Evidence-informed Performance Improvement Series No 1

National Performance Indicator: increase the overall proportion of local authority areas receiving positive child protection inspection reports

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Full Report
A summary of the key findings of this report is available from www.iriss.org.uk/resources

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1. Introduction

In 2004 the Scottish Executive announced there would be a new multidisciplinary children's services inspection team based in Her Majesty's Inspectorate of Education (HMIE) which would undertake inspections of child protection services in all 32 local authorities. Following inspections in two pilot areas, the first cycle of child protection inspections in the remaining 30 authorities was carried out between May 2006 and March 2009 (HMIE, 2009a). The authorities were inspected against 18 quality indicators on a six point scale ranging from Level 6, 'Excellent: Outstanding or Sector Leading', to Level 1, 'Major Weaknesses'. Level 2 indicates 'Weak Performance', Level 3 'Satisfactory Performance', Level 4 'Good Performance' and Level 5 'Very Good Performance'.

The 18 quality indicators were arranged around six 'high-level' questions for Child Protection Committees (CPCs) and children's services:

- What key outcomes have we achieved?
- How well do we meet the needs of our stakeholders?
- How good is our delivery of services for children and families in need
- of protection?
- How good is our management?
- How good is our leadership?
- What is our capacity for improvement?

(HMIE, 2009a, p.9)

The six high level questions were designed to build a common language and understanding around service inspection and improvement that is shared different inspection agencies in Scotland and is also compatible with other frameworks used by local authorities including the Public Sector Improvement Framework (PSIF).

In 2007, the new Scottish Government identified "*Child protection inspection findings: increase in the overall proportion of local authority areas receiving positive inspection reports" (*HMIE, 2009a*)* as one of the 45 national indicators of success in achieving national outcomes identified within the newly introduced National Performance Framework.

A positive child protection inspection report has been defined as one in which an authority receives a rating of 'Satisfactory' or better in each of four 'reference' Quality Indicators:

- Children and young people are listened to, understood and respected
- Children and young people benefit from strategies to minimise harm
- Children and young people are helped by the actions taken in immediate response to concerns
- Children and young people's needs are met

In first cycle of child protection inspections HMIE evaluated across all 18 quality indicators. 24 out of 30 authorities received ratings of Satisfactory or better in the four reference quality indicators.

The second cycle of inspections (August 2009 – 31st March 2012) are intended to adopt a more streamlined proportionate approach, focussed around the four reference indicators; however it is satisfactory performance in the reference quality indicators should entail at least satisfactory performance in the other indicators. At the time of writing there have been 13 inspections undertaken in the second cycle of inspections, and so for only one local authority which has not received a satisfactory inspection report. From April 2011 the responsibility for child protection is moving to Social Care Social Work Improvement Scotland (SCSWIS), a new social care, social work inspection body, and they will therefore lead on the final year of the current cycle of inspections. HMIE will participate in it by providing Education Inspectors.

1.2   A Note on Terminology

Where we are discussing those under twelve, or both those under twelve and those aged twelve to eighteen, we refer to 'children'. Where the discussion is specifically about those aged twelve and over we refer to 'young people'.

1.3   References

A full list of all references used is given at the end of the report. This is followed by, *Appendix One*, a section listing the inspection, inquiry and review reports used separately and, *Appendix Two,* which provides separate details of the empirical studies used in the report with brief summaries of the research methodologies and findings. In *Appendix Two* information given on empirical studies which have been explored in detail in Part 4 is not repeated and the reader is signposted to the appropriate section of Part 4 of the report, where relevant details of the study can be found.

2. Methodology

2.1 Literature Search

A combination of database, manual and citation searches was used to identify key studies and grey literature. The following databases were searched: ASSIA, Social Services Abstracts and Sociological Abstracts (all through CSA), COPAC and ISI Web of Knowledge. Search strategies were designed to be sensitive to the range of available literature and were refined on an iterative basis following examination of initial search results and feedback from key informant interviews and in discussion with the Research Advisory Group.

Further material, particularly grey literature, generally needed to be identified by alternative search strategies. Policy documents, expert opinion pieces and unpublished primary research was identified via the following means: Research Advisory Group members and interviews with key informants for study; contact with all 30 Child Protection Committees to identify unpublished locally commissioned work; and a search of the websites of key organisations which hold repositories of research including the Scottish Government, Children First, Social Care Institute for Excellence (SCIE) and relevant centres of excellence such as the Scottish Child Care and Protection Network (SCCPN).

2.2 Inclusion criteria

1. Studies since 2000 that address the areas identified in HMIE (2009a) undertaken in Scotland, or with clear applicability to a Scottish setting (e.g. recent non-Scottish UK studies with clear relevance to the National Indicators above).

2. Policy documents and expert opinion since 2000 with clear relevance to the Scottish context.

International studies and studies completed prior to 2000 were generally excluded unless they were frequently cited in 1. and 2., and therefore regarded as seminal, or there was a lack of UK literature since 2000 on a particular topic.

Empirical studies of all methodological types were considered for inclusion but were subject to quality and relevance appraisal with a grading of one to three given for both methodology and relevance (one being the highest grading, three the lowest). All studies graded a '3' for relevance or methodological rigour were initially excluded, however one study graded a '3' for methodology (due to lack of detail about the data collection process) was included as there was an absence of other material on the subject area in question[1].

It was also important to include inquiry reports into child deaths, and analyses of Serious Case Reviews (in England and Wales) and Significant Case Reviews in Scotland. These were analysed with key themes and lessons drawn out of them.

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[1] Davis and Morgan, 2005 – see Section 4.11.

Inevitably, information from these sources focuses on what deficits there have been, however wherever possible evidence for good practice development has been identified from them.

2.3   Data Extraction and Synthesis

A data extraction template was developed and used to extract data from each selected primary source. The template was modified for use with inquiry reports and expert opinion pieces. The researchers met to discuss each study and the data extracted from it to ensure consistency and reliability.

2.4   Key Informant Interviews

Key informant interviews were held with the following individuals whose contribution we wish to acknowledge. We are grateful to all of them for their participation, which was valuable. None of this report however represents their views and, as always, all errors are those of the authors alone.

Neil McKechnie, Chief Inspector, Her Majesty's Inspectorate of Education (HMIE)

Chief Constable Colin McKerracher, Grampian Police Force, Chair of the National Child Protection Committee Chairs Forum,

Corinne Begg, Lead Office North East of Scotland Child Protection Committee, Brian Yule , Detective Superintendent, Public Protection Unit, Grampian Police Force (Joint interview)

Beth Smith Director MARS

Melanie Durowse Quality Assurance and Development Office Fife Child Protection Committee Support Team

Pene Rowe Development Officer Highland Child and Adult Protection Committee

2.5   *Research Advisory Group*

The authors also wish to acknowledge the input of its Research Advisory Group which met near the beginning, mid-point and end of the research process to review, advice and guide the research. For the Child Protection Indicator we would like to express our thanks for the participation of:

Martin Kettle (Lecturer in Social Work, Glasgow Caledonian University)
Sheena Morrison (Head of Social Work Services (South), Glasgow City Council)
Prof Joan Orme (Emeritus Professor, Glasgow School of Social Work)
Prof. Alison Petch (Director, IRISS, commissioner of the research)

2.6   The structure of the Report

The subsequent structure of this report is that firstly, in section three, relevant policy background to the national indicator is explored. In section four evidence from the literature review is described thematically with key examples from the research evidence and practice examples. Section concludes the report by five drawing out some key themes for service improvement.

3. Policy Background

There have been a number of policy initiatives focussed on child protection in Scotland since 2000.

3.1   It's Everyone's Job to Make Sure I'm Alright (Scottish Executive, 2002)

This was a national audit and review of child protection which found some key weaknesses in child protection services in Scotland. Firstly, some children remained at risk of significant harm even though they had had been known to agencies for a considerable time and there had been previous referrals for many of them. In some cases neglect continued for some years, despite indicators of concern. The review found that in too many cases children were not receiving the services they needed and many could not access services if their parents did not co-operate. Secondly, many children and adults had little confidence in the child protection system and were consequently reluctant to report concerns of neglect or abuse. Where concerns were reported, a significant proportion of children did not have their needs met following the intervention of children's services. Thirdly, social workers were found to be reluctant to apply for Child Protection Orders unless they could demonstrate immediate risk to a child, with some anxieties expressed about being cross-examined in court. Equally, other agencies were reluctant to seek an Order if social work services did not think one was necessary. Finally, it was found that universal children's services did not generally frame 'child protection' as their responsibility despite the policy emphasis in this regard.

3.2   The Child Protection Reform Programme (CPPR)

'It's Everyone's Job to Make Sure I'm Alright' made 17 recommendations for improvements in child protection practice in Scotland. The CPPR was a set of initiatives initiated by the Scottish Executive in 2003 in order to act on recommendations. It included:

- A Children's Charter setting out what children wanted from services
- A Framework for Standards which re-cast the Children's Charter into eight standards for child protection professionals
- A new multi-disciplinary inspection regime
- New guidance for Child Protection Committees (CPCs)
- A number of public awareness initiatives
- Draft guidance for how CPCs should undertake Significant Case Reviews following child deaths or serious harm
- A number of training initiatives

(Vincent et al., 2010, pp. 3-4).

3.3   Getting It Right for Every Child (GIRFEC) (Scottish Executive, 2005a)

Recommendation 15 of 'It's Everyone's Job to Make Sure I'm Alright' suggested there should be a "single integrated assessment, planning and review report framework for children in need" (Scottish Executive, 2002, p.16). GIRFEC saw the development of a universal, multi-disciplinary approach to assessing and meeting the needs of all children. It set out a vision to improve the wellbeing of all children developed around eight indicators - that children are safe, nurtured, healthy, active, achieving, respected, responsible and included - with a focus on improving outcomes for children, multi-agency coordination of services and the streamlining of assessment and recording processes for each child. GIRFEC has been accompanied by the development of a new assessment model, the 'My World Triangle', which in most local authority areas has seen the introduction of the Integrated Assessment Framework (IAF) as the standard assessment framework for use with children across all children's services. The IAF was introduced alongside the concept of a 'lead practitioner' taking key responsibility for drawing together information for the assessment and co-ordinating the arising action plan.

3.4   The Revised Scottish Child Protection Guidance (Scottish Government, 2010a)

The Scottish Government launched a major review of child protection guidance in 2009 undertaken by a multi-agency working group. After widespread consultation the review group launch new guidance at the end of 2010.

The National Guidance for Child Protection in Scotland (Scottish Government, 2010a) provides a national framework for agencies and individuals. The guidance outlines expectations for strategic planning and highlights key responsibilities for individual and agencies. Part 1 of the guidance provides key definitions, principles and standards for all parties and sets out the legislative context of child protection. In Part 2 roles and responsibilities of services and organisations for child protection are outlined, including roles of Child Protection Committees and Chief Officers. A framework for the identification and management of risk is given in Part 3 and child protection issues in specific circumstances are given attention in Part 4.

The emphasis in the guidance is on the need for a risk assessment to take place where there is likelihood of significant harm from abuse and/or neglect - abuse or neglect does not have to have taken place. The Guidance sits within the GIRFEC approach, the Children's Charter and the Framework for Standards. It is based on the principles of the UN Convention on the Rights of the Child (1989) and the Equality Act (2010). General principles are provided for Information sharing recording, analysis and assessment. One key change in the child protection process is that it is no longer necessary to identify a specific category of abuse when adding a child's name to the Child Protection Register. In addition, specific guidance is given for children in the following circumstances: domestic abuse; parental and alcohol misuse; disability; non-engaging families; mental health; harmful or problematic sexual behaviour; female genital mutilation; honour based violence and forced marriage; fabricated or induced illness; sudden unexpected death; harm outside the home such as ritual or organised abuse; abuse involving technology; and child trafficking.

3.5   *Perspectives on the Policy Context*

The introduction of GIRFEC marks a shift in services in Scotland from a narrow focus on child protection towards prevention, early intervention and family support (Vincent et al., 2010). This shift is mirrored by changes elsewhere in the UK to re-orientate children's services to include all children who may be at risk of experiencing poor outcomes, rather than just those at the highest risk of maltreatment (Parton, 2010). As opposed to Scotland, in England, Wales and Northern Ireland this new universalist orientation of children's services has also been accompanied by the development of discourse around 'safeguarding'.

Such a universal service orientation co-exists with targeted services for children with particular identified needs (e.g. children with special education needs and disabilities) and specialist services for those children at greatest risk (e.g. children subject to child protection proceedings and those in the care system) (Parton, 2010). Within this typology, local authority child protection services, the focus of this report, will fall with 'targeted services' and most of all 'specialist services' but will, consistent with the GIRFEC model, dovetail with universal provision to best meet children's needs.

The new approach has broadly been welcomed and viewed as a way forward to address concerns about the over-concentration on the investigation of child protection concerns (Parton, 2010). However there have been some concerns raised that, on the one hand, the universalist approach could draw more children into the statutory system (Garrett, 2003). On the other, concern has been raised as to whether such an approach provides adequate focus on child protection issues and on those children who are in greatest need and at greatest risk (Driscoll, 2009). Like, comparable assessment frameworks in in England, some questions have been raised as to whether the GIRFEC framework gives due attention to the assessment and management of risk (Sen, 2010). Perhaps in recognition of this part 3 of the revised Scottish Child Protection Guidance provides a framework for the assessment and management of risk. The importance of ensuring that this new framework fits within the GIRFEC model so that the premise of GIRFEC, as a universal model applicable to all children, is not lost has already been emphasised (Vincent et al., 2010).

4. Literature Review and Evidence

4.1 Assessment in Child Protection Services

Key messages:

- Effective multi-agency assessment in child protection is a complex task that requires an exacting range of skills and competences from practitioners

- Child protection assessments have been found to be liable to certain common errors, which can be reduced through awareness of them and self-reflective practice

- The effectiveness of new assessment tools, systems, protocols and guidance will be shaped by the organisational culture in which they are introduced. In some circumstances certain measures introduced to ensure standardisation and monitoring of practice can inadvertently increase the risk of errors in assessment

Principal research findings

Context
HMIE's first cycle or child protection inspections found that assessment was nationally a priority area for improvement and development (HMIE, 2009a). The Quality Indicator 'Recognising and Assessing risk and need' was the one in which the largest number of local authorities (thirteen) failed to attain a grading of 'Satisfactory' or better and no authority was found to be 'Very Good' or 'Excellent' in this area. Performance in a related indicator 'Effectiveness of planning to meet needs' was also poor with ten local authorities failing to attain a grading of 'Satisfactory' or better.

Issues in Assessment in Child Protection
Research has found that professionals are prone to make certain errors when undertaking child protection assessments. They are more likely to take account of information that is easily available to them, that is received at the start or end of the assessment process and which is given verbally (Munro, 1999). Practitioners are also more likely to take account of information which is striking, therefore more emphasis is likely to be given to observable events or injuries meaning that less specific referrals for example involving neglect or emotional abuse tend to given a lower priority even though they these situations are likely to be harmful for children (Munro, 1999; Platt, 2006).

In a significant proportion of cases social workers have been found to fail to take account of a family's past history in their current assessment order to build a fuller picture of what is going on within a family (Munro, 1999; Black and Burgham, 2003; Brandon et al., 2008, 2009). Failures of communication between professionals (Munro, 1999; Laming, 2003, 2009; White and Featherstone, 2005;

Munro, 2010) - considered in more detail in the next section - and the failure to engage directly with children (Laming, 2003, 2009; Horwath, 2005; Munro, 2005) have also been identified as recurring shortcomings in social work assessment where significant harm has occurred to children. It is important to note that such errors could lead to both 'false negatives' (believing a child is safe when they are not) and 'false positives' (believing a child is a risk of significant harm when they are not). In reviews of recent specific cases, it has also been noted that social work assessment of, attention to and engagement with male partners has been poor (O'Brien et al., 2003; Hawthorn, 2009).

Two points need to be emphasised: while there have been avoidable individual practitioner errors in cases of child death and injury where social work services have been involved, most of the common errors identified relate to what psychological research has found to be common errors of reasoning that all individuals exhibit where they are trying to cipher large quantities of data and make decisions about complex events. Secondly they relate to commons failings in communication between individuals. It is also important to contextualise individual errors within the wider systems in which they occur in order to understand the ways in which those systems help create conditions in which errors of practice might occur (Broadhurst et al., 2009; Munro, 2010).

