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inspectorate

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

19 January 2012



HAPPY TO TRANSLATE

The inspection of services to protect children¹ in the Shetland Islands Council area was carried out in October 2011. We looked at the services provided by health, the police, the council and the Children's Reporter. We also looked at the services provided by voluntary and independent organisations. Our report describes how good they are at protecting children and keeping them safe. To find this out we read a sample of children's files which were held by these services. We talked to a number of children and their parents and carers to listen to their views about the services they had received. We also spoke to staff in these services who worked with children, parents and carers and to senior managers who were responsible for these staff and the services they provided.

What we found and tell you about in this report is based on a sample of children and families. We cannot promise that this will be the same for every child in the area who might need help.

A team of inspectors gathered all the information and helped to write this report. These inspectors have experience of working across the range of services involved in protecting children. Inspection teams include professional staff who work in council areas elsewhere in Scotland.

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

¹ When we refer to children in this report we mean children and young people under the age of 18 years

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1. The area

Shetland Islands Council is the second smallest and most northerly council area in Scotland. It covers an area of 1466 square kilometres. The area comprises of 100 islands, of which 15 are inhabited. The main areas of population are in Lerwick, the central belt and in the south with the population more scattered in the north and west. Shetland has a population of almost 22,000 with 21.8% under the age of 18 years compared to the Scottish average of 19.9%.

The number of children referred to the council for child protection enquiries remained broadly the same between 2007 and 2010. The level of referrals is higher than that for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Shetland is 2.4 per 1000 which is lower than the national average 2.8 per 1000.

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

- Very prompt and effective action by staff to help keep children safe.
- Effective communication with children and families helping to build trusting relationships.

3. Examples of good practice

- Early identification and co-ordination of support for vulnerable children through the **Getting it right for every child** (GIRFEC) group.
- Improved life chances for vulnerable young people through effective partnership working at the Bridges project.

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

Staff use effective programmes in school and in the community to help children understand how to keep themselves safe, including the safe use of the internet and mobile phones. A few children would benefit further if such help was given to them on an individual basis. Children and families are benefiting from practical and emotional support from a number of helpful services. Staff from social work, health, police and education services meet regularly and ensure vulnerable families are identified quickly and receive the help they need. Support is usually given quickly and for as long as it is needed. Support for families at weekends and evenings is limited. Staff use a range of flexible approaches such as the Triple P Parenting Programme to help parents understand their children's needs and take better care of them. Staff work together well to identify and support vulnerable pregnant women, including those who are misusing drugs or alcohol. Parents with mental health difficulties do not always get the help they need quickly enough.

Staff across services recognise when children are in need of protection. They treat concerns seriously and act appropriately without delay. Police, health and social work staff work very well together and jointly plan how concerns are investigated. Children and families are helped sensitively during investigations to understand what is happening and why. Families would benefit from greater care being taken to keep them updated and supported when enquiries or criminal proceedings take time to complete.

Children are helped to be kept safe by the very prompt and decisive action taken by staff. If children cannot remain in the family home, staff act quickly to ensure they are placed with other family members or in suitable alternative accommodation. Staff use appropriate legal measures well to keep children safe and protected.

Overall, children at risk or who have experienced abuse and neglect benefit from care and support allowing them to be safe, healthy and have their emotional needs met. Staff take effective action to ensure that children's

short term needs are met well. In most cases, staff also work well together to improve children's long term well-being. However, a few children do not get the help they need quickly enough to deal with their emotional difficulties and recover from the effects of abuse and neglect. Staff do not always have all necessary information to allow them to take appropriate action to meet children's needs well. Staff work hard and make a positive impact for children who need to have permanent arrangements made for their future care. Managers recognise the challenge of meeting the needs of every child unable to live at home. They are aware that a more imaginative approach is needed to find, assess and support foster carers and extended family carers.

School attendance is monitored closely but staff responses when children fail to attend school are inconsistent. Guidelines to direct staff in the action to take when children go missing from education are being reviewed and updated. Staff treat seriously risks to children who run away from home and plan well together to keep individual children safe. Care staff and police work effectively together to manage the risks to looked after children who run away. Discussions between police, airport and port security on the potential for children to be brought into or moved around Shetland illegally are at an early stage. Policies to ensure appropriate support for gay and lesbian young people are at an early stage of development. Gay and lesbian topics are included in sexual health programmes in secondary schools.

