| Vulnerable people and families are supported                             | <input checked="" type="checkbox"/> |
| Substance misuse and its effects are reduced                             | <input checked="" type="checkbox"/> |
| Health is improving and health inequalities are reducing                 | <input type="checkbox"/>            |
| The environment is protected and enhanced for all                        | <input type="checkbox"/>            |
| The Council is effective, efficient and recognised for excellence        | <input type="checkbox"/>            |

##### **(2) Council Policies** (Please detail)

## 7.0 Equalities Impact


- 7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒ No ☐

## 8.0 Legality

- 8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers

Yes ☒

APPROVAL/SIGNATURE	DATE
Head of Service: 	26.02.09
Chief Executive/ Director*:	

\*Delete as appropriate

**REPORT TO COUNCIL**

**To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD**

**Report author:** Sara Lovelock, Quality Improvement Service Manager - Child Protection & Lead Officer- Clackmannanshire Child Protection Committee

**Service:** Services to People

**Report title:** HMle Joint Inspection of Services to Protect Children

**Date of meeting:** 12th March 2009

**It is recommended that the attached report be:**

1. Given unrestricted circulation ☒
2. Taken in private by virtue of paragraph \_\_\_ of schedule 7A of the Local Government (Scotland) Act 1973 ☐

**List any appendices attached to this report (if there are no appendices, please state 'none')**

1. Joint Interim Follow - through inspection of services to protect children and young people in the Clackmannanshire council area, February 2009.

2.

3.

**List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none')**

1. None

2.

3.

4.Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered



**Joint Interim Follow-through inspection of services  
to protect children and young people in the  
Clackmannanshire Council area**

**February 2009**

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## Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, 'How well are children and young people protected and their needs met?'<sup>1</sup>

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. The inspection

HM Inspectorate of Education (HMI<sup>2</sup>) published a report on the joint inspection of services to protect children and young people in the Clackmannanshire Council area in June and September 2007. Working together, services within the Clackmannanshire Council area prepared an action plan indicating how they would address the main points for action identified in the original HMI<sup>2</sup> inspection report.

Inspectors revisited the Clackmannanshire Council area in November 2008 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

Chief Officers across Forth Valley had reviewed their strategic leadership of child protection. Together they had formed G5 to replace the former Forth Valley Strategy Group for Child Protection. G5 had membership of the Chief Executives of the three local authorities in Forth Valley, the Chief Executive of NHS Forth Valley and the Chief Constable of Central Scotland Police. The establishment of G5 had strengthened responsibility for child protection. A clearer vision and priority had also been set for improving services to protect children.

Services were working well together to improve services to protect children in Clackmannanshire. The Clackmannanshire Child Protection Committee (CPC) had established a Continuous Improvement Group (CIG) to implement action plans. All services had prioritised resources to support progress. The effectiveness of partnership working had increased. The CPC was now in a position to consolidate recent improvements and begin to focus on the quality of service delivery. There were encouraging signs that self-evaluation was being used by staff across services to examine performance and highlight further areas for development.

The reporting of performance had improved within the local authority and elected members provided closer scrutiny of child protection work. The Child Care Social Work Service had been restructured and there was a renewed energy and momentum to continue to improve services.

There was a shared commitment to the development of integrated services to support children and families underpinned by the principles of *Getting it right for every child*. However, the strategic vision for this was not yet sufficiently clear.

<sup>1</sup> How well are children and young people protected and their needs met? Self-evaluation using quality indicators, HMI Inspectorate of Education 2005.



### **3. Progress towards meeting the main points for action**

The inspection report published in February 2008 identified seven main points for action.

#### **3.1 Involve children and families more fully in decisions about their lives**

Encouraging progress had been made in involving children and families more fully in decisions about their lives.

Social workers saw children more frequently. Children were now seen by a consistent member of staff and were more able to form meaningful relationships with social workers. There were indications that parents were better prepared for and more able to take part in meetings. Useful information leaflets for children and parents attending child protection case conferences had very recently been developed. Social work reports were now shared with parents before child protection meetings. Chairs of child protection case conferences met with all parents before these meetings to explain why it was being held, who was going to be there and what decisions could be made. Social workers spent more time supporting children to contribute to child protection meetings and Children's Hearings.

