

**Joint inspection of services to protect children and
young people in the Western Isles Council area**

November 2007

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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

The inspection team included 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. Background

The inspection of services to protect children² in the Western Isles Council area took place in May 2007. It covered the range of services and staff working in the area who had a role in protecting children. These included services provided by health, police, local authority and Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

The Western Isles is a 150 mile-long island chain situated off the north west coast of mainland Scotland. The main islands are Lewis and Harris in the north, and Uist and Barra in the south. The population is concentrated in Lewis, with approximately 6,000 people living in the town of Stornoway. Most of the rest of the population is dispersed throughout almost 300 crofting communities. Links between the three main island groups are by small aircraft or ferry.

The Western Isles has a population of just over 26,000, of which approximately 20% is under 18 years. The population is declining. Population projections suggest an increasing population of older people and a corresponding reduction in younger people. The unemployment rate is comparable to the national average but the Western Isles has the lowest average household income of all Scottish postcode areas. The proportion of children on the Child Protection Register (CPR) matches the national average, at around 2.5 per thousand children. There is little reported drug misuse within the area but alcohol abuse is recognised across services as a significant problem.

In 2003, the local authority, on behalf of the Child Protection Committee (CPC), invited the Social Work Services Inspectorate (later the Social Work Inspection Agency) to examine the actions of all agencies involved in providing care, welfare and protection services to eight children from two families. The subsequent report³ made a number of recommendations, which were accepted and have been acted upon by the local authority, NHS Western Isles, Northern Constabulary and the CPC.

² Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

³ Social Work Inspection Agency (2005). *An inspection into the care and protection of children in Eilean Siar*. Edinburgh: Scottish Executive

2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in the Western Isles.

- Consistent and trusting relationships between staff and children.
- The prompt and effective response provided by police, social work and health when children are thought to be at risk.
- Support provided by services to help extended families care for their children.
- Multi-agency training which has led to increased awareness, confidence and competence among staff who have received it.
- The leadership and direction provided by the Child Protection Committee.

3. How effective is the help children get when they need it?

Children identified as being at risk received effective help when they needed it. Staff responded promptly to ensure children were safe. Children had positive and trusting relationships with staff. They knew how to keep themselves safe and where to get help when they needed it. Children and families received a range of flexible support to meet their needs. Overall, children's lives improved as a result. There were insufficient services for some children who needed specialist help, particularly in Uist and Barra.

Being listened to and respected

Communication between staff, children and families was good. Overall, children were listened to, understood and respected. They were appreciated as individuals and had positive relationships with professionals. Children identified a range of adults they could talk to about their concerns. They had consistent and supportive relationships with social workers. Youth workers were trusted by young people and college students valued the support they received from course tutors. Some secondary pupils were worried that their privacy would be breached if they told teachers about their concerns. Those children who were at risk of harm or recovering from abuse were well known to staff, particularly social workers, NCH staff and carers. Staff listened carefully to children and observed their behaviour. They used a variety of methods of communication to suit the needs of children with disabilities. Those working with very young children monitored their development well.

Children's panel members communicated very effectively and sensitively with children and their families. Children's views were always sought by panel members through *Having Your Say* forms and by making time during hearings to talk to children without other adults present. Children's views were taken into account when decisions were made at hearings. Safeguarders and children's advocates were sometimes used to obtain an account of what children wanted to happen. Families and older children were invited and encouraged to attend child protection meetings. Staff prepared them for meetings and helped children and families to participate. In a few cases children and families did not attend important meetings and their views were not obtained. The views of children too young to attend meetings were not always sought. A small number of children were not supported effectively to take part in child protection meetings.

Being helped to keep safe

Support for children and families was good. There was helpful inter-agency support for vulnerable families with very young children. These families received intensive and flexible support at an early stage through *Sure Start*. This took account of rural location and was often provided in families' homes to meet individual circumstances. Health visitors assisted parents to manage their children's behaviour and were quick to help those at risk of post-natal depression. Some staff had started to deliver a well-known parenting programme to individual families. A multi-agency group met the additional support needs of pre-school children. NCH provided an effective range of services to help families with children of all ages who experienced difficulties. These services were valued by parents and had a positive impact on families and children. There were insufficient services to help children cope with the effects of living in a family affected by substance misuse. Existing services to help parents overcome alcohol misuse were limited and not well attended. There were services to

help families affected by domestic abuse but the number of families who were referred to and made use of these services was low.