A response to identified gaps in professional assessment has been to seek to develop risk assessment tools, procedures, protocols and guidance for practice and to monitor practitioners' practice more closely (Barry, 2007; Broadhurst et al., 2009; Munro, 2010). There is some rationale underpinning this response in that, for example, protocols and guidance are a means of disseminating information about what has been found to work and ensuring that practitioners do not unknowingly reproduce past errors (Munro, 2010). Equally, clear timescales and criteria for which responsibilities should take precedence can give practitioners and managers guidance as to which work tasks should be prioritised in complex situations (Herbison, 2006).

However, there have also been concerns about the effects of over-reliance on assessment tools, and procedures, protocols, guidance and concerns that the some of the systems in place in current child protection teams are too rigid and are inadequately orientated around the needs of good child protection practice. Such concerns include that:

- Performance indicators to oversee practice tend to focus on information that most readily acquired, and the quantity of outputs (what can be counted) rather than its quality (the effect they have on outcomes for families). As a result, rather than ensuring good practice, they may divert attention away from activities that may be of high value but less easily monitored, such as engagement with families

- Risk assessment tools are over actuarial and focussed on apportioning blame rather than supporting families to address concerns

- There is a question mark over how well risk assessment tools can predict outcomes

- Risk assessment tools can give a false air of objectivity leading to professional complacency

- Rigid systems and tools may undermine professional skill, autonomy and judgement, an essential factor in effective child protection practice
- The use of new IT systems to monitor and 'guide' practice can result in overly bureaucratic systems that divert practitioners' time from engaging with families towards time consuming administrative tasks

(Munro 1999, 2010; Barry, 2007; Broadhurst et al. 2009; Vincent et al., 2010).

Box One: Research Summary
In a seminal article Munro (1999) analysed all child abuse inquiry reports published in Britain between 1973 and 1994 (45 in total).

Methods:
Using a content analysis and a framework derived from psychological research on reasoning, the reasoning of the professionals involved and the findings of the inquiries was investigated.

Comments on the research methodology:
The sample consisted of all inquiry reports available at the time of the research so represented the fullest available information. The inquiry reports themselves however varied in detail and provided retrospective analyses of what professionals had done rather than live insight into professionals' thinking at the point decisions were made.

Summary of key findings:
- Professionals based their assessments of risk on a narrow range of evidence. It was biased towards the information readily available to them, overlooking significant data known to other professionals.
- The evidence was also biased towards more memorable data - evidence that was vivid, concrete, emotion and either the first or last information received.
- Professionals were slow to revise their judgements despite a mounting body of evidence against them.
- Errors in professional reasoning in child protection work are explicable in terms of research on how people intuitively simplify reasoning processes in making complex judgements.
- These errors can be reduced if people are aware of them and strive to avoid them. Aids to reasoning need to be developed that recognize the central role of intuitive reasoning but offer methods for checking intuitive judgements more rigorously and systematically.

Supporting Good Practice in Multi-Agency Assessment

The evidence suggests a number of core qualities which are essential to enable effective assessment in child protection practice. These are:

- Communication skills:

- o Child-focussed skills (listening to children, enabling participation)
- o Carer-focussed skills (listening, counselling, empathy, raising difficult topics, building difficult relationships)
- o Inter-professional skills: negotiation, assertiveness, team working, the willingness to check out the meaning of what is being said by an individual from another professional background
- Recognition of values, power and culture
- The ability to collate and co-ordinate range of data
- The ability to critically analyse and makes sense of the data gathered impartially
- Decision-making skills
- Observation, assessment, recording information,
- Ability to bring an open mind to the evidence
- Written skills
- Knowledge about and expertise in child protection practice
- The ability and willingness to question initial assessment in the light of new information

(Munro, 1999; White and Featherstone, 2005; Barry, 2007; Ofsted, 2008; Keys, 2009; Scottish Government, 2010a).

Box Two: Practice Learning

(a) Challenging initial framings of case

Perhaps the single most important identified factor amongst those is the willingness and ability to question early framings of situations in the light of new information (Munro, 1999, 2005; Ofsted, 2009). One, often cited, example of the failure to do this was the case of Victoria Climbie. Victoria was initially categorised as a 'child in need' because the presenting problem on first contact with social work services was that she and her carer were homeless. The framing of Victoria as 'child in need' rather than a child in need of protection affected subsequent professional responses in her case and was identified as a significant factor in the failure to intervene to protect Victoria (Laming, 2003).

The ability to take on board new information encompasses a range of other skills and qualities. These include: the ability and willingness to seek out information from other individuals, particularly other professionals, who might have other relevant data which could challenge initial framings; in turn this necessitates good inter-professional communication and the ability to question and clarify information; and the ability to critically analyse and make sense of data in highly challenging circumstances (Cooper et al., 2003; Laming, 2003, 2009; SWIA, 2005; Munro, 2010).

(b) Factors which helps and hinder effective implementation of an assessment framework?

Brandon et al. (2006) evaluated what appears to help or hinder practitioners in implementing the Common Assessment Framework and Lead Officer role in England, the framework introduced in England as part of the Every Child Matters framework and which has some similarities with GIRFEC, the Integrated

Assessment Framework and the 'lead professional role' (Scottish Executive, 2005a).

Factors that help:

- ✓ Enthusiasm at grass roots and managerial level
- ✓ Perceived benefits to families from use of the framework
- ✓ A history good multi agency working
- ✓ A shared vision of cultural change within the organisation
- ✓ Learning from others using the framework
- ✓ Existing IT systems which can be used with the framework
- ✓ A clear structure for use of the framework and lead professional role
- ✓ Good training, support and supervision

Factors that hinder:

- ✗ A lack of cohesion within the agency
- ✗ A lack of professional trust within the organisation
- ✗ A mismatch between the vision for the framework and practice in its use
- ✗ Confusion about processes and roles related to the framework
- ✗ Gaps in skills and confidence
- ✗ Anxiety about increased workload and new ways of working combined with a lack of support to address these

Central to frontline practitioners' ability to undertake child protection work effectively is the need for regular, good quality of supervision by first line managers (Brandon et al., 2008, 2009). Good supervision for frontline practitioners should:

- Happen regularly and periodically, while allowing frontline practitioners to discuss important changes in cases between supervision times
- Explore issues which may affect the practitioner's objectivity such as values, initial framings of cases, good or poor working relationships with families and other professionals
- Be facilitated in a manner that supports learning and addresses issues rather than apportions blame
- Go beyond a focus on whether the practitioner has met performance indicator targets or not
- Support practitioners with practice dilemmas and difficulties such as engaging children, negotiating difficult relationships with parents, information sharing and confidentiality
- Explore the worker's own feelings and well being in respect of the work they are carrying out

Additionally there should be opportunity for practitioners to access confidential counselling, separate from management structures.

Overall Implications for Practice

One of the key requirements for improving child protection assessment is that practitioners consider new information which contradicts initial judgements and decide whether that initial assessment is still valid in the light of the new information

Assessment tools, systems, protocols and guidance can help support practitioners to engage in better assessment practice but they cannot replace professional judgement

Regular, good quality, supervision is essential to allowing practitioners space to critically question their assessments to address common errors of reasoning in child protection

Links to further reading

Barry M, (2007) *Effective Approaches to Risk Assessment in Social Work: An International Literature Review*, Edinburgh: Scottish Executive

Broadhurst K, Wastell D, White S, Hall C, Peckover S, Thompson K, Pithouse A and Dolores D (2009) Performing Initial Assessment: Identifying the latent conditions for error in local authority children's services, *British Journal of Social Work*, 40, 352-370

Munro E (1999) Common errors of reasoning in child protection work, *Child Abuse and Neglect*, 23, 745-758

4.2 Information Sharing and Recording

Key messages:

- The lack of information sharing between and within has been a key feature of child abuse inquiries and Serious Case Reviews

- Information sharing is not an end in itself, information shared than needs to be managed and analysed

- Haphazard recording of information leads to key information being lost and a chronology of the life of the child does not emerge

Principal research findings

Scottish Significant Case Reviews have all identified flaws in information sharing. For example, Herbison (2006) found that in the case of Danielle Reid professionals were reluctant to share information unless it had the label of child protection. There was a major fault line between adult and child services. In the Caleb Ness inquiry report O'Brien et al. (2003) identified a lack of coordination

between health and social work. In the Brandon Lee Inquiry (Hawthorn, 2009) important information held by police with regard to the father's background was not made available at an initial referral discussion, and there was a lack of pro-active information sharing between health and social work.

Similar findings have emerged from research in England. In the biennial analyses of Serious Case Reviews in England, Rose and Barnes (2008) found that there were 81 recommendations concerning improving communication, information sharing and recording. The key messages from the Ofsted (2008) evaluations of SCRs between 2007 and 2008 broadly mirror those of the biennial analyses. They found poor communication between agencies, particularly when families moved location. Ofsted (2010) also expressed concern that referrals were not followed through rigorously and assumptions were being made that services were being provided by another agency.

However it is important to recognise that communication in complex cases where a number of agencies are involved is multi- faceted. In his analysis of the Victoria Climbie case Parton (2004) identified failures in communication between practitioners and first- line managers, between different professionals, organisations and agencies and concluded that the failures were not in respect of information sharing but rather of managing the information. Similarly, in her earlier analysis of inquiry reports between 1973 and 1994. Munro (1999) found a general shift from failures to collect information prior to 1979, to a failure to understand and process information after 1979. This study identified that the issue of sharing information between professionals is not primarily about the technical process but rather the ability to collect, interpret and clearly communicate appropriate data. Reder and Duncan's (2003) influential analysis of the psychology of communication emphasises the importance of understanding the process by which information is transferred through technical, practical and linguistic capacities of the sender and receiver of the information.

Box One: Research Summary

White and Featherstone (2005) studied inter-professional working in an integrated child health service comprising of paediatric inpatient and outpatient services, child and adolescent mental health services, a child development services, and a local authority children and family social work team. The study arose because of an absence in the literature of inter-professional 'talk' in paediatric settings. It was particularly concerned with exploring how such talk contributed to the categorisation and management of cases.

Methodology:

The researchers adopted an intensive ethnographic case design. The methods used included:

- Non-participation observation of clinics, ward rounds and staff meetings over a 12 month period
- Documentary analysis of case files- pre and post co-location
- 50 hours observation clinics and also shadowing of workers
- Eight cases chosen for a more detailed study.

Comments on the research methodology:
The intensive ethnographic design allows for an in depth 'thick description' of the service. As with most qualitative studies, the findings are illustrative rather than representative.

Summary of key findings:
The researchers found each profession had their own dominant narratives. In CAMHS meetings there was often detailed case talk about families with relational problems which paediatricians or other professionals failed to spot. The most powerful stories were those involving children at risk of physical or emotional harm, or those who were considered to be a danger to themselves or others.

While the social work service had comparable stories, the primary target of offensive rhetoric was the local authority Social Services Department. The social work talk was overwhelmingly about priorities and the appropriateness of referrals. There was however a strong alliance between social workers and CAMHS staff.

There was an acknowledgement that these services had the professional expertise to recognise child abuse and neglect, and to provide clear testimony to case conferences and courts. Amongst social work staff, uncertainty and fence sitting by other professionals was often constructed as naivety or cowardice when faced with risky situations.

The authors conclude that practitioners must make practical judgements about cases because it is their job but the choices that they make about when to respond, and how to categorise a case is often based on moral judgements. They suggest that most people do not deliberately make mistakes, indeed often mistakes are only known in retrospect. However, 'failures' of communication do occur as, although professionals have an ethic of care, they are less used to letting go of their habits to understand the 'rationalities' of other professions. The authors argue that the challenge for all professionals is to create conditions in which every day practices are open to challenge and scrutiny. This may involve people doing extended stints of observation in other settings as part of their ongoing professional development. They emphasise that learning to listen, to communicate, and to understand has to be a lifelong process not a one off training event.

Findings from inquiries and reviews with regard to recording relate to both sharing between different agencies and within the same agency. Black and Burgham (2003) found the issues of confidentiality, client access to records and data protection to be inhibitors, making some staff reluctant to record opinions. This could lead to situations in which several people felt uneasy about the care of a child, but this was not openly articulated or shared. In addition, the pressure on staff to record contacts and prepare mandatory reports led to less face-to face contact. The records that were produced were found to be fragmented and confusing, with records of significant contacts found in unexpected places. The records did not contain a plan of action or an evaluation of work with the family. Furthermore, the inquiry found that there was no evidence that new members of

staff referred to records. Building a full picture of the family was further hindered by the practice of destroying historical records and of not transferring full case records. Transfer between different parts of agencies was also delayed.

In the Brandon Lee Inquiry (Hawthorn, 2009), similar concerns were raised with regard to the standard of recording. Visits to the family by social workers and health visitors were not recorded, so, for example, a significant appointment with the mother of the child was seen as a one off discrete visit. The accumulation of concerns was not recorded.

The survey of Francis et al. (2006) regarding Scottish local authorities found that authorities were very clear of the importance of information sharing, particularly in respect of risk assessment. Good sharing was evident between social work and police and health, followed by schools and paediatricians. However, only a quarter of those surveyed described good information sharing with drug advice services ,and less than a fifth found GPs good at sharing information.

The issue of confidentiality is central to the processes of information sharing and recording. Frost et al. (2005) and Frost and Robinson (2007) found that confidentiality and information sharing was a key issue for staff in interagency locations. Cultural difference between social work and health was resolved by the development of a joint protocol. However co-location of professionals did not necessarily lead to better partnership working. The bringing together of different professional knowledge and expertise caused difficulties in terms of respect for other professionals' knowledge, expertise and value base. Practitioners reported exclusivity of language and differences in status and power could create a circle of exclusion. Frost et al. (2005) argue that for co-location to work it is important that recognition and acceptance of difference occurs entailing that time be set aside for team building and professional knowledge exchange, the establishment of joint activities, development of shared protocols and provision of ongoing joint training. They suggest that shared working such as joint home visits, shared case work, joint development of documents and shared discussion, for example of report recommendations, are practical ways to improve partnership working.

Other recommended to underpin effective multi-agency assessment and information sharing include:

•The development of guidance about the use of professional network/planning meetings including criteria with regard to timing and with regard to resolving differences of opinion (Black and Burgham, 2003).

• Written pro forma to speed up and acknowledge referrals, the construction of a single case record for a child, standardised criteria for prioritising home visits and standardised multi agency need and risk assessment tools (Herbison, 2006).

Chronologies
Where children are at risk, the importance of the lead professional compiling a full chronology of events to support good assessment and appropriation identification and sharing of key issues with other agencies has been emphasised. An effective chronology will:

- Allow a better overview of family circumstances to be gained
- Facilitate identification of patterns of behaviour to be identified in respect of family functioning, and response to past professional intervention
- Allow identification of gaps in past professional intervention

(Munro, 1999; Hammond, 2001; Black and Burgham, 2003; SWIA 2005, 2010; Brandon et al., 2008; Rose and Barnes, 2008; Ofsted, 2010).

A chronology should be reviewed regularly, shared with other relevant agencies, and distinguish between elements of opinion and factual information. Given the identified tendency for professionals to take account of verbal information more readily than written information (Munro, 1999), lead professionals cannot assume, however, that sending copies of the chronologies will mean that other professionals have taken due account of its contents. Multi-disciplinary meetings will be a good forum to discuss and share chronologies. When compiling a chronology, a lead professional should note what information they lack which would be helpful, and consider who might be able to provide that information.

Where significant information is missing this should be noted within the chronology. A chronology will include information about the social and relationship histories of parents and the quality of early attachments with their children, a description of the need/problem/concern within the family, a case summary with the conclusions of the current assessment, a hypothesis about the nature, origins and cause of the need/problem/concern, and a plan of proposed action to address the concerns identified (SWIA, 2005, 2010; Brandon et al., 2008). As with all tools to aid practice, chronologies have their limitations which need to be acknowledged. For example, a written account of past history cannot fully convey the human dynamics involved or the impact of past events on children (Horwath, 2007).