Parents now received copies of minutes of meetings and child protection plans. This improved their opportunities to understand how decisions were made and what they and others needed to do to reduce the risks to their children.

Reports for meetings now included the views of children and their families.

#### **3.2 Improve processes for the assessment of risks and needs**

Significant progress had been made in the improvement of the assessment of risks and needs.

The effectiveness of responses to concerns about children had improved. This was most notable where concerns were about children at risk of neglect or emotional abuse. Managers were now more available to provide guidance and direction to staff when concerns were raised about children. Increasingly staff arranged meetings at an early stage to share information about children and build up a clearer picture of all relevant circumstances. List of significant events were maintained and used more often by staff across services to identify patterns of risk and needs. Joint investigative interviews were now more carefully planned. The debriefing of staff was standard practice once the investigation was completed.

A more consistent approach was taken to holding child protection case conferences. Responsibility for the decision to hold a case conference was clearer and this now rested with one senior member of staff. Staff understood the reasons for decisions to hold a child protection case conference and these meetings took place as planned. The quality of initial assessments carried out by social workers had started

to improve. This was assisted by support from social work team managers and an updated format for initial assessments. More attention was given to assessing the risks and needs of individual children within families. A series of staff training events had helped to increase skills and confidence in assessment. These were well attended by staff across services and evaluated positively. Social workers had benefited from specific training on assessing risks and needs in cases of neglect.

Case conferences now assigned key staff to carry out assessments in response to the specific needs of each family. A variety of materials had been developed to assist staff in carrying out assessments. However, not all staff had sufficient training or guidance to use these effectively. Case conferences closely monitored the progress of assessments to ensure they were completed on time. Work was underway to develop ways of assessing the needs of children affected by parental substance misuse. There were no assessment tools for the assessment of children affected by parental mental ill-health.

#### **3.3 Fully involve health and medical staff at an early stage when there are child protection concerns and improve the arrangements for medical examinations**

Overall, limited progress had been made on fully involving health and medical staff at an early stage when there were child protection concerns. There were encouraging improvements in the arrangements for medical examinations.

Positive steps had been taken to ensure health information was shared with police and social workers at the initial stages of a child protection investigation. However, policies and procedures provided inconsistent guidance to staff about carrying out three-way Initial Referral Discussions (IRDs), seeking medical advice and arranging medical examinations. Guidance to support the introduction of an IRD process had been developed. A very recent trial of IRDs had produced limited findings and a planned approach towards full implementation was under development.

Paediatricians were not routinely asked at an early stage to assist in making decisions about whether a medical assessment or medical treatment was needed.

Medical staff and police had improved the arrangements for medical examinations. Helpful guidance had been produced about the need for medical examinations.

Forensic medical examinations were mostly conducted by suitably-trained doctors in appropriate places. A clinic had been introduced to carry out health assessments of children including those for whom there were concerns about neglect. The sharing of reports by doctors carrying out medical examinations had improved.

### **3.4 Improve the quality of social workers' reports and ensure that they are provided on time**

Significant progress had been made in improving the quality and timely submission of social workers' reports.

Senior managers had prioritised this main point for action and provided clear and consistent direction to staff. A report format had been introduced and the quality of reports provided by social workers to case conferences had improved significantly. Systems were now in place to monitor the quality and timing of social workers' reports. Initial targets set by managers for the submission of case conference reports had been achieved. Team managers reviewed and counter-signed social work reports for child protection case conferences and Children's Hearings. Recommendations contained within reports were now discussed routinely by social workers and their line managers during supervision. The Quality Improvement Manager had recently started to monitor the quality and timing of social work reports to case conferences. Feedback on reports to individual staff and their managers had started.

There were significant improvements in the timely submission and quality of Social Background Reports to the Children's Reporter. However, there were still some delays in the submission of Initial Assessment Reports.

### **3.5 Improve joint planning to meet children's needs and ensure regular planning meetings take place for all children in need of protection**

Joint planning to meet children's needs was progressing very well.

Services were working well together to improve outcomes for children. Planning to meet children's needs was now more consistent. Delays in decision-making meetings and decisions based on partial or out-of-date information had become a rare occurrence. All child protection case conferences were chaired by a manager who had responsibility for quality improvement. This manager had the authority to challenge lack of progress and had provided a greater consistency to decision-making. Staff now received sufficient notice of child protection case conferences. Attendance by all staff at child protection case conferences had improved significantly and they submitted reports well in advance of meetings. Most notably, attendance by police officers had improved. Staff routinely provided written reports when they were unable to attend. This ensured that all information about risks to children was taken into account. An appropriate minute was taken of all child protection case conferences and circulated quickly. A helpful list of agreed actions was included, which identified responsibilities and set clear timescales.