Children knew how to keep themselves safe and how to get help when they needed it. They showed good awareness of bullying and how to deal with it. Younger children reported using ‘bubble boxes’ in school to seek advice or support from an adult and could identify adults both within and outside their families to whom they could go for help. Children knew about ChildLine but were less familiar with the Children’s Charter. All children knew about internet safety. Older children had training in first aid. Secondary pupils had limited access to confidential advice on sexual health. The local authority had good arrangements for supporting children educated at home. A range of support for children who had been excluded from school was provided through the Alternative Curriculum Education (ACE) project.

School health and safety programmes were having a positive impact on children. They received advice about a range of subjects, including fireworks, road safety and healthy eating. A number of children had attended the Choices for Life programme, which had helped them make good choices about their own health and safety. Children consistently named alcohol and smoking as dangers to them in their area. There had been a good range of alcohol safety campaigns. However, a campaign by the Community Safety Forum to check the age of young people had limited uptake from local licensed traders.

Some examples of what children said about keeping themselves safe.

“In this area, alcohol and smoking are the main problems teenagers have to face.”

“Choices for Life was fab!”

“The school nurse is good with people with problems.”

“Keeping healthy is really important...don’t take drugs.”

Immediate response to concerns

The immediate response to concerns was very good. Children were listened to and their concerns were taken seriously by staff. When children were thought to be at risk staff took prompt action to make them safe and were alert to their needs. Overall, staff successfully kept children and their families informed about what was happening during child protection investigations. Efforts were made to ensure children were supported by staff who were known to them, wherever possible. Social workers, police and health staff responded appropriately to concerns raised about children outside normal office hours. Some staff worked beyond their contracted hours to ensure children were safe. In some emergency situations where a foster placement could not be found locally, staff took action to identify a suitable alternative. In one example, staff provided accommodation for two young children together with a relative in a residential unit. In a small number of cases staff had to carry out

risk assessments outside normal office hours without access to all of the available information.

Meeting needs

Overall, the impact of services in meeting children's needs was good. Children were well supported through child protection processes by social workers and their short term needs were identified and met. Staff were aware of the needs of individual children within families and took care to meet them. Services were provided for children whether or not they were on the CPR or subject to statutory measures of care. Children unable to live at home received good quality care from residential staff and from foster carers. In a small number of cases, where parents had long-standing alcohol dependency and were unwilling or unable to change, children's longer term needs were not well met.

Staff maintained consistent relationships with families. They were clear about their responsibilities for keeping children safe. Overall, services worked well together to meet children's needs. Imaginative arrangements were made where specialist services were not available. Staff were sensitive in anticipating periods of stress, such as school holidays, and provided extra support to prevent difficulties. Extended family members played an important role in providing safety and security for children to meet their longer term needs. Staff actively encouraged and supported the involvement of extended family members in meeting children's short and long term needs.

NCH and the ACE project provided care and education for vulnerable children, helping them to remain within the Western Isles. Services for children with disabilities made a significant impact on the lives of some children and their families. Children affected by domestic abuse received good support from Women's Aid. Child and Adolescent Mental Health Services (CAMHS) were provided through a visiting psychiatrist and local staff. There were insufficient services to help children who misused alcohol. Fewer services were readily available for children living in Uist and Barra. Their needs were met less consistently than children living in other areas.

4. How well do services promote public awareness of child protection?

Services had taken effective action to raise public awareness of child protection by displaying a range of posters and leaflets in public places. The Child Protection Committee (CPC) made good use of its website to make information available to the public. Members of the public were able to raise concerns about children's welfare at any time and social work and police services responded well to ensure children were safe. Services did not always provide appropriate feedback to referrers.

Being aware of protecting children

Public awareness of the safety and protection of children was very good. Services had produced a helpful range of publications including posters and leaflets which were widely displayed in office reception areas, hospital waiting areas, libraries and post offices. The CPC made good use of its website to make information available to the public. The CPC Coordinator regularly gave helpful presentations on the work of the CPC to community groups. Services had promoted a number of campaigns which had raised public awareness of child protection. The Alcohol and Drug Action Team (ADAT) had held a poster campaign to target under-age drinking. NHS Western Isles had produced a wallet-sized leaflet containing basic child protection information and issued it to every staff member. Feedback on how this had helped raise awareness of child protection had been so positive that distribution was being extended to all staff in the local authority and police.