Vulnerable children and families benefit from trusting relationships with staff across services. Staff are persistent in their attempts to engage with families who are resistant to taking necessary help and support. Staff communicate well with children and families. They discuss clearly and sensitively with parents about what needs to happen to make a positive improvement for their children. Most parents and children are confident that they are listened to and that their views are taken seriously. Parents are encouraged and supported to attend decision-making meetings. Children are helped to express their views at meetings through the completion of **"My Meeting"** forms. However, independent support is not routinely available for children on the Child Protection Register (CPR).

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

The Child Protection Committee (CPC), managers and staff across services recognise the importance of reflecting on their work to improve practice and the quality of services for vulnerable children and families. Some improvement activities have been undertaken and areas for development identified. Joint approaches to reviewing work are still at an early stage. A more structured and coordinated approach is needed to ensure that improvement priorities are identified and progressed. Staff and service users need to be more fully involved in this work. Chief Officers need to provide stronger direction, support and challenge to help take this forward.

Information-sharing within and across services has improved. Police concerns about children are now being shared routinely with health and education staff. Staff work together well to share information about sex offenders and manage the risk they may pose to children.

Social workers and police are generally skilled at gathering information and making initial assessments about risks to children. There have been improvements in assessments undertaken by health staff. However, practice in making more comprehensive assessments is highly variable. This work is often undertaken by social workers and the contribution by staff in other services is limited. In most cases assessments do not draw together a history of significant events in a child's life using information from all the different services involved. As a result risks may not be fully identified. Medical examinations of children who have experienced serious abuse are carried out appropriately in Aberdeen. However, there is still an inconsistent approach to carrying out examinations of children in other circumstances. Chief Officers need to provide clearer direction on this and monitor all such examinations to ensure that they are always carried out appropriately.

Meetings to make plans for children and monitor their progress are generally well attended by relevant staff. The attendance of health staff has improved. However, plans do not always focus sufficiently on the

outcomes required for children or link well enough to the assessment. This, and a lack of detail, makes it difficult for staff to monitor progress. It is not always clear what alternative action is planned by staff if the risks to children are not reducing. Plans need to reflect better the joint responsibility of services for keeping children safe and meeting their needs.

6. How good is leadership and direction?

Chief Officers have yet to establish a joint approach which provides effective leadership to staff working across services to protect children. Most Chief Officers are relatively new in post and they have only very recently agreed a joint vision to keep children safe and meet their needs. This vision now needs to be shared effectively with staff across services who are working with children and families. Staff, across services, are unclear about the priority given to vulnerable children and families by Chief Officers. The CPC has a clear understanding of the national context for protecting children and provides effective leadership and direction to staff working in child protection services. Members of the CPC have difficulty in taking their work forward due to competing demands of their many other roles. They would benefit from more challenge and support from the Chief Officers' Group. Partnership working has improved between addiction services and children's services. More needs to be done to improve information sharing and partnership working between mental health services and children's services.

7. How are services improving?

The very recently agreed Integrated Children's Service Plan (ICSP) has clear aims about what services plan to achieve. This should help staff prioritise actions and help Chief Officers and senior managers demonstrate they are making a positive difference to the lives of vulnerable children and families.

In individual services there are some examples of staff reflecting on what they do well very effectively. Managers across services now need to develop a structured approach to jointly reviewing the difference they are making to delivering better outcomes for children and families.

The introduction of a new approach to practice is helping staff work together more regularly and understand each other's roles and responsibilities more clearly. More work is needed to further promote a joint approach to supporting vulnerable children and families. Health staff have greatly improved their record keeping and assessment of risk and needs. However, staff across services need to be more consistent in their use of assessment formats and improve the quality of their plans. A robust system is still required to ensure all children get access to an appropriate medical examination when they need it.

8. What happens next?

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

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

- Improve the consistency of planning to meet individual children's needs fully.
- Further develop joint approaches and understanding of self evaluation to improve outcomes for vulnerable children.
- Strengthen leadership, support and challenge given to the CPC by Chief Officers.

Quality indicators help services and inspectors to judge what is good and what needs to be improved in the work to protect children and meet their needs. You can find these quality indicators in the HMIE publication **How well do we protect children and meet their needs?** Following the inspection of each local authority area, the Scottish Government gathers evaluations of four important quality indicators to keep track of how well services across Scotland are doing to protect children and meet their needs.

Here are the evaluations of these for the Shetland Islands Council area.

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

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

Self-evaluation	weak
Improvements in performance	satisfactory

Managing Inspector: Fiona McManus
January 2012

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This report uses the following word scale to make clear the judgements made by inspectors.

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

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本出版品有其他格式和其他語言備索。

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