Joint work to improve children's circumstances was coordinated through multi-agency core group meetings. These now took place regularly for all children on the CPR. These meetings were well attended by staff and parents. Increasingly, core groups were being used to coordinate support for other vulnerable children, including children whose names had recently been removed from the CPR and those referred to the Children's Reporter as being in need of compulsory measures

of care. Work was being done to improve the system for recording core group meetings. An effective way of monitoring the frequency and quality of core groups had still to be developed.

Progress in improving planning for looked after children was more limited. Regular reviews of care plans for most children who were looked after away from home had taken place. However, care plans for children looked after were not developed. These plans were not regularly reviewed by social workers to ensure they were effective at improving children's lives.

### **3.6 Improve joint performance monitoring of key child protection processes and outcomes for children and families**

Notable early progress had been made across all services to introduce a performance monitoring framework.

Senior managers within the local authority had ensured that the planned improvements to the performance monitoring of social work services were implemented. As a result, they were now well informed about the effectiveness of the work of the childcare social work service.

The collective leadership of performance measurement and monitoring was now clearer. Performance was regularly monitored through groups of senior and operational managers within each service. It was also reviewed jointly by the CPC through the CIG. Managers across services worked closely together to plan and implement improvements. They had prioritised the monitoring of key processes and recognised they needed to place a stronger focus on evaluating the impact of services on children in need of protection.

The CPC was now in a position to consolidate improvements and to begin to focus on the quality of services for children and their families. There was an enthusiastic and committed operational management team to support this. However, much of the work was dependent upon a few key individuals. A planned approach to ensuring that line managers across services take responsibility for performance was now needed.

### **3.7. Sustain sufficient levels of social workers within the child care service**

The measures taken to sustain sufficient levels of social workers within the child care service were having significant benefits.

The recruitment and retention of child care social workers was a corporate priority for the local authority. Elected Members, Chief Officers and senior managers were committed to maintaining a supportive working environment to improve staff morale. The local authority had prioritised funding to strengthen and sustain the child care workforce. The Social Work structure had been revised and new posts of Senior Manager and Quality Improvement Manager appointed. Recruitment to social work child care posts had continued to improve. Retention rates had improved

significantly and the local authority was now on a par with the national average. Staff sickness absence was consistently below both local authority targets and national figures.

The importance of good line management arrangements, regular supervision, and staff development was recognised. Staff now benefited from improved access to and communication with managers. A social work training manager had been appointed and a training strategy was under development. New staff received appropriate induction and their workloads protected until they acquired the knowledge they needed.

Staffing across all services was now monitored by the CPC.

#### 4. Conclusion

Chief Officers and Clackmannanshire CPC had responded quickly and positively to the main points for action outlined in the inspection report published in February 2008. Overall, significant progress had been made in most of the main points for action arising from the full inspection. More limited progress had been made in improving the full involvement of health and medical staff at an early stage when there were child protection concerns. Chief Officers and Senior Managers recognised that there was still considerable work to be done but they were now much better placed to continue to take forward the identified areas for improvement. Services were working well together through constructive team work and stronger partnerships. They were actively taking forward plans to improve provision for children in need of protection. There was a need to consolidate and build upon achievements and to develop a stronger focus on how services had an impact on children and their families.

#### 5. What happens next?

Within one year of publication of this report, inspectors will re-visit the authority area to assess further progress made in meeting the main points for action.

Jacquie Pepper  
Inspector  
February 2009

#### How can you contact us?

#### If you would like an additional copy of this report

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website [www.hmie.gov.uk](http://www.hmie.gov.uk).

#### If you wish to comment about this inspection

Should you wish to comment on any aspect of this inspection you should write in the first instance to Neil McKechnie, HM Chief Inspector at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

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If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Service Ombudsman. The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail enquiries to [ask@spso.org.uk](mailto:ask@spso.org.uk). More information about the Ombudsman's office can be obtained from the website: [www.spso.org.uk](http://www.spso.org.uk).

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