Members of the public knew where and how to report concerns about children. There was evidence of referrals from a range of sources. These included extended family, members of the public and anonymous calls and letters. Referrers had raised a range of concerns about children's safety and welfare. All referrals had been appropriately acted upon by professionals. Some referrers had not received sufficient feedback about action taken after they raised concerns about a child. Managers were in the process of preparing a formal letter of acknowledgement for all referrers. Social work and police had appropriate arrangements in place to respond to concerns at all times. Emergency telephone numbers for use outside normal office hours were displayed prominently on public leaflets, in the local telephone directory and on the CPC website.

5. How good is the delivery of key processes?

Staff ensured that children and families were involved in decisions about their lives. Information-sharing was well established and was particularly strong between police and social work. However, the information shared and decisions made were not always well recorded. Staff across services were alert to risks to children. Longer term risks and needs were not always adequately addressed. The Social Work Service had been successful in improving planning to meet children's needs. Children were achieving greater stability and security as a result.

Involving children and their families

Arrangements to involve children and families were good. Overall, staff communicated well with families to help them understand what was happening. Recently revised information leaflets about child protection processes were available for families. Staff encouraged parents to attend case conferences and children over 12 years old were routinely invited to attend meetings. Social workers made suitable travel arrangements and took care to organise meetings at times and in places where parents were able to attend. Social workers actively sought children's views and recorded them in reports presented to the meeting. They prepared families for case conferences by meeting with them beforehand to discuss the process and implications of the case conference. Parents and children attending meetings were given copies of reports prepared by staff. In some cases they were not given these beforehand. Staff made good use of informal family groups or meetings outside case conferences. This helped plan work and involved families in decisions affecting them. Children's hearings took children's views into account in their decision-making. Panel members made time during hearings to speak to children without other adults being present. Staff encouraged children to submit *Having Your Say* forms to the panel, which had been sent out by the Children's Reporter and there was a high return rate. Independent safeguarders reported children's views to the panel and represented their best interests. The Western Isles Advocacy Project supported children to complete forms and write letters expressing their views and to attend some meetings which affected them. The Children's Reporter referred children to the advocacy project. The children's advocate got to know children who were looked after at Hillcrest residential unit by holding monthly meetings there. NCH staff routinely sought the views of children and families with whom they worked. They sensitively supported looked after children to participate in review meetings. However, young people were not routinely supported by an independent advocate when attending case conferences. In some cases, the same social workers had to represent the views of both parents and children at important decision-making meetings. A small number of families who had been involved in joint investigations by police and social work were left uncertain about what would happen next.

All services had clear policies and procedures for handling complaints. Written information which clearly explained how to make a complaint was available for families. This was also on display in public offices. There were procedures for providing feedback to complainants, which included information on how to seek a review or appeal the decision if they remained dissatisfied. All services reported few formal complaints. In some cases dissatisfaction was resolved locally. In a small number of cases children had not been advised of the complaints procedure.

Sharing and recording information

Services had adequate processes for sharing information. Staff had a very good understanding of their responsibilities to share relevant information. Both formal and informal networks were used to do so. Services did not consistently record all of the information shared or decisions made. Police and social work had very good information-sharing processes. Education and social work staff regularly shared information about children with whom they were working. Health staff were not directly involved in initial referral discussions but their views were routinely sought and reported by social work staff. Some health visitors did not have direct access to the General Practitioner (GP) computer systems, making it difficult to gather full health information.

Particular features of information-sharing included the following points:

- Police and social work communicated very effectively and sought information from relevant services when concerns were raised about a child.
- Most staff confidently shared concerns with social workers though this was not always done in writing.
- Improvement to the administration of the CPR had resulted in better access for staff and ensured the register was updated promptly.
- The Council had developed a valuable database for vulnerable children which was used to share information between the Education and Social Work services.
- Action taken to improve the circulation of case conference minutes had ensured that all relevant staff were made aware of children's circumstances and needs.
- There were no agreements about information-sharing in relation to young people seeking contraception or sexual health advice, or those being treated for substance misuse.
- Although a written record was consistently taken at formal meetings, this was rarely done at informal information-sharing meetings.

