

**Joint Follow-Through inspection of services
to protect children and young people in the
West Dunbartonshire Council area**

May 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?*'.¹

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 '*How well are children and young people protected and their needs met?*'. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

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 West Dunbartonshire Council area in June 2007. Working together, services in the West Dunbartonshire 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 West Dunbartonshire Council area in March 2009 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' Group (COG) and the Child Protection Committee (CPC) took good account of local needs and national strategy on child protection when planning and developing services. Since the last inspection, the CPC had led effectively a number of important improvements to services, particularly in relation to public awareness and child protection processes. Seven subgroups reporting directly to the CPC had taken responsibility for ensuring that actions agreed by all relevant services were taken forward. The subgroups also linked directly to other children's services strategy groups as appropriate.

Staff in all services had responded purposefully to the actions recommended in the inspection report. They had worked well together to secure improvements. Operational managers communicated very well with each other. They had formed very strong professional relationships. As a result, there were marked improvements in partnership working.

The membership of the COG had recently changed and the chair was planning well-considered improvements to reinforce the support, challenge and scrutiny provided by the group to the CPC.

Local services had been strengthened by a number of improvements made by NHS Greater Glasgow and Clyde (NHSGGC) to ensure the same level of health services for children across the area. This had been complemented by important local initiatives by the Community Health Partnership (CHP) to improve the involvement of health and medical staff in child protection processes.

Overall, planning arrangements for improving services were stronger and focused more clearly on outcomes for service users. The involvement of stakeholders in the planning and improvement of services was beginning to increase.

3. Progress towards meeting the main points for action

The initial inspection report published in June 2007 identified five main points for action. This section evaluates the progress services in the area have made with each of the main action points and the resulting improvements for children, young people and their families.

3.1 Develop and implement a coordinated strategy to raise public awareness of child protection.

Overall, services had made very good progress towards meeting this main point for action.

The Public Information subgroup of the CPC had implemented a very effective communications plan. This had had clear aims, outcomes and timescales. The subgroup routinely reported on its progress to the CPC.

The CPC had distributed an informative parenting handbook to all families with children. Arrangements had been made to ensure that all new parents will receive the handbook in the future. Leaflets with advice about child protection including details of local contacts had been issued to all secondary school pupils. All households had received child protection information through a community safety handbook. Commendably, CPC partners had worked closely with young people to develop some attractive materials which gave helpful information about issues that were of concern to them.

The importance of child protection had been communicated widely by CPC partners via pay slips. The Council had printed child protection information on Council Tax leaflets. Local newspapers and radio stations had been used very effectively to promote public awareness of child protection.

Voluntary organisations had worked in partnership with the CPC to produce high quality DVDs highlighting issues of interest to young people and supporting them to keep themselves safe. Programmes were played on *Primespace TV* in designated Council areas to make the public more aware of child protection. There were plans to link these networks to those supported by NHS GGC.

The Public Information subgroup had recently started to analyse the impact of its publicity and awareness raising activities. A CPC website was being developed to give child protection information and provide links to related sites. However, this was not yet available for the public to use.

3.2 Improve the processes for the immediate assessment of risk, and, ensure that initial assessments are followed up with a more comprehensive assessment of risk and needs.

Overall, within and across services good progress had been made in meeting this main point for action.

The immediate assessment of risk had very recently been strengthened as a result of improved arrangements for the recording of information by social workers at the initial contact stage. Forms introduced for this were well-structured and included helpful prompts to ensure that accumulating concerns, as well as immediate concerns, were identified and followed up. In the education service, new procedures for formalising causes for concern had been introduced. Social workers guaranteed to provide feedback to referrers on these concerns within five days. A multi-agency group routinely monitored causes for concern reported to social work. However, it was too early to tell what impact this was having.

Staff across services were more confident when they were involved in risk assessment processes and in supporting and challenging each other in this work. There had been extensive single and multi-agency training on risk assessment. This had helped staff to develop a shared understanding of models of risk and had improved consistency in decision making about when to initiate child protection procedures. The NHSGGC Child Protection Unit (CPU) provided health and medical information to allow a more holistic approach to the assessment of risk. The implementation of the integrated assessment framework was at a very early stage. Few integrated reports had been completed and these lacked sufficient detail to fully inform decision making.

As well as the immediate assessment of risk, a number of processes were being used effectively by staff in specialist services to identify risks to vulnerable children and families. A *Getting It Right for Every Child* pathfinder project ensured that a high quality multi-agency risk assessment process was used to inform planning to support vulnerable children and families affected by domestic abuse in the Clydebank area. School nurses and health visitors now had access to early information which allowed them to contribute to the assessment of risk to children and families known to them. Staff working with families affected by addictions, problem sexual behaviour and sexual offending were more confident in their use of specialist risk assessment tools. As a result, they were able to carry out more effective assessment.