Box Two: Good Practice Example

Rose and Barnes' (2008) review of Series Case Reviews (SCRs) provide an example of how one Area Child Protection Committee sought to improve poor practice. A range of problem areas were identified by the committee, including information sharing and recording. The Committee had identified the following as areas for improvement in respect of work with younger children:

- Poor assessment of younger children and analysis of information
- Failure to use historical information
- Not checking on the (often changing) male composition of the household
- Being parent rather than child focussed
- Taking parent's statements at face value
- Poor communication between agencies and cross boundary agency disputes getting in the way.

In response senior managers set up a programme of work including:
- A seminar on learning lessons from SCRs which all managers had to attend

- Regular slots on the issues at meetings and team days of manager at all levels
- Quality assurance audits with regular case file sampling
- Multi-agency audit of cases
- Detailed cross department quality assurance reports;
- Presenting update reports to elected members
- Multi-agency practitioner and manager workshops

Overall Implications for Practice

Transparent protocols require to be developed to assist the tracking of information sent, received and understood

Emphasis needs to be placed on the analysis and management of information that is shared

Joint working practices which include shadowing and secondment should be considered to facilitate inter- agency information sharing and understanding

Links to further reading

SWIA (2010) *Practice guide Chronologies*, Edinburgh: SWIA

White, S and Featherstone, B. (2005) Communicating misunderstandings: multi-agency work as social practice, *Child and Family Social Work,* 10, 207-216

4.3 Effective Practice when Children are at Risk

Key messages:

- Highly developed communication and assessment skills are essential in working with complex families

- Good supervision in complex cases is essential

- The involvement of parents in developing services improves cooperation and outcomes

- Workers need to balance an empathic approach with a boundaried authoritative approach which avoids over-optimism and scrutinises apparent parental compliance

Principal research findings

The new national guidance on child protection (Scottish Government, 2010a) emphasises the complex and demanding nature of both assessing and managing risk. The research literature in this field addresses the process of referral and re-referral, factors affecting professional decision making such as thresholds and over- optimism, and working with highly resistant families.

Re-referrals to social work teams have been given particular consideration as they suggest that there may have been multiple contacts with social work teams prior to the critical incident leading to a child's injury or death. Brandon et al. (2008) found that 83% of families involved in serious case reviews from 2003-05 in England and Wales were known to social service teams and expressed concern about confusion with regard to thresholds and a preoccupation with a family's eligibility for services rather than the welfare of the child. Forrester (2007) found that re-referrals were not *per se* a sign that cases had been closed precipitately, but practitioners should bear in mind factors associated with re-referral before deciding to close a case and give consideration to longer term allocation with specialist assistance. Such factors were: where caregivers had a history of abuse; where abuse started at a young age; where a child had development delays; a child had been placed in emergency foster placements; there was evidence of parental substance misuse and/or domestic violence; and there had been more than one victim of abuse in the same family.

Rose and Barnes' (2008) analysis of Serious Case Reviews found the focus of work tended to be on adult members rather than the child, and some agencies took a single client focus only. There was poor assessment and analysis including risk of harm to children, particularly in the circumstances of parental or other significant adult's domestic violence, mental ill health and substance misuse. Furthermore the lack of action on assessments resulted in a loss of momentum of the work. They found an over optimism about parenting capacity in difficult situations. Brandon et al. (2008, 2009) found that well over half the children had

been living with parental substance misuse, domestic abuse or parental mental health, and that often these three problems co-existed.

A number of difficulties in building effective working relationships with parents where children are at risk of child abuse are noted in the research evidence. Barry (2007) identifies concern over whether partnership and risk assessment are compatible concepts. Parton (2004) identifies deceit on the part of carers and practitioners' failure to delve beneath this as an issue in both the Climbie and Colwell cases. Munro (2005) similarly finds this to have been a failing in the death of Jasmine Beckford. The author states that:

> Professionals dealing with a concern of child abuse need to operate with a higher level of suspicion than usual: parents are anxious to hide abusive behaviour are likely to be dishonest (2005, p.379).

There is some evidence that, despite, the difficulties social workers can effectively build good working relationships with parents when there are child protection concerns. Spratt and Callan (2004) considered parents' experiences of child welfare interventions. They found that parents most highly prized social workers' ability to empathise and their communication skills. "Irrespective of nature and source of the referral and the families previous attitude to social workers, it was their relationship with their particular social worker that parents were to return to again and again during the course of interviews." (Spratt and Callan, 2004, p. 217). They found that in the most effective practice, practitioners are clear about initial concerns they may have in relation to issues of inadequate parenting, they quickly move on to how such deficits may be addressed.

However, Forrester et al. (2008) found that social work practitioners tend to engage in high levels of confrontation, and displayed poor levels of listening, when trying to discuss child protection concerns with parents. There was little evidence of workers trying to empathise with the parents' viewpoints, undermining the possibilities for effective partnership working. The authors conclude that such an issue goes beyond individual poor practice and is likely to be an attempt to avoid the dangers of collusion with service users. The study suggests the need for training in micro-skills in order that practitioners can build effective partnerships in child protection work. Similarly focussing on the relational, Cooper et al. (2003) identify that trust, authority and negotiation are the three principles of effective intervention.

A recent major scoping study (Fauth et al., 2010) into effective practice to protect children living in highly resistant families, summarises the best available evidence retrieved from studies between 2000 and 2009. Amongst the key messages are:

- Elements of practice that appear or are perceived to be effective include
    - Focused, long term services rather than episodic interventions
    - Openly dealing with power dynamics between parents and professionals
    - Practitioner conveyance of empathy and acceptance
    - Services including practical support
    - Family involvement in their treatment and social support

- Empathy and established relationships need to be balanced with an ' eyes wide open', boundaried, authoritative approach

- The complexities of adult problems can overshadow children's immediate needs

- A lack of timely and consistent resources was associated with repeated maltreatment

- Practitioners were able to describe behaviours and circumstances that posed challenges for practice but they lacked confidence in distinguishing between families' actual engagement and false compliance

- Family lack of engagement inhibited professional decision making and follow through of assessments -practitioners become over- optimistic

- Good supervision in complex cases in essential

- Direct observation of parent and child is essential in complex cases

(Fauth et al., 2010, p.2).

Effective practice when children are on the Child Protection Register
The literature on effective practice when children are on the Child Protection Register focuses on the workings of the Child Protection Case Conference process and on the direct work which takes place with children and families when children are placed on the register.

The new national Guidance (Scottish Government, 2010a) clarifies that when children, including unborn children, are subject to an inter-agency child protection plan, their names should be placed on the Child Protection Register. The information on the register is to be shared with the child and parents or carers. Social Work services should maintain the register and all practitioners who need to have information about a child should be able to gain 24 hour access to it. Child protection plans for children placed on the register should focus on improving outcomes for the child and should set out in detail the perceived immediate and long term risks and needs, what is required to reduce risks and meet needs and who is expected to take what action. Plans should identify key people, timescales, resources, monitoring procedures and contingency plans.

Scottish Child Abuse Inquiry Reports and Serious Case Reviews have raised a number of issues in respect of the child protection process. In particular, the registration of a child on the Register does not automatically lead to greater protection for the child. O'Brien et al. (2003) found that although Caleb Ness had been placed on the Child Protection Register while still in hospital, no review had taken place before his death 11 weeks later. She found the whole Child Protection Case Conference to be flawed. The chair and minute taker were both undertaking this role for the first time and had had no training. People attending the conference were unclear with regard to their roles, no detailed Child Protection plan was put into place, the decisions made were unclear and minutes

were not circulated. Similarly, Hawthorn (2009) found that when Brandon Lee Muir was placed on the child protection register, no actions were specified in the plan. In particular, the father's role in the family was not analysed. Following deregistration, when the social worker had noticed bruising to the child on two occasions a further initial case discussion was not initiated. The recommendations in this Case Review stress the need for all agencies to give up-to-date information at Child Protection Case Conferences, for reports to be presented for all members of the family and for the assessment of risk and protective factors at initial case conferences.

Research undertaken in England supports the Scottish evidence. In their biennial analyses of Serious Case Reviews 2003-5 Brandon et al. (2008) found that 12% of children subject to review were on the Child protection Register at the time of the incident. Similarly, in the 2009 analysis of Serious Case Reviews 2005-7, at the time of the incident, out of 189 cases, 175 children had been subject to a child protection plan. In their analysis of Serious case Reviews, Ofsted (2010) found that attendance at Child Protection Case Conferences was poor in some areas. It found a lack of robustness in the chairing of conferences leading to a loss in essential contributions to effectively mount a professional challenge to ensure that clear decisions and meaningful child protection plans were made. Records of case conferences and core group meetings were found to be inadequate. Variations in multi agency risk assessments were found, for example information on adult criminal convictions were not always provided at case conferences. Ofsted (2008) also found that although procedures were in place, staff did not always adhere to them and the lack of management oversight was a significant concern. Furthermore, regular inter-agency meetings in themselves did not necessarily lead to better safeguarding when high quality analysis of information did not take place.

Box One: Research Summary

The Commission for Social Care Inspection (2006) in England and Wales conducted research with eight councils in order to assess how best to meet the needs of parents with children on the register.

Methodology:
Group discussions with young people, semi-structured interviews with professionals and parents, analysis of a small number of case files and of key policy and practice documents

Comments on the research methodology:
Multi- method, qualitative, approach. Limitations exist with regard to the type and amount of information provided by local authorities. The views of parents and young people who consented to take part in the study are illustrative and not representative. Retrospective case file audit gives limited information with regard to the content of professional and parental meetings.

Summary of key findings:
How are parents' needs identified and addressed when delivering and planning services?
        No evidence of a strategic approach to identification of need

Information on parents is not routinely collated an analysed
Responsibility for information gathering primarily a children's services role
There is some way to go to ensure that all services, including health and housing understand their role

Do the services provided meet parents' needs?
Many parents get too little help, too late
Most parents and young people felt their needs had not been recognised and services were not always relevant
Professional recognised the problem of high thresholds and resource shortfall
A particular need is effective mental health and substance misuse services
Insufficient attention is given to disabled parents

What facilitates good intra-and inter- agency working in relation to supporting parents, and what gets in the way?

Facilitates:
Strategic and strong leadership
Good quality data about needs
Involvement of service users in service development
Understanding of how resources best targeted
Understanding of respective agency roles and responsibilities
Clarity of agencies' contributions to supporting parents
Well informed commissioning strategies
Clear and comprehensive protocols

Across all services, high thresholds of service eligibility, developed in service 'silos' get in the way of effective collaboration.

Box Two: Good Practice Example

One woman had come from Pakistan to join her husband in the UK. She found that he expected her to care for their two children with no support and did not provide food or clothing. She had found it difficult to adjust to living in the UK and did not speak any English. Her husband was physically abusive to her. When he became physically abusive to the children she contacted social services. Social services helped her bring her mother to England and arranged for the children to live with in-laws while she went into hospital for treatment. On her return from hospital, hospital health workers visited twice a day. She had the following to say about their experience of social services and other agencies:

They helped me with my depression. I am feeling much better. 75% recovered. Before I was upset all the time. I can give more attention to my children. Social services involvement stopped my husband beating me and my children- only arguments sometimes now- not violent. If social services not involved I would have been killed. I feel safe. House is in good order. Before I couldn't go out and have friends- now I take children to school and shop and sometimes we go you… The children are happy and the daughter is doing well at school.

Overall Implications for Practice

Comprehensive analyses of Serious Case Reviews, research evidence and literature reviews have identified key messages for managers and practitioners when working with risk. There is consistency in the key messages which emerge from these reviews. The findings require to be disseminated across the workforce and used to inform decision making

An empathic approach to working with parents in a partnership requires to be balanced with an authoritative approach in which professional analyse information making use of best research

Supervision is essential in assisting practitioners analyse their day to day experience in the light of research findings

Links to further reading

Commission for Social Care Inspection (2006) *Supporting parents, safeguarding children. Meeting the needs of parents with children on the child protection register*, London : Commission for Social Care Inspection

Fauth R, Jelicic H, Hart D, Burton S and Shemmings D (2010) *Effective practice to protect children living in 'highly resistant families*, London : Centre for Excellence and Outcomes in Children and Young People's Services

4.4 Effective Practice when Children are Affected by Neglect

Key messages:

- Neglect is one of the most common concerns in children and families practice

- Long-term neglect has a marked negative impact on children's welfare and development

- Professionals do not identify neglect as well as they might. Social work services often give referrals regarding neglect a lower priority than referrals concerning physical, sexual or emotional abuse

Principal research findings

Neglect includes the failure of carers to provide appropriate stimulation, care and supervision and is amongst the most common concerns in children and families practice (Horwath, 2007). In Scotland in 2008/09 the number of children placed on the Child Protection Register under the category of 'physical neglect' was 45%, nearly double that of any other category (Scottish Government, 2009).

While neglect may relate to specific or periodic incidents, it is most likely to be care which is substandard over a prolonged period of time and which has a profound effect on children's physical, psychological and emotional development: crucially long-term neglect, especially from a young age, is likely to undermine those very factors which can support resilience – the ability of a child to develop 'normally' in adverse circumstance (Thorburn et al., 2000; Horwath, 2007). Indeed, indicators of neglect which are missed have been identified in a number of cases where children have gone on to experience serious harm and, in some cases, led to child deaths (Laming, 2003; Brandon et al., 2008; Rose and Barnes, 2008).

At the same time a recurrent theme is that social work services have difficulty identifying, assessing and responding to neglect – indeed there is some evidence that the general population may be at least as likely to identify signs of neglect as professionals (Horwath, 2005; Daniel et al., 2010) . This is likely to be related to a number of factors. Firstly neglect is marked by an absence of care rather than a directly abusive act - an act of 'omission' rather than 'commission' – and may receive less attention as a result (Horwath, 2007).

Secondly, research has found that social workers tend to respond to referrals, and take note of in their assessments, factors which are striking or memorable and relate to specific incidents or events, meaning that issues of long-term neglect, which are less likely to be linked to specific incidents rather than ongoing concerns, are less likely to be prioritised for attention amongst busy professionals (Munro, 1999; Thoburn et al., 2000; Platt, 2006; Forrester, 2007; Daniel et al., 2010).

Finally, in many cases there is a marked overlap between different issues occurring within a family setting – neglect is more likely where there are issues of parental substance misuse, domestic violence and mental health issues. While neglect it is important to remember neglect is not synonymous with these issues, there is a link and in many cases which social workers manage such issues will often co-exist, increasing the problems encountered by the family (Brandon et al., 2008; Daniel et al., 2010).

Box One: Research Summary

Horwarth undertook a study in the Republic of Ireland investigating social work practice in cases of child possible child neglect, – the results of which are reported in Horwath (2005; 2007). The study involved six teams in one Irish Health Board tasked with assessing cases of potential child neglect, comprising a total of 66 social work staff.

Methodology:
1. Case file analysis (57 cases)
2. A postal questionnaire to all social work staff assessing child neglect (n = 40)
3. Focus groups attended by 34 staff.

Comments on the methodology:
Case file analysis can provide a range of factual data on children and their families but is limited by the differences in information recorded in each file and there be (varying degrees) of bias in the way information is presented or interpreted within files. The data in the study is from one Irish Health board which means that care needs to be taken when generalising from the results, and while the findings give insight into how social work staff respond to neglect, due thought needs to be give to the differences in policy and legislation between Scotland and Ireland when applying the findings to a Scottish context.

Summary of Main Findings:
- There is differential practice between social work staff as to whether they contact other professionals and children and families following a referral.
- Difficulties in contacting other professionals led some social work staff to write to other professionals asking them to make contact if they had continued concerns, however this put the onus on other professionals to make contact and to interpret what concerns should trigger them contacting the social work team.
- In over a quarter of cases there were was no contact with at least one child in the family, leading to questions about how social work staff could assess the child's situation and its impact on them. Practitioners reported that workload pressures squeezed the time they were able to spend working with children.
- Engagement with families was also varied with little, or no, meaningful engagement with parents in a significant number of cases. The case file analysis and feedback from practitioners suggested that where there was an aggressive parent this could lead social work teams to accept poorer levels of care for a child.

- The quality of assessments was also varied, with some key gaps in practice. In over a third of cases, assessment focussed on the incidents rather than their impact on children. In just under a third assessments were 'generalized' and in a third of cases they were 'high quality' with assessment supported by evidence. In over half of cases, there was no evidence of social workers assessing potential harm and the impact of harm on children. In just under half of cases there was no evidence of social work staff assessing parents' capacity to meet children's needs.