Recording of information in case files was variable. Most files had a chronological record of events but these were not routinely shared between services. Police files were well structured and provided a helpful record of work undertaken by officers. The Children's Reporter's records were comprehensive and well ordered. Social work records varied from very well organised files with comprehensive recording to poorly structured ones with significant gaps. Education files did not always contain relevant child protection information or cross reference to where such material was stored. Pupil progress records in some files were incomplete. Some children's health records did not contain all relevant recording or child protection information.

Staff, including those who worked with adults, took care to make sure that family members understood that children's safety would override rights to confidentiality. They told children and families when information about them was shared. Staff were aware of the circumstances in which they needed consent from children and families to share information but only NCH had a formal system to obtain written consent. Children and families were not always aware of the information recorded about them by staff across services. There was limited information provided about an individual's right of access to files.

Effective arrangements were in place between Northern Constabulary, the local authority and the Hebridean Housing Partnership (HHP) to share and record information relating to sex

offenders. However, the inter-agency agreement was outdated and did not reflect current practice. Housing staff conducted rigorous checks with all relevant services before allocating a home to a known sex offender. Regular liaison meetings took place between police and social work. The Violent and Sex Offender Register (ViSOR) had recently been implemented and was expected to enhance the management and recording of information. Police officers reliably gathered and recorded information to assist vetting through enhanced disclosure applications.

Recognising and assessing risks and needs

Recognising and assessing risks and needs was adequate. Staff, including those who did not work directly with children, were alert to concerns about children. Police and social workers responded promptly when children were involved in any incident. They held initial discussions to gather information and plan how to proceed. There was strong commitment from GPs, some of whom had developed a very high level of knowledge and skill in recognising and responding to risks. Both NHS 24 and the Scottish Ambulance Service had effective systems in place for assessing risk. Overall, the threshold for recognising long-term risks to children of alcohol misuse was high. For some children whose parents were misusing alcohol, concerns were not raised until they had reached too high a level. There was no common risk assessment or referral agreement for underage children who were known to be drinking. Local Accident and Emergency services did not always have full information about children who were on the CPR. Relevant information was not always shared with other staff within the hospital who had contact with children.

There was good attendance at case conferences. There had been recent improvements in the production and distribution of case conference minutes. Some social workers had produced well structured and informative assessments of risks and needs. These clearly identified protective and risk factors and detailed the needs of individual children in families. A useful format for assessing risk had recently been introduced. Some social workers had yet to become fully competent and confident in using it. A helpful method of assessing risks and needs was being used by some health visitors. Reports provided for case conferences and children's hearings were comprehensive and of good quality. Social workers carried out effective assessments of extended family members who were providing full time care for children. Information which informed decisions was sometimes provided on a verbal basis. Decisions were not always recorded or shared with other agencies. Some staff demonstrated a high level of skill in identifying patterns of behaviour. They had compiled helpful chronologies of significant events in children's lives. Not all staff understood how to make best use of chronologies to identify patterns and risks.

Joint investigative interviews were carried out effectively by trained and experienced staff. Police and social workers had access to GPs through a 24 hour rota. They routinely sought information from health staff when concerns were raised about children. However, health staff were not directly involved in initial referral discussions. There had been longstanding difficulties in recruiting a paediatrician. However, some local GPs had acquired the skills to meet children's needs effectively. All GPs had access to specialist advice from paediatricians and police surgeons on the mainland. Children were taken to the mainland for medical examinations only where necessary.

Staff across services recognised that parental substance misuse had a negative impact on children. Some were not familiar with national guidance on assessing risks to children whose

parents misused alcohol or drugs. Specialist substance misuse workers demonstrated very good awareness of both the short and long term impact of alcohol and drugs on children. At first contact with families, they made a comprehensive risk assessment for protecting children and meeting their needs. The ADAT and CPC was developing guidance for staff and agreements between services on common approaches. There had been delays in progressing plans for a specialist worker to help children affected by alcohol and drugs.