3.3 Ensure the full involvement of health practitioners, particularly medical staff, in child protection processes.

Overall, good progress had been made towards meeting this main point for action.

Revised arrangements within NHSGGC and the CHP had resulted in improved involvement of health and medical practitioners in child protection work. Across services, there was an expectation that health staff would routinely be involved in child protection processes. The CPU *Early Collation and Sharing of Information Line* was being used increasingly to gather information about local children. Arrangements for medical examinations of children about whom there were child protection concerns had become more consistent across the Council area. However, some staff were still unclear about the need to involve health practitioners in the decision for a child to undergo a medical examination.

General Practitioners (GPs) had been provided with effective training to raise their awareness of the contribution they could make to child protection processes. They had been provided with an easy to use form so that they could submit helpful information, even if they were unable to attend a case discussion. The CHP was systematically supporting individual practices to improve their procedures in relation to child protection.

A consultant paediatrician had recently been appointed by the CHP. She participated fully in the NHSGGC child protection paediatricians' rota at Yorkhill hospital and provided valuable local follow-up care for children. There had been a significant increase in the number of children in West Dunbartonshire Council area receiving comprehensive health assessments as part of their child protection plan.

Consultation had taken place on a draft agreement on the contribution of NHSGGC to child protection tripartite discussions and arrangements for child protection health assessments in the Council area. This was intended to secure NHSGGC involvement in all child protection investigations and outlined procedures for discussion about the health needs of the child and for contacting the local child protection paediatrician. This draft agreement had not yet been agreed by the CPC.

3.4 Improve the involvement of children and their families in decisions about their lives.

Satisfactory progress had been made towards meeting this main point for action.

Across services, there was an improved understanding amongst staff of the importance of ensuring that children and families had the opportunity to participate fully in decisions about their lives. The Reporter had improved arrangements for gathering children's views to inform decisions at hearings and had been successful in increasing the number of completed *Having Your Say* forms.

Children and families were encouraged to attend child protection case conferences. Informative leaflets had been produced to assist them to prepare and participate and ensure their views were taken into account. However, some social workers were unfamiliar with these and had not distributed them to children and families involved in child protection processes. Some child protection case conference chairs felt they were unable to seek children's views due to time constraints.

Social work had recently introduced new methods of working to systematically involve children in decisions about their lives. Some staff had been trained to use an enjoyable interactive computer programme called *Viewpoint* and this had been used in a small number of cases to help children express their views in preparation for meetings. It was intended to expand its use in child protection processes, but this was at an early stage. *In My Shoes* software had been used with a few children to help them express their feelings about events or relationships. It was too early to evaluate the impact of these initiatives.

3.5 Develop a systematic approach to gathering the views of children and their families about services and use this information to ensure service improvement.

Overall, there had been satisfactory progress in meeting this main point for action.

The CPC had explored methods of gathering the views of children and families to improve services. Its attempts to ensure a fully systematic approach to gathering the views of children and families, including those who were vulnerable and hard to reach, were at an early stage.

There were examples of service users' views being used to inform service development and improvement. Some of these had been initiated by the CPC. Pupil councils and the youth strategy forum had gathered the views of young people on their understanding of child protection issues. A survey of S3 school pupils had helped inform the provision of services on issues such as self-harm. Young peoples' views of addiction services had been used to inform the planning and setting up of a young person's addiction service. Young people had been successfully involved in a workshop and production of an *All About Me* DVD to highlight aspects of sexual health. The CHP, working with YSort It, had gathered the views of young people on local health care services. As a result, a counselling service was being developed for secondary schools and a sexual health hub for young people had been established.

A citizens' panel survey included, among other topics, questions on child protection services. The data gathered had yet to be analysed by the CPC to inform its work.

4. Conclusion

Overall, the CPC had made significant progress since the inspection report was published in June 2007. It had worked well with partners to draw up an action plan to improve outcomes for children in need of protection and had worked systematically through this. It had made a promising start with the monitoring of these improvements and with putting in place systems to scrutinise work across services. It had managed to put in place an effective communications strategy, had improved risk assessment processes and increased the involvement of health and medical practitioners in child protection processes. It had started to increase the involvement of children and families in decisions about their lives and was beginning to develop a systematic approach to gathering the views of children and families to improve services.

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, HMIE will make no further visits in relation to the inspection report published in June 2007.

Clare Lamont
HM Inspector
May 2009

How can you contact us?

If you would like an additional copy of this report

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If you wish to comment about this inspection

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Our complaints procedure

If you wish to comment about any of our inspections, contact us at HMIEenquiries@hmie.gsi.gov.uk or alternatively you should write to BMCT, HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston, EH54 6GA.

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 Services Ombudsman (SPSO). 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: ask@spsso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spsso.org.uk.

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