In terms of effective practice, early detection of parenting difficulties and response will be the most effective, requiring that professionals across a range of settings are able to pick up on and respond to potential indicators. This will require that when social workers receive referrals they liaise closely with colleagues in universal services provision, such as health visitors and school staff, in order to discuss potential concerns and indicators: for example one study found reported that a child's increased contact with the school nurse was an indicator of potential difficulties within the family home.

Equally however, early intervention will not always be possible or successful and an awareness of cumulative concerns, background factors and family history will be need when assessing child protection referrals and whether further intervention is necessary (Horwath, 2005; Brandon et al., 2008; Daniel et al., 2010). In undertaking assessments, child protection services need to give due consideration to the importance of neglect as an issue which can have a marked negative impact on a child's welfare and development and provide intervention appropriately. Analyses of past cases where children have experienced significant harm indicates that services have been over optimistic about parents' parenting capacity in difficulty circumstances, have failed to take account of parents' past history of parenting and also highlighted a seeming concern with whether a family had met eligibility criteria for services rather than the welfare of the child (Brandon et al., 2008; Rose and Barnes, 2008). Where early intervention has not been successful or possible targeted multi-agency intervention is needed which avoids a stop-start response whereby cases are closed after small improvements are made, only to lead to re-referrals later on (Thoburn et al., 2000; Brandon et al., 2008). Direct contact with the child/children and parents, including observation of parent-child interaction will be necessary in order to undertake full assessment of referrals of neglect: managers need to ensure that practitioners have time within their work schedules in order to engage in such meaningful interaction (Horwath, 2005; Ofsted, 2010). Good inter-professional communication and clarity on different professional definitions and meanings will be required for effective inter-agency working (Horwath, 2005; White and Featherstone, 2005).

In assessing neglect, it must be acknowledged that a professional's own immediate response to a referral, their cultural perspective and their sense of what is 'acceptable' parenting will influence their response. Good supervision will be needed to tease out potential assumptions that may lead practitioners to unduly believe intervention is necessary or unnecessary in a particular case. Issues of poverty also need to be given due consideration to avoid stigmatising responses that result in increasing pressure on families that are struggling due to material deprivation: some official definitions of poverty specifically exclude

situations where a parent does not have the resources to allow them to parent. Practitioners should assess whether the level of care a child is receiving is due to material deprivation or something more than that. They should adopt an ecological approach which locates the child within the wider systems in their lives, and go beyond consideration of the specific presenting issues in a referral to gain a holistic picture of the care provided to the child (Thoburn et al., 2000; Horwath 2005, 2007; Brandon et al., 2008).

Work to help families in material difficulty gain access to resources to help them meet their children's needs is crucially important. Equally however, is an awareness of factors which can help children and families in poverty to thrive despite adverse environmental factors. In terms of parenting, factors which have been identified to help protect children include parents engaging in an open style of parenting which respects their views, clear boundaries for children and skilled budget management to protect children from the worst effects of poverty. Support identified from wider family networks and informal supports within the wider community can also be crucial in providing a network of people to look out for children and providing informal key 'supporters' for parents in difficulty who give parents both practical and emotional support. This suggests the need for social workers to help parents identify key informal supports which might exist for them within their social networks, and support them to use and maintain them – for example the maintenance of supportive networks for children and parents will require some element of reciprocity whereby those receiving informal support from their networks also give something back (Quinton, 2004; Horwath, 2005; Seaman et al., 2006).

Box Two: Good Practice Example

In Glasgow City Council around half of children placed on the Child Protection Register are placed under the category of physical neglect. Social work services identified that better practice around identification, assessment and intervention in cases of neglect was needed. To this end they have introduced the Graded Care Profile (GCP) (Srivastava et al., 2003) – a validated assessment tool previously used in England and Wales to assist in multi-professional assessment of neglect. The local authority has subsequently sought to evaluate the effectiveness of the use of the GCP through two main ways: an internal evaluation of practitioners' views of the tools using questionnaires and interviews, supplemented by an external evaluation of caregivers views of the tool in collaboration with Glasgow School of Social Work funded by the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN).

Interim findings from the study are:

- There are some clearly identified strengths to the GCP as a vehicle for discussion around 'good enough parenting'; in providing explicit clarity around the different areas of parenting for both multi-professional assessment of neglect and engaging around what needs to change.
- There are also a number of challenges in using the GCP: time factors; barriers to parents engaging with the tool due to the language used in it and disagreements with professionals about the quality of care giving.

- To maximise the potential of the GCP requires clearer support and training for practitioners and the language of the GCP to be revised such that it is more meaningful to caregivers.

Overall Implications for Practice

Referrals regarding neglect need to be given due priority even though they may not be centred around a specific incident or concern

Practitioners need to distinguish between care givers struggling to provide for their children due to material deprivation and neglectful parenting

Assessing neglect is not value free. In assessing neglect practitioners and their supervisors need to be aware of that values and culture can affect assessment of what is and is not neglect

Early identification and response to neglect will be the most effective response, but will not always be feasible. In cases of severe long-term neglect targeted interventions will be needed considering the long-term needs of the child, and whether those needs can be met within the home environment

Links to further reading

Daniel B, Taylor J and Scott J (2010) Recognition of neglect and early response: overview of A systematic Review of the Literature, *Child and Family Social Work Advanced Access,* DOI: 10.1111/j.1365-2206.2009.00670.x

Horwath J, (2007) *Child Neglect, Identification and Assessment*, Basingstoke: Palgrave MacMillan

Srivastava P, Fountain R, Ayre P and Stewart J (2003) The Graded Care Profile: A Measure of Care in Calder M and Hackett S *Assessment in child care, using and developing frameworks for practice*, Lyme Regis: Russell House Publishing

4.5 Effective Practice when Children are Affected by Domestic Violence

Key messages:

- Children living with domestic abuse are at risk of significant harm

- An understanding of children's views and perspectives on the abuse, and their participation in decision making is essential

- The appropriate professional intervention needs to be informed by research findings

Principal research findings

Research has shown that a large number of children live with domestic abuse and a growing number of children living with domestic abuse have become involved in the care and protection system. In Scotland in 2006-7 at least 18,004 of the referrals to the Scottish Children Reporter's Administration (SCRA) concerned domestic abuse. In England, domestic abuse, in conjunction with parental drug misuse and parental ill health, was found in over a half to three quarters of Serious Case Reviews (Brandon et al., 2008, 2009; Rose and Barnes, 2008). The Scottish National Strategy to address domestic abuse (Scottish Executive 2000), has developed a delivery plan in order to establish how to achieve, short term, intermediate and long term outcomes and in 2008 launched a National Domestic Abuse Delivery Plan for Children and Young People in Scotland (Scottish Government, 2008a).

Studies in the UK have provided a substantial body of evidence that children living with domestic abuse are at significant risk of harm. They are likely to have significant physical, mental, social and behavioural problems. An understanding of children's views and perspectives on the abuse, and their participation in decision making, is essential in order to achieve positive outcomes for children. Similarly, children and families' views on the types and processes of intervention are an important source of information for policy makers and practitioners. Professional interventions range from providing family support to initiating a child protection investigation. The appropriateness of interventions needs to be informed by research finding on all the above (Mullender at al., 2002; Humphreys and Stanley, 2006; Cleaver et al., 2007).

Box One: Research Example

Stanley et al. (2010) conducted the first UK study which examined the interface between police and social services with regard to domestic abuse. Their paper reports on the relationship between police notification of domestic abuse to social services, and the social service response to the referral.

Methodology:

1. A retrospective analysis of police and social work records for 251 incidents of domestic abuse in two local authorities in the north and south of England.
2. The sample was constructed by identifying all incidents notified to social services in the two sites in January 2007.
3. These incidents were followed up social services interventions over a period of 21 months.
4. The file data was supplemented by 58 individual interview with individual police officers and social workers and a short postal survey to chairs of Local Safeguarding Children's Boards (LSCBs)

Comments on the research methodology:
Case file analysis is limited by the differences in information recorded in each file, which varied considerably. There was attrition in the transition from police files to social work files at the start of the research. Similarly, 22% of the original sample was lost during the 21 months. The time lag between the two investigation points meant that it was not possible to interview the original participants and so practitioners and managers were asked to make general comments on practice and procedures.

Summary of key findings:
- Police records provided only a snapshot picture of a family's experience of domestic abuse with little information on previous incidents and children's involvement.
- Where police used risk assessment tools used they were not used consistently.
- Information transferred to social services varied considerably.
- Inconsistencies were found between police files and notification, e.g. as to whether the child was present at the interview.
- Only 15% of the families notified to social services received a social work assessment or intervention, and in most of these cases these were classified as child protection.
- 10% of cases were already open cases to social work so the notifications triggered service response in only 5% of cases.
- 60% cases received a no further action decision.
- The key characteristic distinguishing those notified cases receiving attention was that the case was already open.
- Social services files provided limited evidence of ongoing communication between police and social services.
- Police officers and social workers considered interdisciplinary training and shadowing would enhance the understanding of each others' roles.
- The survey of LSCBs revealed a range of agencies contributing to innovative approaches in their area. These included: early intervention to divert cases from social work to health or voluntary organisations; regular interagency screening panels; harnessing police risk-assessment procedures or tools in filtering and routing families following a domestic incident.

Impact of domestic abuse on women
The gendered nature of domestic abuse requires an analysis of the power

relations at play and the emotional, physical and psychological oppression of women. There is substantial evidence about the impact of the abuse on a mother's relationship with her children. The failure of a mother not to evict her male partner is often viewed as demonstrating complicity or an inability to protect her child. This can result in 'mother blaming' and a failure to address the actions of the male perpetrator. Studies have shown that positive outcomes for women and children can be achieved by providing support and services to mothers and children to build resilience (Mullender et al., 2002; Humphreys and Stanley, 2006).

Impact of domestic abuse on children
Studies on the impact of domestic abuse on children have shown that children are more likely to have physical, behavioural, health and social problems both as a child and in later life. This may be as a result of witnessing violence or, being directly abused deliberately or accidently, during an incident of domestic abuse. Importantly, research has shown that the effects on children are not dependent on whether they are directly or indirectly involved (Mullender et al., 2002; Buckley et al., 2007).

Seeking the views of children
There have been a range of studies which have sought to seek the views of children with regard to different aspects of their experience of domestic abuse. These have explored areas such as: a child's understanding of the abuse; a child's feelings towards their mother and the perpetrator of the abuse; strategies to avoid or escape from abuse; strategies to protect their mother, siblings or themselves; views on leaving the family home; views on support from other family members and views of professional interventions (McGee, 2000; Mullender et al., 2002; Humphreys and Stanley, 2006; Barron, 2007; Cleaver et al., 2007; Houghton, 2008; Stafford et al., 2008).

Children and families views of professional intervention
While all of the above inform practice, it is children and families' views of professional intervention which are the most significant with regard to effective practice in the field of child protection. In the above studies, children expressed concern about not feeling safe and protected, even when the perpetrator had left the home. They were not confident that professionals understood domestic abuse and did not have confidence that appropriate action would be taken. Indeed, children often stated that the interventions of professionals had made matters worse. Families had different experiences with regard to professional intervention. For example, there were differences with regard to their knowledge as to whether they had been referred to social work, agreement on strengths and difficulties and awareness that an assessment and plan had been undertaken. Being listened to and communicated with, being treated respectfully and being provided with appropriate long term support were aspects of professional intervention valued by families. Mothers expressed concern that they were not supported to deal with domestic abuse but rather blamed for not protecting their children (McGee, 2000; Mullender et al., 2002; Cleaver et al., 2007, Houghton, 2008).

The kinds of professional interventions
The type of professional intervention that is required is a source of contention. Several commentators have argued that children living with domestic abuse do not always require a child protection response, and indeed that child protection

procedures can override the needs of the child. However, the lack of professional intervention in cases of domestic abuse can result in the child experiencing significant harm. Professional responses to domestic violence in child protection cases were highlighted in Serious Case Reviews in England, where concern was expressed that the complexity of cases where domestic violence, substance misuse and parental ill health coexist, resulting in chaotic and complex caring environment, there was poor assessment and analysis. It was found that, often, the professional response to these cases was to concentrate on parental issues, and taking the word of the parent. This resulted in the child becoming invisible or in assumptions that other people were seeing the child.

(Mullender et al., 2002; Scottish Executive, 2002; Rivett and Kelly, 2006; Humphreys et al., 2008; Ofsted, 2009).

Box 2: Lessons from practice
Case Study: Summarised from Cleaver et al., 2007, pp. 210-211

Mrs Hendy is living with her husband and 3 children, one being their own child and two from Mrs Hendy's previous relationship at the time of the domestic abuse incident. The police have been called to the house on at least 15 occasions with regard to domestic abuse. Mrs Hendy had believed that they had been able to shield the children from the violence as the two older children tended to be with their father when the violence happened and the youngest child was always in bed. However, she did acknowledge that the oldest child was very quiet, seemed to be hiding his feelings and was very protective towards her.

The social worker was of the view that all the children were aware of the domestic violence which was affecting them emotionally and possibly physically. At an early stage of the intervention it was made clear that the children would be removed is Mr Hendy did not move out, while Mrs Hendy's previous partner was applying for a residence order in respect of the older two children. As a result of the assessment in which Mrs Hendy was fully involved, the names of all three children were placed on the child protection register. A comprehensive plan was drawn up. Mr Hendy agreed to attend an anger management course. Mrs Hendy accepted counselling from a voluntary domestic abuse service and attended parenting sessions provided by children's social care. Both parents agreed to the end of their marriage.

Mrs Hendy found some of the services more helpful than others. For example, the counselling service provided by the voluntary service was not particularly useful and Mrs Hendy discontinued her attendance. However, she found the parenting sessions provided by children's social care to be useful.

Since the end of the marriage Mr Hendy continues to harass Mrs Hendy and occasionally assaults her. She is very reluctant to call the police for fear of more social work involvement with the family. Moreover she feels police were unhelpful in the past. Divorce proceedings are going ahead. Although Mrs Hendy acknowledges the help she received from children's social services, nonetheless she found the process to be very stressful. She feels she 'lost her life', which seemed to revolve around meetings with the social worker, core meetings or

court appearances.

As the above case study demonstrates professional intervention in cases of domestic abuse involving a child is complex. It can be seen that the need to protect the child is of paramount concern. The children were clearly showing signs of distress. Mrs Hendy was involved with the assessment. However elements of mother blaming and disempowerment can also be discerned. It is not clear if the views of the children were sought. Although Mrs Hendy found the parenting classes beneficial and appreciated the assistance of the social work department she was reluctant to call the police about continued abuse due to concerns about the renewed involvement of social services, believing a child protection approach would be taken. At the end of the case study Mrs Hendy had care of her children but she and her children were still subject to domestic violence

Overall implications for practice

The complexity of working with children experiencing domestic abuse requires social workers to be familiar with research findings

The impact of domestic abuse on children needs to be recognised. Children's views and experiences should be sought and taken into account

Children should be assisted to participate in decision making

While the protection of the child is paramount, social workers need to engage and empower mothers to protect and care for their children

A range of interventions need to be considered which may include child protection but also includes family support

Links to further reading

Humphreys C, Houghton C and Ellis J (2008) *Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice* Edinburgh : Scottish Government

Mullender A, Hague G, Imam U, Kelly L, Malos E and Regan L (2002) *Children's Perspectives on Domestic Violence*, London : Sage

Stafford A, Stead J, and Grimes M (2008) *The Support Needs of Children and Young People Who have to Move Home Because of Domestic Abuse,* Edinburgh: Scottish Women's Aid

Stanley N, Miller P, Richardson Foster H, Thomson G (2010) A Stop–Start Response: Social Services' Interventions with Children and Families Notified following Domestic Violence Incidents, *British Journal of Social Work Advanced Access* Doi: 10.1093/bjsw/bcq071

4.6 Effective Practice where Children are Affected by Parental Substance Misuse

Key messages:

- The prevalence of parental substance misuse in Scotland makes it a pressing issue for children and families practice

- Parental substance misuse is associated with a marked impact on a parents' ability to care. Children are more likely to be exposed to a range of negatives factors and more likely to develop emotional and behavioural difficulties, fall behind at school and become socially isolated

- However where there are other support mechanisms for children, both within the family and outside it, not all children affected by parental substance misuse will experience poor outcomes

Principal research findings[2]

While there are some difficulties in gaining accurate estimates of parental drug and alcohol misuse the available evidence suggests that it is a significant problem in Scotland and a larger problem than in the rest of the UK. In *Hidden Harm* ACMD (2003) found that up to 60,000 children (between 4-6 % of the entire child population) in Scotland have a parent with a drug problem and up to 20,000 children are living with a drug misusing parent. A quarter of children are placed on the child protection register due to parental drug misuse. The Scottish Government have also estimated that 65,000 children are living with a parent with an alcohol problem (Scottish Government, 2008b).