Planning to meet needs

Overall, planning to meet children's needs was good. There was an allocated social worker for each child on the CPR and for those about whom there were recognised concerns. Social workers effectively planned for crises and involved extended family members to reduce disruption for children. There was a variety of meetings where staff came together to plan for children. The Education Service had a well established system to provide additional support to vulnerable children, including children on the CPR. There were effective systems to ensure that the needs of children with disabilities, and the needs of their families, were met.

Effective chairing of case conferences and reviews for looked after children had helped to improve decision making significantly. Relevant staff attended case conferences and contributed to plans to keep children safe and meet their needs. Extended family members and carers contributed to plans for children's short and longer term care. Joint training was helping staff participate confidently in case conferences. Overall, case conference minutes were circulated quickly and reliably to relevant staff. There was no standard format for a child protection plan. Some plans did not identify the responsibilities of individuals or all of the resources required.

Core group meetings to monitor and evaluate the implementation of child protection plans had been introduced in the last year. Overall, they were working purposefully to ensure children's needs were met. Relevant staff contributed from a range of services, including staff from criminal justice and substance misuse services. Core groups ensured that progress was maintained and responded promptly to changing circumstances. In a small number of cases core groups had been set up but were unable to meet regularly because key staff were unable to attend. There were examples of core groups effectively involving parents but some staff were unclear about the extent to which parents should be involved.

The Social Work Service had taken action to ensure that the circumstances of looked after children were regularly reviewed. Children and families, and relevant staff were involved in decision-making. The adoption and fostering panel regularly reviewed foster carers. It had taken action to give legal security to children who were unable to return home and those growing up with relatives. There was evidence of significant improvement in long term planning over the past year. In a small number of cases, insufficient consideration was given to the impact on children of repeated episodes of short term care by relatives.

6. How good is operational management in protecting children and meeting their needs?

Services to protect children had appropriate policies and procedures to support staff in their work. Staff made effective use of recently revised inter-agency child protection guidelines. The Integrated Children’s Services Plan (ICSP) was not well understood by staff, who had little involvement in its development. Services had yet to plan well together to identify service gaps and meet needs. There was a lack of a consistent approach to involving children and families in developing services. Effective measures were in place for the safe recruitment of staff. Most staff had benefited from a carefully considered programme of training but some had not received child protection training at the level they required.

Aspect	Comments
Policies and procedures	Overall, there was a good range of policies and procedures across all services. Staff made good use of the recently updated inter-agency child protection guidelines. The CPC took the lead role in ensuring that these were clearly disseminated to all agencies and that the procedures remained current. NHS Western Isles and the Social Work Service had updated their own organisational procedures but there had been delays in finalising them. Guidance issued to staff in the Education and the Leisure and Learning Services did not wholly fit with the revised inter-agency guidance. An information-sharing agreement endorsed by all services provided a consistency of approach to child protection.
Operational Planning	Overall, operational planning to protect children was weak. The ICSP was detailed and identified key areas for improvement but many stakeholders were not consulted during the development stage. There was no clear ownership across services and front line staff had little knowledge of the plan. The Community Wellbeing Forum had responsibility for monitoring and reviewing the ICSP but had seen the plan only in draft format. While all services collected information about children’s services, ways of sharing this to identify gaps and to plan services to meet needs were limited. The absence of an effective electronic recording system in the Social Work Service hindered efforts to collate useful data. The CPC collected information about attendance at core groups and case conferences and was beginning to monitor decisions made. Management information was not routinely used to plan services or to examine their effectiveness.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	Participation of children, their families and other relevant people in policy development was adequate. Youth cafes had been established as a direct result of consultation with young people. Parents from a number of communities had contributed to the <i>Sure Start</i> strategy. The Education Service had sought children's views on antisocial behaviour. All schools had pupil councils though some had not met for some time. Young people had been involved in developing a sexual health strategy. Children participated well in the Children's Parliament though this group had not yet had much influence on local services or planning priorities. There had been limited consultation with children and families in developing the ICSP.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were good. Staff in all agencies showed awareness of child protection issues and there was a good mix of skills for child protection work. Joint planning between agencies to ensure adequate staffing for child protection work was beginning to happen but was not yet fully established. Some key posts were filled on a temporary or locum basis. Each agency had procedures in place for safe recruitment and vetting, which in some cases exceeded legislative requirements. There were policies in place for investigating allegations of abuse against staff with clear links to child protection procedures.
Development of staff	Development of staff was good. Managers made themselves readily available to staff. Services had clear arrangements to provide advice, support and supervision to staff involved in child protection work. In NHS Western Isles and the Social Work Service these were not consistently applied. Lead officers and the CPC had developed a very full training programme based on an audit of needs in each agency. This programme had been made widely available and had resulted in high levels of staff awareness of child protection across partner agencies. A number of staff had developed additional skills in relation to child protection work. Some staff had not yet had access to the training which was available.

7. How good is individual and collective leadership?

Services had clear vision and aims for protecting children. A shared vision was contained in the Integrated Children's Service Plan (ICSP) but this required to be more widely promoted to staff. Staff in all services gave priority to child protection. The Child Protection Committee (CPC) had taken a positive lead in improving services. Managers had taken action to implement the recommendations of previous inspections. Self-evaluation within individual services was developing but had not yet been brought together to evaluate how well services worked together. Agreeing shared priorities for meeting children's needs was at an early stage.

Vision, values and aims

Vision, values and aims to protect children were adequate. Individual services had clear vision, values and aims regarding the protection of children. Senior officers had accepted collective responsibility for protecting children but this was not yet fully implemented in all local authority services. Limited attention had been given to issues of diversity.

- Elected members in the local authority were clear about their vision to help all children reach their potential and saw child protection as a key priority. The Chief Executive showed a strong commitment to child protection and was an effective and knowledgeable chair of the Chief Officers Group. Staff in the Social Work, Education and Leisure and Learning Services gave priority and importance to child protection.
- The new Chief Executive of NHS Western Isles recognised his role in developing children's services and promoting child protection as a key priority. Senior managers in NHS Western Isles had acted on recommendations of previous inspections and had invested resources in improving services to protect children.
- The Chief Constable of Northern Constabulary and Area Commander for the Western Isles had a strong vision for the protection of children and ensured that this was given a high priority within the force. Officers were clearly aware of their responsibilities for protecting children and their families.

The ICSP set out a shared vision to give children the best possible start in life and to keep them safe. The plan was not well known to operational managers and staff across services. There was limited knowledge of how the plan linked to the work of the CPC. Staff did not regard it as a key document for identifying priorities.

Leadership and direction

The leadership and direction of child protection was good. The Chief Executives of the local authority and NHS Western Isles, and the Area Commander took their individual and collective responsibilities for protecting children seriously. Within the local authority there had been stable political leadership and elected members were aware of the national context in which child protection services were delivered. Through the CPC's Strategy Group, chief officers provided leadership to direct changes identified through reviews of practice. They had prioritised resources to ensure that the work of the CPC was well coordinated and had ensured appropriate administrative support.

The CPC was well established and had good representation from relevant services, including the voluntary sector. The collective ownership of child protection was demonstrated in that the role of chair of the CPC had recently passed from the Depute Director of Social Work to the lead clinician, with the Area Inspector acting as vice-chair. The CPC had played a key role in raising the profile of child protection in the Western Isles and reinforcing the responsibility of everyone to keep children safe. It had led the revision of inter-agency guidelines, which were familiar to staff at all levels across services.

Services were working together in a planned way to meet the needs of vulnerable children and families through the ADAT and the Domestic Abuse Forum. Work to reach agreement between services on priorities for service development was at an early stage. A review of ADAT had delayed the creation of a dedicated post to help children whose lives are affected by alcohol and drugs. The Chief Executive of the local authority was committed to improving services to children and families, particularly in Uist and Barra. He had commissioned an independent consultant to assist in drawing up a plan to achieve this.

Leadership of People and Partnerships

Overall, leadership of people and partnerships was adequate. Elected members, the Chief Executives of the local authority, NHS Western Isles and the Chief Constable had all made strong commitments to working together to improve child protection services. There had been tensions between the local authority and previous senior managers in NHS Western Isles but both Chief Executives were working closely to rebuild trust and confidence. There were differing views between senior and operational managers within the local authority about plans for restructuring children's services. SCRA was not sufficiently involved as a key partner in children's services planning or the strategic development of services to protect children.