This issue has been recognised by national government with the production of a best practice guide and checklist for work with children and families affected by substance misuse (Scottish Executive, 2003). More recently the Scottish Government set out plans to increase the effectiveness of action to tackle alcohol and drug misuse through flexible services to best help parents achieve a drug free lifestyle, while keeping a firm focus on the needs of the child within any intervention. It has also prioritised tackling the illicit supply of drugs, and the provision of alcohol and drug prevention programmes to stop dependence developing in the first place (Scottish Government, 2008b).

Parental drug misuse and alcohol misuse will often co-exist and in such cases there is likely to be a number of other issues within the family setting including parental mental ill health, domestic violence, parental learning disability, neglect and social deprivation (Cleaver et al., 2007; Brandon et al., 2008, 2009; Mitchell and Burgess, 2009; Ofsted, 2010).

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[2] The authors would like to acknowledge that this section draws considerably on the work of Fiona Mitchell and Cheryl Burgess (2009) who conducted a comprehensive research review of 46 studies concerning parental substance and alcohol misuse in a study for the Scottish Child Care and Protection Network, funded by the Scottish Government.

Parental substance misuse is likely to be associated with a profound and wide ranging impact on parenting capacity: impairing parents' ability to respond to children's physical, safety and emotional needs, increasing financial hardship as family resources are used to fund substance and alcohol misuse, and leading to parental behaviour that may be unresponsive, unpredictable and a source of anxiety for children in the household. Children will also be at greater risk of exposure to drugs, drug use, violence and criminal activity within the family home. Children who experience such parenting over a period of time are more likely to develop behavioural problems and emotional difficulties, underperform at school and experience social isolation: children may experience stigma in the local community and/or be afraid of bringing friends back into the home environment. Maternal alcohol and drug misuse during pregnancy is also likely to have a marked impact on a child's later health and development and may be linked to later behavioural problems. Older children may also find that they have to assume some caring responsibilities for both their parents and younger siblings.

However, the fact that parental substance and alcohol misuse often co-exist with a range of other problems associated with poor outcomes for children means that it hard to identify whether parental substance and alcohol misuse by itself, or its interaction with other factors, described above, that will lead to poor outcomes for children. It is also necessary to emphasise that where there are other support mechanisms and networks parental substance and alcohol misuse will not always result in negative experiences and outcomes for children.

(Cleaver et al., 2007; Horwath, 2007; Mitchell and Burgess, 2009).

Box One: Research Summary

Fife Drug and Alcohol Action Team and Fife Child Protection Committee commissioned an external scoping study on children in Fife affected by parental substance misuse in order to identify information about children affected in Fife (Lardner, 2008).

Methods:
The study gathered data both nationally and locally. Nationally, information was gathered from the Scottish Drugs Misuse Database, giving information on new services users and their families. Locally data was gathered from 26 service managers in Fife NHS, Fife Council and Fife Constabulary, and some voluntary sector drugs and alcohol agencies. Asking these managers to suggest other contacts (a sampling technique known as 'snowballing') led to 63 contacts being identified in Fife and the Scottish Government. This led to 8 interviews being conducted with eight managers in different services and the Scottish Government to explore issues further.

Comments on the research methodology:
As a technique snowball sampling is useful in identifying contacts, but it might limit the sample of participants to those in particular networks, and it will not lead to a representative sample. Were this a study which sought to produce findings that could be generalised to the wider population in Scotland this would be problematic. However as the aim of the research was to gather information, rather than produce a study whose findings can be generalised, this is not a significant

problem, although it should still be recognised that the data gathered could contain bias.

Summary of key findings:
The local data gathered in the scoping study suggested that 3,165 children in Fife are living with a parent with substance misuse problem who are in contact with a service regarding that problem. However, national prevalence figures suggest that the figure is 8,500 suggesting there may be over 5,000 children affected by parental substance misuse in Fife but not in contact with appropriate services.

The research recommendations include that:
- All agencies working with adults with substance misuse issues consider how they can improve their assessment and information gathering processes.
- All agencies should collect a 'minimum core dataset' on children including their name, address, gender, date of birth, parents or carers and the nursery or school they attend and their GP practice. Details on other children in the household, other siblings living elsewhere and any changes of name and address should also be recorded.
- In the medium-term, a single record of concern form should be developed which replaces the separate police cause for concern form, the paediatric alert form, the education care and welfare form.
- In moving towards a single integrated assessment for children all agencies in Fife should ensure that new systems include a drop-down menu for reasons for concern/referral and or contributory factors, to include parental alcohol misuse and parental drug misuse.
- Representations should be made at a national level to improve systems to enable better recording and retrieval of information about parental alcohol and drugs misuse.

Many of the factors in good assessment, inter-agency information sharing and recording and effective practice where children are at risk, covered earlier in this report, are relevant to effective practice in cases of parent substance and alcohol misuse. Additionally however, practitioners and their supervisors will need to have some knowledge about the affects of particular drugs and alcohol misuse on parenting capacity and through that on children in the household. Research has identified that there are gaps in the education of social workers in this respect (Galvani and Hughes, 2008).

In terms of intervention, parents may not recognise the extent of their drug or alcohol misuse, or be fearful about being open about it to practitioners, and they may be unaware of how much their children know about their drug or alcohol misuse. Nonetheless research shows that parents will be aware that their substance misuse will be having an impact on their ability to care appropriately. Given this, motivational interviewing, an intervention based around empathic listening whilst working to garner parents' motivation to address their drug and alcohol misuse has been promoted as an effective tool for social work practitioners in cases of parental substance misuse. The intervention requires specific training however and for the method to work it is crucial that practitioners, while raising concerns about parenting, seek to motivate parents to recognise their own issues rather than engaging in too confrontational an

approach which is likely to alienate parents and make them more defensive (Cleaver et al., 2007; Forrester et al., 2008; Mitchell and Burgess, 2009).

A focus on engaging parents around their substance misuse should not obscure a focus on whether children's needs are being met however. Direct work with children will be needed, to gauge children's views about their situation and get a sense of what their home life is like. Recognition is needed that children affected by substance misuse may find it difficult to discuss their feelings about their home situation with others, particularly professionals but also other family and friends. However research has does show that children want their experiences to be recognised which will take good child-centred communication and time to build up relationships. Children affected by parental substance misuse still often want to remain within their family setting despite these difficulties: therefore intervention requires a sensitive approach from practitioners which seeks to elicit children's experiences and perspectives whilst assessing whether their needs are being adequately met within the family setting.

Current evidence and policy supports the view that the provision of co-ordinated multi-service, inter-agency interventions will be needed to address the needs of children, parents and the family unit. For parents, such services are likely to include interventions to address drug and alcohol use from prevention through treatment and relapse prevention; mental health support; parenting programmes; education and employment skills training. Interventions should include work with fathers, as well as mothers. For children they are likely to include recreational, educational and therapeutic services. Facilitating access to universal and targeted services – health, housing, child care and education – is also likely to be of importance. Family work should include extended family members, including friends and partners, where this is possible and likely to be positive: extended family members can be an important source of support to families affected by parental substance misuse but may can also undermine, or be seen to undermine, children's relationships with their parents where family relationships are more antagonistic.

(Seaman et al., 2006; Cleaver et al., 2007; Mitchell and Burgess, 2009).

Box Two: Good Practice Example

Aberlour Dundee Outreach Service

Parental substance misuse is a significant issue in Dundee. In recognition of this Aberlour Dundee Outreach service was set up in 2001 to reduce the impact of problem parental substance use on children and their families. The service is run by Aberlour Child Care Trust and commissioned by Dundee City Social Work Department. Their remit is to assess the impact of parental substance misuse and motivation to change and undertake direct work with parents – most usually mothers – and children. To this end the service employs both family workers and children's workers. Family workers provide emotional and practical support to parents, including support to attend appointments, budgeting, referring parents to other agencies such as drug and alcohol treatment centres and support to understand and respond to their children's needs. Children's workers undertake

activities to build children's resilience through working to support children to have positive school experiences, build up relationships with peers and siblings and support their understanding of who they can approach for help or advice. The service was independently evaluated in 2008 (Griesbach et al., 2008) using data from staff members, keys informants, other service providers and users of the service. The evaluation notes that due to a lack of data / access to data the evaluation focussed more on processes rather than outcomes, as had originally been intended. However the qualitative data did support the value of the service with its ability to work intensively and flexibly with parents and children noted. Some parents reported significant positive changes to their lives and, sometimes positives in their children, which they related back to the support they had received. The small number of children in the study (n=3) were all very positive about the service they had received. At the same time a range of recommendations for improvement were also highlighted in the evaluation: including mechanisms being in place to support clearer evaluation of both service processes and outcomes; the need for improved record-keeping; greater consistency across staff approach; the need for the service to be better known within the local community; and greater service user involvement in planning and review processes.

Overall Implications for Practice

Good assessment, communication, inter-agency working and knowledge of the potential impact of different substances on parenting capacity are needed for effective practice in this area

Given that parental substance misuse often overlaps with other issues a multifaceted response that addresses familial isolation, encourages and supports parents to address substance misuse and meets children's needs to be listened to will be required

Despite the negative impact that parental substance misuse is likely to have on family life, many children will prefer to stay in parental care. This dilemma requires practitioners to listen to children's views about what they want to happen but balance this with clear assessment of whether children's needs are being met within their home environment

Links to further reading

Cleaver H, Nicholson D, Tarr S and Cleaver D, (2007) *Child Protection, Domestic Violence and Parental Substance Misuse*, London : Jessica Kingsley Publishers

Forrester D, McCambridge J, Waissbein C and Rollnick S (2008) How do Child and Family Social Workers Talk to Parents about Child Welfare Concerns?, *Child Abuse Review*, 17, 23-35

Mitchell F and Burgess C (2009) *Working with families affected by parental substance misuse : A research review*, Unpublished report, Scottish Child Care and Protection Network

Scottish Executive (2003) *Getting Our Priorities Right, Good Practice Guidance*

for working with Children and Families affected by Substance Misuse, Edinburgh :
Scottish Executive

4.7 Effective Practice when Working with Children with a Disability

Key messages:

- Disability is disproportionately associated with all forms of abuse, particularly emotional abuse and neglect

- There is limited information on prevalence rates and the effectiveness of the child protection system in the UK

- Research has shown that there is tendency for the professional response to the abuse of disabled children is compromised; the reasons for this are not understood

Principal research findings

Disabled children are at increased risk of abuse and maltreatment, and children with particular impairments are at increased risk. There is little evidence about how disabled children and protected and safeguarded in the UK. There has been a lack of research into the views of disabled children of the child protection system (Stalker and McCarthur, 2010).

Box 1 Research Example

Analysis of child protection policies across the UK

Methods:
Stalker et al. (2010) conducted a study of disabled children and child protection which involved a review of research, a policy analysis and a piloting of a methodology to ascertain young people's views of the child protection system. This research example is in respect of the policy analysis. A detailed documentary analysis was carried out of legislation, guidance and related policy documents concerning child protection/ safeguarding practice across the UK. This was followed by key informant interviews in Scotland and England. The results of the key informant interview are reported here.

Drawing on emerging findings from the literature review policy analysis and advice from their Research Advisory Group, the authors constructed semi-structure interview schedules which asked key informants through purposive sampling. Key informants were asked to give information with regard to: a general overview of how well current child protection policies served disabled children; gaps between policy and practice; levels of knowledge about disabled children; involvement of disabled children; procedures for documentation, and participants were also asked to talk through a case example.

Comments on research methodology:
Purposive sampling was appropriate as the researchers aimed to access key informants at governmental, inspectorate and managerial levels. No key informant interviews from Wales or Northern Ireland were recruited, which results in an incomplete picture from across the UK.

Summary of key findings:

Communication
Communication issues were seen as problematic in many cases, and concern was expressed that social workers underestimated a child's ability to communicate and were resistant to engage with children, preferring to talks to parents.

Under-reporting and thresholds for intervention
Disproportionately low numbers of disabled children appear on child protection registers. Concerns were raised with regard to professional recognition and interpretation of the abuse of disabled children.

Differential treatment within the child protection system
Several informants reported that once in the child protection system disabled children were poorly served, for example, cases involving disabled children were less likely to go to court.

Joint working
Key informants reported that joint working arrangement were effective on the whole, although better coordination is needed between children's disability teams and child protection teams.

Stalker and McArthur (2010) have produced the most authoritative and recent review of research into disabled children and child abuse. The following findings are drawn directly from that study. Of the papers the authors reviewed 9 were UK based[3].

Prevalence
Balogh et al. (2001) reporting from a child and adolescent psychiatric unit found that 49% of 43 disabled patients had been sexually abused. Cooke and Standen (2002) found that the quality of recorded information by Area Child Protection Committees (ACPCs) was poor with only 14% of ACPCs able to record a figure for children on the child protection register with regard to impairment. The population based study and retrospective case review of Spencer et al. (2005) found that those children with impairment appeared to be at increased risk of registration.

Under-reporting of abuse
Cooke and Standen (2002) found that disabled children receive much the same response as non disabled children in terms of legal intervention, more attention with regard to medical intervention , however, they received significantly less attention with regard to being placed on the child protection register and in respect of child protection plans.

Areas for future research

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[3] As the empirical studies below have not been directly accessed but are reported via Stalker and McArthur, the studies are listed in the full referencing list but are not included in the list of empirical studies set out in *Appendix Two.*

The majority of the research is in the US and little is known about prevalence and the effectiveness of the child protection system in the UK. There appear to be gender differences with regard to abuse with disabled boys being more likely to be abused than girls however, the reasons for this are not clear. The role of age and cultural factors are not understood.

Box 2: Good Practice Example

Triangle is an independent organisation working with children which offers expert opinion, advocacy, intensive support, communication assistance and consultation with young people. It consults directly with young people and work alongside teams around a child and research teams to ensure all children are involved. Two useful Triangle publications are:

Getting it Right (2003)
A practice guide for involving disabled children in assessment, planning and review processes. Written with help from disabled young people, it is full of practical ideas for making initial contact with children, working directly with children, observing children respectfully and representing children's views.

Two- way Street (2001)
A guide for communicating with disabled children and young people which also contains details of the main communication systems in current use in the UK and annotated references to good practice publications.

Overall Implications for Practice

Policy guidance and frameworks should alert staff to the additional needs, barriers and impairments of disabled children

More joint working is needed between child disability and child protection teams including secondment, dual specialisation and joint training

More accessible ways for disabled children to disclose should be made and staff should be encouraged to use tested materials and expert opinion

Links to further reading

Stalker K, Green Lister P, Lerpiniere J, and McCarthur K (2010) *Child protection and the needs and rights of disabled children: A scoping study*. *Abridged report*. Glasgow : University of Strathclyde

Stalker K and McCarthur K (2010) Child abuse, child protection and disabled children: a review of recent research, *Child Abuse Review*, Early View, DOI: 10.1002/car.1154

In My Shoes, available at: http://www.inmyshoes.org.uk/In_My_ Shoes/Introduction.html

4.8 Effective Interventions where Children have Experienced Harm or have Behavioural Problems

Key messages:

- The research base in respect of both interventions with parents and children and young people does not suggest that any one intervention is most effective

- There is some evidence of the success of parenting programmes to address a range of concerns about parenting, however the research also suggests that success is far from universal and may be related to the parenting concern which the programme is trying to address

- Tailored interventions and packages of support which take account of a child's individual needs and wider networks, and are focussed on the establishment of positive relationships of trust between a professional, child and parents or carers are likely to be the most successful

Principal research findings

As noted in the introduction, there has been increasing focus on preventative work, early detection of parenting difficulties and early intervention. While early intervention schemes might be useful in dealing with parental difficulties in less severe cases, care should be taken to ensure this combined with flexible tailored services for 'hard to reach' families and focussed interventions where children are at risk or have experienced significant harm. The emphasis on early intervention and prevention should not overshadow the fact that some children will need to be removed from home in order to protect their welfare (Brandon et al., 2008; Francis et al., 2008). It is important to recognise the effect of early maltreatment on older children and 'hard to reach' children, in response to which good case management, clear decision-making, relationship-focussed and reliable long-term social work intervention will be required (Thoburn et al., 2000; Brandon et al., 2008; Thoburn et al., 2009). The evidence on UK home visiting programmes suggests they have a comparatively greater impact on 'hard to reach' parents experiencing difficulties (McAuley et al., 2006), emphasising the need for practitioners to persist in engaging with such parents in their own environments.

Where children and young people are accommodated due to concerns about maltreatment or neglect and subsequently returned to parental care it has been found that a large number – up to 50% - may experience repeat abuse or neglect (Biehal, 2006; Farmer et al., 2008). It is therefore important that there is targeted work with parents and children and young people to thoroughly assess the feasibility of a return to parental care, address concerns that led to removal from parental care in the first place and, where return is viable, provide intensive support post-return (Biehal, 2006; Farmer et al., 2008).

The knowledge base in respect of work with parents where there are concerns about parental neglect or maltreatment is limited about what interventions are

most successful. However, including international studies, the research base does suggest parenting programmes can be effective in addressing a range of concerns with regard to early parenting, poor parenting skills, problematic behaviour in children and preventing or responding to parental abuse. Typically such programmes will involve changing parental and / or child behaviour with the aim of facilitating more responsive parenting, more appropriate monitoring and more consistent and appropriate direction and disciplining. There is some evidence that such programmes are effective in reducing some substantiated maltreatment but there is less clear evidence of their ability to address parental neglect, and the limited uptake of such programmes and high departure rates from them also limit their effectiveness (Quinton, 2004; Cunningham et al., 2009; McAuley et al., 2006). There is little evidence on the effectiveness of such programmes for parents who have sexually abused their children. This is likely to be because interventions in such cases are focussed on the education and support of the non abusing parent in order to keep their child safe. There is some evidence that cognitive behavioural therapy for the child and non- abusing parent are effective interventions following sexual abuse, however more systematic evidence is again required in this area as well (Putnam, 2003**).**

Box One: Good Practice Example

The Community Alternative Placement Scheme (CAPS) was set up by NCH Action for Children (Scotland) in 1997 to provide foster placements as an alternative to secure care. It provided high levels of support and remuneration for carers.

An evaluation (Walker et al., 2002) during its pilot period - its first three years of existence - it recruited 28 sets of foster carers and none of those carers left during the three years, nor was any placement ended against the wishes of a young person or their social workers during this period. However, the lack of educational
support was noted to be a serious weakness. Some young people clearly benefited in terms of confidence, skills and support systems however 70% of the first twenty placements ended earlier than planned without their initial goals being met.

Overall the evaluation found that CAPS achieved no better outcomes than secure care but without young people losing their liberty or the same, very high, level of cost associated with secure care.

The Scheme was continued beyond its pilot and continues to run successfully as an alternative to secure care.

Therapeutic work with children and young people may take the form of individual sessions, group work and family work. In cases of neglect and abuse, therapeutic inputs will need to take account of attachment and trauma perspectives (Beiker-Weidman and Hughes, 2008; Jackson et al., 2009). A considerable amount of the research on direct intervention with children and young people, considers work with looked after children. While it is not the case that all children in care will have experienced maltreatment, recent evidence does suggest that very

significant proportions of children entering the care system will have done so (Sinclair et al., 2005; Biehal, 2006) and many in the care system will experience emotional and behaviour difficulties (Holland et al., 2005; Sinclair et al., 2007).

As with other service user groups, there is evidence of the popularity of cognitive-behaviour therapies as an intervention method with children and young people in care experiencing difficult or challenging behaviour (Stevens, 2004; Macdonald and Kakavelakis, 2004). The intervention has been found to be widely used in residential schools and secure care in Scotland and while research into CBT generally has revealed many positive outcomes, its use within care settings needs to be more systematically evaluated (Stevens, 2004). One study found that a programme to train foster carers in CBT did *not* result in reduced behavioural problems for young people or fewer placement breakdowns as had been anticipated (Macdonald and Kakavelakis, 2004). Over and above effectiveness, the ethical use of CBT, as any therapeutic input, requires a young person to give informed consent to the intervention and that it be assessed to be in that young person's welfare interests (Stevens, 2004).

Box Two: Research Summary

Stevens (2004) explored the use of cognitive-behavioural interventions in residential schools and secure care in Scotland.

Methodology:
1. A survey form regarding the use of CBT interventions sent to all residential schools and secure units in Scotland, with an accompanying letter which defined the terms used in the questions. An 81% response rate was received from the residential schools (18 out of 22) and a 67% response rate was received from the secure units (4 out of 6).

2. A review of some of the research studies relating to cognitive-behavioural interventions, which appeared to be most relevant to residential child care.

Comments on the research methodology:
Good response rate to survey. Survey only included residential schools and secure units so may not be applicable to other residential child care sectors. It is unclear who in the residential and secure units responded to the survey – if it was only one individual this might give an unbalanced picture of use of CBT within a particular establishment.

Summary of key findings:
- Interventions are used widely in residential schools and secure units in Scotland, however in secure units the use tends to more systematic than in residential schools with structured programmes of CBT undertaken by specifically trained staff, whose effectiveness is evaluated. This difference may relate to the widespread use of CBT programmes to address offending behaviour in adult institutions.

- In general there is need for more effective evaluation of CBT interventions however the review of research revealed many positive outcomes of CBT.

- To maximise effectiveness of CBT interventions there is need for accurate assessment of the appropriateness of CBT for a young person, the need to help a young person generalize the learning from individual sessions to their wider life and the need for staff training in the method. Due consideration also needs to be given the ethics of the intervention, particularly a young person's informed consent to it.

While there is little evidence that one particular type of intervention is the more effective than another, the evidence does suggest that tailored interventions and packages of support which take account of a child's individual needs and wider networks, and build focus on the establishment of positive relationships of trust between professional and child are likely to be the most successful. Such interventions will include the exploration of emotions in relation to past events and current circumstances, working at the child's own pace, supporting identity and security needs, countering misconceptions, exploring protective strategies, targeted support in education, supporting and celebrating the child's achievement in hobbies and the establishment of trust with child/young person (Beek and Schofield, 2004; Sinclair, 2005; Sinclair et al., 2007, Schofield and Ward, 2008).

For example, Beek and Schofield's (2004) longitudinal study of children in long-term foster care shows how carers were able to provide positive opportunities for children and build on them to challenge children's negative internal working models allowing children to undergo 'upward spirals' of development. They term this a 'model of enhanced resilience' (p.267) in which the child's inner feelings and thoughts and the external networks around them interact positively to allow the development of capacities which equip the child to respond well to new environments and challenges.

Most children will have complex needs which require a multi-disciplinary response, in which circumstances the importance of effective inter-agency working is again emphasised (Beek and Schofield, 2004; Sinclair et al., 2007). It is also important that social work services do not assume that because a child is in permanent placement that there is not still need for regular ongoing social work support for the child and placement: one study of care planning found that in some cases the only difference between social work practice in short-term placements and practice in permanent placements appeared to be that in the latter social workers visited children less often (Schofield and Ward, 2008).

Overall Implications for Practice

The focus on early intervention and preventative work should not overshadow the need to remove children from parental care where they are likely to experience significant harm and/or their parents are unable to meet their needs

It is important to recognise the need for long term targeted intervention for children and parents where children may have experienced significant harm or who are experiencing emotional and behaviour difficulties

Effective intervention will require a multi-agency response

Where children become looked after due to maltreatment or neglect careful assessment of the feasibility of return to parental care is needed, with intensive support where children are returned

Where children are in permanent placement social work services need to provide regular ongoing support to those children and placements

Links to further reading

Beek M and Schofield G (2004) *Providing a Secure Base in Long-term Foster Care*, London : BAAF

Stevens I (2004), Cognitive-behavioural interventions for adolescents in residential child care in Scotland: an examination of practice and lessons from research, *Child and Family Social Work*, 9, 237–246

Thoburn J and others (2009) *Effective interventions for complex families where there are concerns about, or evidence of, a child suffering significant harm*, London : C4EO.
Available at:
http://www.c4eo.org.uk/themes/safeguarding/files/safeguarding_briefing_1.pdf

4.9 Supporting Placement Stability for Children in Care

Key messages:

- High levels of placement stability can undermine a child or young person's continuity of care, relationships, education and health provision and cause them great distress

- It is important to think broadly about 'stability' for looked after children and consider continuity of relationships, formal and informal networks and not just continuity of placement itself

- A range of factors, including characteristics and circumstances of the child or young person and their carers, can affect placement stability. However well supported carers and placements, and tailored, focussed packages of support for children and young people will help support placement stability

- The understandable focus on placement stability should not overshadow consideration of child well-being

- Careful thought needs to be given to supporting the stable transition of young people from residential and foster care

Principal research findings

Up to one third of children in UK go through three or more moves of placement in a year (Holland et al., 2005). Such moves are a source instability and can be a source of great distress to children and young people, reinforcing feelings of rejection and isolation and often leading to a lack of continuity in significant relationships, community and social networks and health and education (Holland et al., 2005; SWIA, 2006). There is also some evidence that placement stability is linked to positive educational outcomes and the ability to cope and achieve positive outcomes on ability on leaving care (Stein, 2006).

While therefore a focus on placement stability is important, it also important to think more broadly about stability for children and young people in care in terms of continuity of educational, health and social work services and personnel, continuity of personal relationships and continuity of social networks: for example research has suggested that young people in residential child care can be unsettled by high staff turnover even though placement stability has been formally maintained (Holland et al., 2005; SWIA, 2006).

Due to concern about placement instability a performance indicator for children's service partnerships in Scotland has been to reduce the of children in care with three or more placements (SWIA, 2006). However it is important that a focus on achieving placement stability does not overshadow consideration of child well-being as there is evidence from England that performance indicators to incentivise the longevity of placements have sometimes resulted in children being left in placements where they were extremely unhappy (Sinclair et al., 2007).

Box One: Research Summary

Holland, Faulkner and Perez-del-Aguila (2005) conducted a combined critical review of the literature allied with some primary data collection to investigate what supported placement stability.

Methods:
1. A 'critical' review of reported research, using inclusion and exclusion criteria, to look at evidence for what policies and interventions promote stability and continuity of care for looked after children
2. A telephone survey of UK managers responsible for looked after children, including managers in Scotland.

Comments on the research methodology:
The review is not a 'pure' systematic review in that qualitative and small scale studies were admitted for consideration, but methods of systematic review were applied. As in all systematic reviews, findings of review may be affected by publication bias.
The survey was small and limited to managers therefore care must be taking when generalising findings. The survey did geographically cover the UK, but may have included overemphasis on foster care as opposed to residential child care sectors.

Summary of key findings:
The review found limited research in the area it investigated: only 17 primary studies and three published reviews of research met its inclusion criteria. The majority of the primary research studies were from the USA, with five from the UK. The research finds some evidence some evidence that placement stability and continuity of care may be supported by sibling co-placement, kinship care, parental participation, professional foster care and individualized, multidimensional support.

The survey revealed a range of service provision to support placement stability in the UK, which included respite and targeted support for foster carers; enabling participation by young people; providing specific support services for them; targeting education and health stability by providing specialist workers and teams; and, lastly, through using innovative decision-making procedures such as family
group conferences. However more systematic evaluation of the effectiveness of particular interventions was revealed as necessary.

Reflecting, perhaps, the fact that most children entering the care system and experiencing placement moves will enter foster care, most research on placement stability has focussed on foster care. For children under eleven, there is no clear pattern as to why and breakdown rates are lower. For those over eleven, certain factors relating to their experiences and/or characteristics and that of their carers and placement make breakdown more likely (Sinclair, 2005).

Important factors which make placements more likely to disrupt

- A young person has experienced high levels of emotional and behavioural problems in the past

- A young person exhibits challenging and difficult behaviour during the current placement

- A young person is experiencing marked difficulties at school

- The young person lacks of an attachment to at least one adult

- A young person is placed in an emergency

- Where carers express dissatisfaction with the placement from its start

- Where carers are under strain in the placement and feel unsupported during in it

- There is poor quality and unmanaged contact with birth family members, especially where there have been issues of prior abuse

Important factors which make placements less likely to disrupt

- The young person has access to at least one person they can confide in, who advocates for them, shows emotional warmth and engenders feelings of acceptance

- The quality of placement is good, particularly that carers are able to offer secure care, manage difficult behaviour appropriately, reinforce appropriate self-esteem

- Carers seek therapeutic help for young people in their care

- There is provision of good quality, tailored programmes of individual therapeutic support and intervention for young people

- Young people and carers receive adequate information about the young person's care plan

- There is good formal and informal support for the placement

- There is a greater choice of good quality placements, especially when children and young people are first placed in local authority care

(Holland et al., 2005; Sinclair et al., 2005, 2007; SWIA, 2006).

Access to appropriate support services such as those listed above, which might support placement stability, can however be hindered by a lack of quick access to good quality community health resources and delays in putting in place appropriate educational supports, and a shortage of experienced foster carers and social workers (Holland et al., 2005).

For children in permanent substitute care the need for an individualised package of care to be part of a clearly co-ordinated, consistent and well managed care plan is also emphasised (Sinclair et al., 2007; Schofield and Ward, 2008). In terms of both stability and permanence the issue of support for children in care once they due to leave care has been highlighted. Poor outcomes for those leaving care in terms of employment and education, involvement with criminal justice system and mental ill health are well established (Stein, 2006). While the reasons for these poor outcomes is complex, there is evidence in Scotland of a connection between effective preparation for young people prior to leaving care and their ability to cope successfully on leaving care (Dixon and Stein, 2002). Data in a Scottish context (collected in 2000) highlighted gaps in provision – while most authorities offered through care programmes only a minority of young people had been through one and almost three quarters of young people left care at either at 15 or 16 with nearly half of all young people leaving care reporting they felt they had little choice in the matter (Dixon and Stein, 2002). Since then enhanced legislative duties on local authorities to assess the needs of young people leaving care have been introduced through the Regulation of Care (Scotland) Act 2001 and associated guidance.

The development of good leaving care services are crucial in facilitating appropriate support importance for care leavers, however the research highlights the importance of reliable informal and formal supports for young people to which they can return has been highlighted as key to success transition (Dixon and Stein, 2002; Sinclair et al., 2007). There is some evidence that the development of specialist leaving care services may undermine young people's established networks of support by encouraging them to move into independent living support as they approach 16 and reinforce the use of foster and residential placements as lasting only until a young person is 16 or 18 (Sinclair et al., 2007; Schofield and Ward, 2008). Therefore it is recommended that foster placements and foster carers should be developed as a resource to which young people can return for support after formally leaving care and that leaving care services need to consider the place of a young person in a foster family and the role of long-term foster carers as parents (Sinclair et al., 2007; Schofield and Ward, 2008).

Box Two: Good Practice Example

As noted above, one area where there have been noted concerns about the long-term security of children in substitute care is in the area of leaving care. Outcomes for children who have been in the care system are typically poor across a range of indicators, including education, offending and employment. While the reasons behind these outcomes are complex, the lack of appropriate support for young people leaving the care system has been identified as a key gap (Stein, 2006).

Extraordinary Lives, provides one example of a project which has been designed to meet that gap SWIA (2006, pp.43-44, 2006)

The Columba 1400 (C1400) Careleavers Programme was initially set up as a two-year pilot programme, to enhance the experiences of young people moving from

care to independent living. It delivers leadership academies to young people who are leaving or have recently left care at Columba's centre on the Isle of Skye. The academies offer young people chance to think about themselves, their live situation, strengths and supports them to consider how and their lives, what their strengths are, and how they can shape their futures.