Strong local relationships among staff in different services ensured good outcomes for children and families. NHS Western Isles had developed an effective partnership with NCH to meet the needs of children with disabilities. There had been significant improvements in shared working and information-sharing across services, especially in Lewis and Harris. Inclusion managers located within the Education Service provided important help to maintain children in their own communities, especially in Uist and Barra. This worked well on the ground but some staff and families were unclear about the roles and responsibilities of different services.

Service improvements were supported by a comprehensive child protection training programme planned by the CPC. Training was available to staff in all services, including the voluntary sector. Training events were consistently well attended across services. NCH was recognised as playing a key role in providing services for children and families. Working arrangements between statutory services and the voluntary sector were good. Planning for children using voluntary sector services was hindered at times by short term funding agreements. Strategic groups did not always draw on the expertise of staff from smaller voluntary organisations.

Leadership of change and improvement

Leadership of change and improvement was adequate. Elected members and senior managers in all services had accepted the findings of previous inspection reports and had taken action to make improvements. Senior managers expressed commitment to continuous improvement. The local authority had made helpful links with another local authority to share practice and support service developments. The ICSP was not being used to direct changes across services. In preparation for this inspection, each service had undertaken self-evaluation. This had yet to be brought together in an evaluation of how services worked together to protect children and meet their needs.

The CPC had good representation from all relevant agencies and the clear commitment of its members. It had audited key child protection processes such as use of the CPR and participation in case conferences. Plans were in place to measure outcomes by analysing decisions made at key meetings and the impact of core groups. New procedures for significant case reviews were being used to examine two cases and learn lessons from these. However, Chief Officers in NHS Western Isles and the local authority's Department of Sustainable Communities were not well informed about information from these reviews, which they needed to make improvements.

Northern Constabulary's Child Protection Unit reviewed all enquiries. This ensured that policy was up to date and that practice was of high quality. NHS Western Isles had appointed additional staff to support work with vulnerable children and families. Senior managers had drawn up an action plan to improve services and had put in place an effective system to monitor progress. There had been delays in implementing a clear policy on the management of health records. Managers in both the Education and the Social Work Services had proposed changes to the organisation of services within their own departments. Progress towards agreeing and implementing these changes was slow.

8. How well are children and young people protected and their needs met?

Inspectors were confident that children who required protection were likely to be known to services and that prompt action was taken to meet their needs. Children had consistent and trusting relationships with adults. Children and families received effective services and their lives improved as a result. Some children whose lives were affected by alcohol did not receive help early enough. Staff shared information to protect children but this was not always appropriately recorded. Clearer frameworks to assess risks and needs would help to improve the protection of children. Leadership and planning to meet children's needs was improving.

The Chief Officers and the CPC had taken the lead in improving services for child protection. In continuing this work they should:

- ensure that decisions about children are clearly recorded;
- develop a shared strategy to ensure that children affected by their own or their parents' substance misuse are protected and their needs met;
- ensure greater involvement of children and families in planning services;
- ensure involvement of all stakeholders in the implementation of the Integrated Children's Services Plan (ICSP);
- develop a shared culture which promotes diversity and equal access to services; and
- further develop self-evaluation to improve services.

9. What happens next?

The Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations of this report, and to share that plan with key stakeholders. Within two years of the publication of this report HM Inspectors will re-visit the authority area to assess and report on progress made in meeting the recommendations.

Helen Happer
Inspector
November 2007

Appendix 1 Indicators of Quality

The following quality indicators have been used in the inspection process to evaluate the Overall, effectiveness of services to protect children and meet their needs.

How effective is the help children get when they need it?	
Children are listened to, understood and respected	Good
Children benefit from strategies to minimise harm	Good
Children are helped by the actions taken in immediate response to concerns	Very good
Children's needs are met	Good
How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Very good
How good is the delivery of key processes?	
Involving children and their families in key processes	Good
Information-sharing and recording	Adequate
Recognising and assessing risks and needs	Adequate
Effectiveness of planning to meet needs	Good
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Good
Operational planning	Weak
Participation of children, families and other relevant people in policy development	Adequate
Recruitment and retention of staff	Good
Development of staff	Good
How good is individual and collective leadership?	
Vision, values and aims	Adequate
Leadership and direction	Good
Leadership of people and partnerships	Adequate
Leadership of change and improvement	Adequate

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	outstanding, sector leading
Very Good	major strengths
Good	important strengths with areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

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