Columba involves the young people at three stages. First, support workers who are usually already working with the young person, identify who they think would benefit, and start to prepare them for going to the academy. At the second stage, young people and support workers attend the intensive week-long academy on Skye. This involves a series of individual and group challenges, setting a plan for the future, and graduating at the end of the week from the academy. At the third stage, the young person and the support worker work together in the community to achieve the young person's plan."

An evaluation of the C1400 Programme (York Consulting Limited, 2007) found that
there was strong evidence that the programme enabled young people to move to independent living successfully, though one of the six local authorities in the consultation did also raise questions about the value of the programme. The evaluation also found Columba to be cost-effective.

While the numbers of young people taking part were slightly lower than had been planned between 2004 – 06 (317, with a target of 408) and the programme did not work with the 'hardest to reach' care leavers, outcomes were good with at least 60% of young people going on to education, employment or training and one third making made or sustaining the transition to independent living. Including those participants who were too young to move to independent living overall 78% or participants moved or sustained positive and stable living environments - including independent living.

Overall Implications for Practice

Minimising the number of placement moves for a child or young person will generally support their stability and overall development. However, this should not be lead to the maintaining placements in which a child young person is clearly unhappy or which is not meeting their needs

Increasing the range and quality of placements available when a child or young person is first becomes looked after can help reduce unnecessary moves for a child or young person within the care system

Factors affecting the risk of placement breakdown are complex. However, effective support for carers and targeted, holistic packages of care that consider a child or young person's needs for emotional support, identity, and educational support increase chances of placement stability

A range of programmes for care leavers in Scotland recognise the link between support prior to leaving care and successful transition from care. It is important that such support recognises the relationships young people have established in

their existing placements, and that they are able to return to networks of support as they need them after moving on

Links to further reading

Dixon J and Stein M (2002) *Still a Bairn: Throughcare and Aftercare Services in Scotland*, Edinburgh: Scottish Executive

Holland S, Faulkner A and Perez-del-Aguila R (2005) Promoting stability and continuity of care for looked after children: a survey and critical review, *Child and Family Social Work,* 10, 29-41

SWIA (2006) *Extraordinary Lives ,Creating a positive future for looked after children and young people in Scotland*, Edinburgh : SWIA

4.10 Kinship care

Key messages:

- Kinship care has an important role to for children who are outside parent care which offers the possibility of continuity of relationships

- However, not all kinship placements will be successful and there is little evidence which currently suggests that kinship placements will, other things being equal, lead to better overall outcomes for children than unrelated foster care

- There are gaps in the effective assessment of kinship care placements and effective support, including financial support, for kinship care placements. Both of these factors are important in supporting the success of kinship placements

Principal research findings

The Scottish Government's strategy paper (2007a) recognises kinship care as part of the spectrum of care for children within the *Getting it Right for Every Child* (GIRFEC) framework. The strategy moreover states that, ordinarily, where children need to be looked after outside parental care "care within the wider family and community circle will be the first option for the child" (Scottish Government, 2007a, p.10).

The research evidence supports the view that kinship care can offer children and young people a safe and appropriate placement with significant advantages in terms of continuity of relationships, support for their identity needs and sense of belonging. Studies which have included the perspectives of children and young people in kinship care in Scotland, albeit based on small samples, have indicated general satisfaction with their placements (Burgess et al., 2010; Aldgate and MacIntosh, 2006)*.* This finding is reinforced by studies undertaken in England (e.g. Broad, 2004; Hunt, Waterhouse and Lutman, 2008).

Box One: Research Summary

Aldgate and MacIntosh (2006) investigated the use of kinship care in Scotland commissioned by The Social Work Inspection Agency (SWIA) and sought the views of children in stable kinship placements on their experiences.

Methods:
- A national survey of policies and practices for children looked after in kinship care in the 32 local authorities in Scotland
- An in-depth interview based study carried out with 30 looked after children living in 24 families based in five different local authority areas. The sample were of children aged over eight who had been in their placements for over six

months. Interviews included the completion of a number of standardised measures of child well-being

- Additional data on children's placements and views of kinship care were collected from the social workers to the children involved in the in-depth study

Comments on the research methodology:
- The sample comprised children who were predominantly in stable long-term placements, and it is not possible to generalise from the findings to the wider population of all children in kinship care in Scotland. However the applicability of the findings to other children in similarly stable kinship placements can be made more confidently. No data was gathered from the birth parents or carers of the children, so findings do not reflect their perspectives.

Summary of key findings:
- Greater clarity on the definition of kinship care and status of children in kinship care placements is needed
- Better social work support should include direct work with children in kinship care on issues which lead to their placement outside parental care as well as present needs. It should also include the provision of support to carers based on an appropriate framework of support.
- Better training to social workers around kinship care is needed to facilitate them to provide this support.
- Both carers and children should be involved in develop clear care plans for children.
- Where children are in kinship placements long-term, careful thought needs to be given to the best ways of achieving permanence for them.
- There may be financial implications for carers if children cased to be classed as 'looked after', which local authorities need to consider sensitively. However the validity of keeping children on supervision requirements purely to provide financial support to carers should be questioned and it is suggested that local authority consider alternative mechanisms of providing support.

There has been a general increase in the use of kinship care over the last decade with around 20% of looked after children in kinship placements in the UK (Broad, 2004; Scottish Government 2010b). However there is evidence that the majority of these placements occur when kin carers themselves come forward to offer care, and that social workers do not explore possibilities for kinship care often enough when children need to be cared for outside the parental home (Hunt et al., 2008; Farmer and Moyers, 2008). Broad (2004) reports that while kinship care is used as the placement of first choice there are three other 'routes' into kinship care : where a young person selects that placement themselves, as an extension of support already provided to birth parents by a family member and finally as an option of last choice where all other placements options have failed.

Alongside recognising the positives of kinship care the evidence highlights that that not all kinship placements are successful. The two most recent large scale studies on kinship care in the UK (Hunt et al., 2008; Farmer and Moyers, 2008),

do not suggest that outcomes for children in kinship care are significantly different than for children in unrelated foster care. Farmer and Moyers (2008) compared a sample of children in kinship care and a sample in foster care and found that the quality of placements and overall disruption rates were similar in the two types of placement. Disruption rates were also higher in kinship care where over the age of ten, although more than twice as many kinship carers were found to demonstrate 'very high levels of commitment' to the children in their care.

Hunt et al. (2008) found that the majority of kinship placements did not disrupt but that 16% were 'fragile' and 28% had disrupted. Outcomes for 17% of children in kinship care were also very poor, although it is noted that these were generally older children with extreme difficulties and high levels of need. Clearly, where kinship care is used as a placement of 'last resort' it will limit its ability to support the achievement of positive outcomes.

While it is important to recognise that the success of any placement will be related to the characteristics and context of the children entering the placement and the carers in the placement, the evidence consistently suggests that kinship care will be more successful where there is prompt and good quality assessment of placements and direct support for kinship placements which is attuned to the particular characteristics of kinship care is needed.

Assessment of kinship placements
There have been questions about the speed, rigour and appropriateness of assessment of kinship carers within current practice (Aldgate and MacIntosh, 2006; Farmer and Moyers, 2008; Hunt et al., 2008). Farmer and Moyers (2008) found that two-thirds of kinship carers were assessed after a child had been placed with them, 40% of kinship carers had not been assessed after six weeks and in some cases it took up to three years before an assessment was undertaken.

However balance is required between thorough assessment of kinship carers prior to child placement and the need for practitioners and potential kinship carers to often respond to the short timescales in which children need to be found a placement (Aldgate and MacIntosh, 2006; Burgess et al., 2010; Hunt et al., 2008). Consequently it is has been suggested that a two stage model of assessment for kinship care may be appropriate. In the first stage, where children need to be placed at short notice, immediate concerns with safeguarding and child well-being should be addressed. In the second stage a fuller process of assessment and carer preparation, tailored towards kinship care, should be undertaken (Aldgate and MacIntosh, 2006; Hunt et al., 2008). Balance is also required in considering the particular thresholds for approval of kinship carers which recognise their role is a different one to a professionally trained, unrelated, carer. A number of kinship carers who would not have been approved as professional foster carers due to issues relating to health, age, accommodation or previous offences nonetheless provide good quality care to children place with them (Farmer and Moyers, 2008).

The evidence suggests that an appropriate assessment model for kinship care will incorporate the following features. It will:

- Consider carers' ability to protect children, including the management of contact
- Adopt a strengths based and collaborative approach which avoids a narrow and exclusive focus on risk
- Take account of the views of children about where they want to live, with whom they want contact and communicate decisions to them clearly wherever possible
- Involve carers and birth parents in the assessment and decision making process
- Consider how long children are likely to stay in the placement, acknowledging this may be subject to change
- Include consideration of family social support systems available to carers, including possibilities of alternative care arrangements. This may be of particular relevance where children and young people are placed permanently, or indefinitely, with older relatives such as grandparents
- Provide clear and honest information about the implications, including financial implications, for those who are considering putting themselves forward as kinship carers.

(Aldgate and MacIntosh, 2006; Burgess et al., 2010; Farmer and Moyers, 2008; Hunt, Waterhouse and Lutman, 2008).

Support for kinship placements
Effective social work support will include direct work with children in kinship care on issues which lead to their placement outside parental care as well as a holistic understanding of present needs in co-operation with relevant professionals in health and educational services (Aldgate and MacIntosh, 2006) including targeted help with emotional and behavioural problems where they exist (Farmer and Moyers, 2008). To allow social workers to provide more effective support will require that they receive appropriate training around knowledge of and attitudes towards kinship care at qualifying and post-qualifying levels (Broad, 2004; Aldgate and MacIntosh, 2006).

Support for kinship carers has been found to be particularly poor where carers live outside the local authority area which arranged the placements (Hunt et al., 2008) and kinship carers are not generally provided with a named family placement worker or access to training and support in the ways which are standard for unrelated foster carers (Farmer and Moyers, 2008). It is suggested that one type of support might consist of experienced carers acting as mentors to kinship carers, and that authorities should consider the possibility of contracting out the task of supporting kinship carers, especially where they live outside the local authority area (Hunt et al., 2008).

Kinship carers also require better support around contact. There is some evidence that kinship care promotes greater contact with birth family members more than unrelated foster placements but that a greater proportion of this contacts is both problematic and left to kinship carers to manage by themselves (Farmer and Moyers, 2008; Hunt et al. 2008).

Finally, greater clarity around the legal status of children in kinship care linked to a consistent, responsive and accessible strategy towards working with kinship carers within the local authority is also needed (Aldgate and MacIntosh, 2006; Broad, 2004). One part of this issue surrounds the financial support given to kinship carers : while it is noted that many kinship carers would have provided care without financial support it often the case that they are in detriment compared to unrelated foster carers and this can put additional pressures on placements (Broad, 2004; Farmer and Moyers, 2008).

However, Aldgate and MacIntosh (2006) suggest that it is inappropriate for children in long-term kinship care to be kept on supervision requirements through the Children's Hearing system purely as a means of providing financial support to carers. Instead they recommend that residence orders and alternative mechanisms of local authority financial support should be pursued. Equally it is also important that social workers are clear and transparent with kinship carers about the financial implications of them pursuing permanent care where it is likely to have negative financial consequences (Farmer and Moyers, 2008). The introduction of new 'permanence orders' under the Adoption and Children (Scotland) Act 2007 may be one route which starts to address this dilemma in long-term kinship care in Scotland, but evaluation of the effectiveness of this new legal option is yet to be undertaken.

Box Two: Good Practice Example

Family Group Conferences (FGCs) are a voluntary based family centred model of decision making in a broad range of situations where child welfare, offending behaviour or family relationships are issues. Facilitated by a professional, they seek to involve any person who is significant in child or young person's life to develop a plan of action to address identified issues. While there is need for greater systematic evaluation of their effectiveness, the evidence there is suggests considerable benefits from their use in Scotland (Hamilton, 2005).

FGCs are currently used in 17 of Scotland's local authorities and the Scottish Government has suggested that they should be routinely used where there is consideration of a kinship care placement or a child in kinship care needs a plan for their long-term care (Scottish Government, 2007).

The Government's strategy paper on kinship and foster care within GIRFEC provides a useful case study of how a FGC might be used to help a young person living in kinship care where there are child welfare concerns (Scottish Government 2007, p.16), which is adapted below:

Amy (14) lives with her grandmother and is referred to the Children's Hearing system due to poor school attendance. Amy's mum lives with her two siblings and new partner while her father has severe MS and lives in sheltered accommodation. Her grandmother has a poor relationship with her mum and dad. The Reporter to the Children's Hearing system agrees that a Hearing should be deferred until a FGC is held to develop a Family Plan.

The issues identified for consideration by Amy and her family network are that:

- Amy needs to have clarity about her care arrangements
- Contact arrangements between Amy and non-resident birth family members need to be put in place
- Amy's school attendance needs to improve

A Family Plan constructed by Amy and her family network at the FGC specifies that:

- Amy should stay with her grandmother for the foreseeable future.
- When her mum and her partner move to suitable accommodation, Amy and the family will decide whether she would like to go with them.
- Amy will see her mum and brother and sister at least once per week. Her grandmother works late one evening so mum will call at the house after school and spend the evening with Amy.
- Amy will visit her dad on Sunday mornings. Every other weekend her brother and sister will go too. Her dad's home-help will be there to let them in.
- Amy has an appointment with her school guidance teacher for the following week which her grandmother will also attend, when it is planned that Amy will return to school. Her grandmother will thereafter take responsibility for checking that Amy is attending school.
- Amy's social worker will have twice monthly contact her twice a month until the next FGC Review.
- Amy's aunt will be available by phone and will calls in on her grandmother at least twice weekly.
- The Family Plan should be taken to the Children's Hearing.

It should be noted however that the research base also suggests that there may be some difficulties in applying FGCs in kinship care. While Hunt et al. (2008) are positive about the potential use of FGCs in the development kinship care, they do also note that carers were "distinctly lukewarm" (p.129) about the use of FGCs, with only five out of 37, thinking it would have been useful in their situation – principally due to concerns about familial conflict in such a forum. Of the four carers who recalled participating in "anything like a family group meeting" (p.129), none had found it helpful. This is not an argument that FGCs should not be used and indeed may suggest the need for better information to families about what FGCs consist and better training amongst those facilitating FGCs to facilitate meetings successfully. However it does highlight that there are challenges in the use of the FGC model which need to be addressed.

Overall Implications for Practice

Local authorities need to develop a clear, understandable and consistent strategy for working with kinship carers

Consideration of the possibility of kinship care arrangements should be given wherever a child or young person cannot remain in parental care is important

The use of a two stage model of assessing kinship care allows for immediate assessment of the safety of children being placed in kinship care at short notice,

while more thorough assessment of the viability of the placement takes place as soon as practicable afterwards

Where children and young people are in kinship care long-term, careful thought needs to be given to the best ways of providing permanence for them while providing carers with appropriate financial support to meet children's needs

The use of Family Group Conferences (FGCs) should be considered as one mechanism which can be used where a kinship placement is considered or permanence plans for a child or young person in kinship care is considered

Links to further reading

Aldgate J and MacIntosh M (2006) *Looking after the family: a study of children looked after in kinship care in Scotland*, Edinburgh : SWIA, Available at: http://www.swia.gov.uk/swia/files/j7435.pdf

Burgess C, Rossvoll F, Wallace B and Daniel B (2010) 'It's just like another home, just another family, so it's nae different'. Children's voices in kinship care: a research study about the experience of children in kinship care in Scotland, *Child and Family Social Work Advanced Access*, doi:10.1111/j.1365-2206.2009.00671.x

Farmer E and Moyers S (2008) *Kinship Care : Fostering Effective Family and Friends Placements*, London : Jessica Kingsley Publishers

Hunt J, Waterhouse S and Lutman E (2008) *Keeping Them in the Family: Outcomes for Children Placed in Kinship Care Through Proceedings*, London : BAAF

4.11 Involving Children in Child Protection Practice

Key messages:

- The evidence suggests that there are significant gaps in involving children in child protection practice meaningfully

- There are challenges in including children in child protection practice, particularly when children want something that conflicts with professional assessment of what is in their welfare interests

- However research suggests children value being engaged and having their viewpoint taken seriously, even where the outcome is not one with which they agree

Principal research findings

The United Nations Convention on the Rights of the Child, Article 12, states children have the right to express their views about matters concerning them, consistent with their age and maturity. This is underpinned, in Scotland, by the Children (Scotland) Act, the Age of Legal Capacity (Scotland) Act 1991 and the Framework for Standards arising from Children's Charter which includes pledges regarding the inclusion of children and making sure they are involved in decisions (Vincent et al., 2010; Woolfson et al., 2010).

The failure to engage with children effectively in the child protection process has been identified as a feature in a number of inquiries into child deaths : they suggest that while practitioners did not always fail to engage children about what was happening in the family home, they generally only took account of children's views where they supported their own assessment of the situation. Taking children's views seriously should therefore be seen as a key protective mechanism (Munro, 1999; Laming, 2003; Parton, 2004). However, the failure to engage children has also been noted as a gap into 'everyday' practice over and above those high profile cases, with children unclear about the what the child protection consists of and consequently being fearful of it and practitioners generally underestimating the ability of children to express views on their situation from a young age (Children in Scotland, no date; Woolfson et al., 2010; Horwath et al., 2011).

Box One: Research Summary

Woolfson et al. (2010) looked at the views of young people who had been involved in child protection proceedings about their views of the child protection system in Scotland.

Methods:
Semi-structured interviews of 11 children and young people aged twelve – seventeen who had been the subject of a detailed child protection investigation in the previous 18 months due to concerns about sexual or physical abuse.

Recruitment of participants was via the Child Protection Co-ordinator of the young person's social worker.

Comments on the research methodology:
The sample is geographically localised and non-representative. It therefore provides an insight into children's views and experiences in one area rather than a set of findings which can be generalised more broadly with any certainty.

Summary of key findings:
- Young people are willing and able to discuss their views of the child protection services.
- None of the children were clear what to expect of child protection services when the investigation began which lead to immediate anxieties about the possibility of either the young person or their parent's removal from the family home and dealing with unfamiliar professionals. Young people were generally fearful about the implications of the child protection investigation.
- Young people valued being taken seriously and deeply resented it if they felt professionals were not taking them seriously or thought they were not telling the truth.
- Experience of the child protection process was mixed but did include young people who stated that their situation clearly improved after child protection services had intervened.
- Young people lack sufficient knowledge of the child protection system and what it means for them. Notably, six of eleven participants in the study did not know their names were on the Child Protection Register (CPR) until contacted to take part in the study; of the remaining five who knew their named had been placed on the CPR previously, only two were clear whether their named remained on it.

Children value being taken seriously and being treated with respect by professionals. Attributes which children have identified they want from services include being taken seriously and treated with respect by professionals, having professionals they can trust who respect their confidentiality, are friendly, caring, approachable, welcoming and non-judgmental. Continuity of staff has also been noted to be valued. Children have also acknowledged that different levels of participation require different commitment and abilities and the fullest level of participation may not be feasible in every circumstance (Lonne et al., 2009; Woolfson et al., 2010; Horwath et al., 2011).

There are however clear challenges to engaging children in child protection practice – more so than in most other areas of their lives. This is particularly where what a child wants conflicts with what professional assessment suggests in their welfare interests: however there is evidence to suggest that sensitive practice, which takes account of children's views and clearly explains to children why decisions have been taken which are different from what they want, can nonetheless result in children feeling they have been taken seriously (Children in Scotland, no date; Sen, 2010).

Secondly, children may also find it difficult to express themselves to those outside their immediate family. There may be fears about the implications of opening up to social work practitioners about what is happening in the family

home and professionals may lack the time or abilities to engage well with children about their views : this suggests the need for training and support for practitioners on engaging children's views, support and information to children about the child protection system prior to their first engagement with it and the appropriate use of people who can advocate for children in both informal and formal settings.

Finally, it must be acknowledged that building relationships between children and professionals requires that professionals spend considerable time with children with whom they work: trust is built with children is built over a period of time. As a result, organisational priority needs to be given to practitioners to build meaningful relationships with the children with whom they work, and clear thought needs to be given to continuity of practitioners for children where they have established meaningful relationships with particular professionals (Children in Scotland, no date; Oliver et al. in Stein, 2009; Mitchell and Burgess, 2009; Woolfson et al., 2010)

Computer assisted software to gain children's views for formal looked after review and child protection meetings have been introduced in most local authorities in Scotland. The evaluation of such tools has generally been positive however it is notable that most of the evaluations have been carried out by companies supplying the software. One such evaluation (Davis and Morgan, 2005[4]), for example, is very positive about the potential of computer assisted software to engage children and particularly, in the way it provides standardised data from children. It is also noted that issues of confidentiality need negotiating in advance with young people given that some responses to the questions asked may identify the child, who therefore needs to be aware of this possibility beforehand. However, more systematic evidence of the strengths and limitations of this means of engaging children is needed – one local authority in the process of conducting its own internal evaluation of the software for this reason: interim findings are that the software has advantages for gaining children's views for child protection meetings, but it can also be a hindrance if practitioners use it as a substitute for directly engaging with children about what is important to them (Rigby, 2010[5]).

Box Two: Good Practice Example

The availability and systematic use of independent advocates in child protection practice has been promoted as a key way of involving children more effectively. While it is clearly important to consider who is important to a child and who might best represent their views, there is evidence to suggest that the use of relatives and friends as informal advocates for children in formal decision making forums can be problematic. However social care professionals have been found to have mixed views of independent advocacy with some believing that, in certain circumstances, advocates for children can compromise children's welfare. The need for advocates' roles to be clearly defined and differentiated from that of

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[4] As previously noted this study was graded a 3 for methodology when screening papers for inclusion, due to lack of detail about data collection methods, but is included here due to a lack of other relevant material.

[5] Paul Rigby, Glasgow City Council, personal communication.

complaints officers has been identified, as is the need for advocates to work with a clear understanding of child protection issues and concerns. (Oliver et al. in Stein 2009; HMIE, 2010a).

Children First are most closely involved in the development of advocacy projects in Scotland. They currently have an established Advocacy Project in Irvine, North Ayrshire, run in conjunction with the local authority and a more new established advocacy service in Moray council area. The Moray service was subject to a small scale evaluation of its work which found children and parents positive about the service. It made recommendations on increasing awareness of the service amongst professionals and providing clearer information to children at point of first contact. Children First are currently in discussions which will lead to a wider external evaluation of this service. The North Ayrshire Service provides an independent advocate to all children over eight placed on the Child Protection Register at point of registration. It was identified as an example of good practice in both the SWIA performance inspection of North Ayrshire in 2007 (SWIA, 2007) and the first cycle HMIE inspection in North Ayrshire in 2008.

Overall Implications for Practice

Practitioners should be aware that children's lack of knowledge about the child protection process, prior to first engagement with it, is likely to be a cause of anxiety regarding what will happen during it.

Children value professionals who take their views seriously, who they feel they talk to and trust. The building up of trust between children and professionals takes time and is done over a period of time, requiring organisational priority be given to professionals having time to spend with children on their caseload

The wider availability and use of independent advocacy has been promoted as a way of better ensuring the child's voice is heard within the child protection process. Clarity of role of the advocate is important for this role to function as well as it should

Links to further reading

Children in Scotland (no date) *My Turn To Talk? The Participation Of Looked After And Accommodated Children in Decision-Making Concerning Their Care,* Edinburgh : Scottish Executive, available at: http://www.childreninscotland.org.uk/docs/pubs/MyTurntoTalk.pdf

Horwath J, Hodgkiss D, Kalyva E and Spyrou S (2011) *You Respond, Promoting Effective Project Participation by Young People Who Have Experienced Violence*, Sheffield : University of Sheffield

Woolfson R, Heffernan E, Paul M and Brown M (2010) Young People's Views of the Child Protection System in Scotland, *British Journal of Social Work*, 40, 2069 – 2085

4.12 Evaluation of Service Provision in Child Protection Services

Key messages:

- Evaluation should be an ongoing process rather than a one off or periodic event

- Self-evaluation is an important tool which should, if working well, reduce the regulatory and inspection workload on child protection services

- For self-evaluation to work well it is important that inspection regimes and local authorities are both clear as to what kind of evidence local authorities are expected to gather. Local authorities need to evidence the work they are doing through setting up appropriate information management systems which take account of about qualitative and quantitative data

Principal research findings

Service evaluation, and the involvement of service users in evaluation should be an ongoing process rather than a one-off or periodic event. This will require services to have clearly defined aims and for there to be adequate data gathering mechanisms to provide information on service outcomes. However due to the complexity of some service provision, the multifaceted nature of outcomes, problems of definition and measurement, and the many factors that can impact on outcomes for service users it needs to be acknowledged that evaluating service outcomes in social care is a complex process that is subject to some degree of interpretation (Pawson, 2006; Griesbach et al., 2008).

Involving children and families in service evaluation
The importance of social work practice which seeks to involve children in decisions about their care and in reviewing how well they think services have served them on an ongoing basis, as suggested in section 4.11, should be emphasised. The same can be said of parents and carers. In terms of evaluating service provision, more formal consultation may be required in order to solicit the perspectives of children and caregivers about the services they have or are receiving.

In both the case of children and birth parents there may be barriers to involving them in the evaluation of service provision. For children there may be barriers due to the fact that
they are one of the most governed groups in society and have traditionally had little opportunity to influence practice and policy, a fact which may be particularly true for children who use social work services as they tend to be amongst the most marginalised and excluded children within society (Hill et al., 2004; Stein, 2006).

Parents, particularly those whose children are subject to statutory intervention, may be hard to engage (e.g. Cleaver et al., 2007), and by definition 'hard to reach' parents will be harder to include in formal consultation and evaluation.

In both cases there is the risk of tokensitic consultation, barriers in terms of literacy, language and perhaps, questions for service users about whether involvement is worthwhile. Factors which have been identified as supporting researchers and/or services to engage with children and families in consultation and evaluation include efforts made to ensure language used is jargon free; clear ground rules; respect; the use of an independent facilitator; good venues; attention to participants' needs to participate fully; commitment from those in positions of influence in the organisation to take views on board; and the availability of different methods for service users to give feedback by different methods – for example group discussions, individual interviews, questionnaires.

It is important that those involved in giving their time for consultation are kept informed about how the information is used to effect service changes. Where the aim of consultation is known to be information gathering (rather than looking to change service provision) it is important that this is made clear to families prior to their involvement to avoid misconceptions. It should also be remembered that not all children or parents will want to spend their time contributing to social work service evaluation and they should be free to decline involvement with it being made clear that there are no consequences in terms of service provision if they do so. Where involvement in evaluation takes up considerable time or effort it may be considered whether some form or remuneration is appropriate for service users' time – though equable it is notable that where this has been used in the past not all service users have wanted to take the remuneration, emphasising the need to be flexible about means of engagement will be most well received by service users. It should also be acknowledged that effectively engaging service users in evaluation of services requires both time and money (Borland et al., 2001; Scottish Executive, 2006; Horwath et al., 2011).

Practice examples of parental and child involvement in service evaluation.

This review has already given examples of service evaluation which has sought to engage children and families – the Dundee Aberlour Outreach Evaluation (*see section 4.6*) and the Evaluation of the Graded Care Profile in Glasgow City Council (*see section 4.4*).

Involving practitioners in service evaluation
Practitioners' involvement in evaluation and change is important: firstly service delivery is most likely to be improved when engaging frontline practitioners about what is working and what is not working in their daily working environments (Parton, 2004; Munro, 2005; Barry, 2007.) Secondly engaging frontline practitioners in service evaluation and change is a mechanism by which information can be exchanged between senior levels of the organisation and those actually delivering services to service users – this is particularly relevant as the communication gap between strategic level planning at senior management level and frontline practitioners has been consistently identified as problematic in recent investigations of children and families services (Laming, 2003; Morrison and Lewis, 2005; Skinner and Bell, 2007; Broadhurst et al., 2009).

Examples of practitioner involvement in service evaluation

This report has already referred to the study of Vincent et al. (2010) which, amongst data, gathered the views of frontline practitioners about the effectiveness of the CPPR *(see Section 3 and Appendix Two)*.

Another example of practitioner involvement in change has been provided by Fife Child Protection Committee who for the purposes of staff training and development, service improvement and self-evaluation held a series of 17 seminars involving public, private and voluntary sector practitioners to examine practice in light of the Children's Charter, Framework for Standards and the HMIE Quality Indicators for children's services. The success of the seminars was then subject to external evaluation (Hartley, 2009). The seminars were a success in terms of numbers attending and their response to the seminar content. In terms of practitioners' knowledge and views, the evaluation found there was greater knowledge about the HMIE Quality Indicators than the Children's Charter which had not yet become embedded in practice across all services. Practitioners were found to need more information about different services in the local authority area and wished there to be common risk assessment procedures to facilitate early identification of risk. Finally practitioners were noted to feel that public awareness of child protection and confidence in child protection services needed to be taken forward.

Self-evaluation
Self-evaluation has been promoted as a mechanism to eliminate unnecessary information gathering. It is envisaged that while self-evaluation will co-exist with external scrutiny, as part of a wider framework of performance management and reporting, it should reduce the regulatory burden of inspection and regulation regimes on organisations. In order to achieve this it is important that self-assessment be outcome-focused and include information which is/has been checked by previous external inspection, audit and regulatory monitoring processes. Once self-assessment has fully been implemented the vision is that external scrutiny will only be needed where:

- There is need for periodic independent assurance about services.
- Service provider self-assessments are unsatisfactory.
- There is the need to assess the impact of national policy.
- A serious service failure arises in one area.

It is suggested that self-evaluation should be based around three questions:

How good are we now?
This should identify strengths within and across service delivery and begin to consider areas for improvement.

How do we know?
Services should be gathering evidence and developing auditing processes which illustrate how well children are protected.

How good can we be?
This question should help to take forward what we have found so far and to develop a set of clear and tangible priorities for improvement.

(Scottish Executive, 2006; Crerar, 2007; SWIA 2009a; SWIA 2009b; HMIE, 2009b).

Box Three: Research Summary

Levitt et al. (2010) undertook useful work for the Nuffield Foundation looking at the use of evidence in the audit, inspection and scrutiny of UK government which produced eight principles and practices with regard to evidence in audit, inspection and scrutiny. They are designed principally with those working as auditors, inspectors and scrutineers in mind but will be extremely useful for those agencies who are subject to audit, inspection and scrutiny and undertaking self-evaluation. The eight principles are set out below.

Methodology:
Case studies of audits and inspections in the UK supplemented by a workshop with senior audit, inspection and scrutiny practitioners.

Comments on the research methodology:
Case studies provide an insight into the operation of particular audit/inspection/scrutiny regimes but may not be applicable to other regimes.

The key findings reveal the need for inspection regimes and those subject to them to:
1. Be clear about what is expected of each audit, inspection and scrutiny project
2. Consider the appropriateness and feasibility of different methods of gathering evidence and whether you have the skills to use them
3. Seek out a range of different kinds of evidence.
4. Test the quality of evidence
5. Consider alternative interpretations of the evidence
6. Tailor reporting to the needs of different audiences
7. Check the implementation of findings and recommendations
8. Reflect on the lessons for future projects.

(Levitt et al., p.9).

Box Four: Good Practice Example

The following is also a good practice example of the use of self-evaluation in North Ayrshire Council, from an HMIE Inspection Report in September 2010 (HMIE, 2010), considering how the authority evaluated the impact of the multi-agency domestic abuse referral process

Chief Officers wished to improve responses to children affected by domestic abuse following findings from a previous inspection of child protection services. Together, services established a system for sharing information and jointly

assessing children's needs, when concerns were raised that children may have experienced domestic abuse.

Staff across services were given guidance to help them know what action to take to support children. Key staff from all of the services involved worked together to review how the system had worked in its first year. They gathered information from a wide range of sources to check whether the new system information was being shared effectively, whether staff understood their responsibilities and whether children were being given the support they needed quickly enough. By checking records and listening to staff views, managers discovered some problems in systems for sharing information and were subsequently able to take action to fix them. They also identified other services with a role to play in meeting children's needs and were able to involve them in working together more closely. The authority is now able to target training more effectively to ensure staff know how they should respond to children affected by domestic abuse. Further reviews are planned to ensure children are really benefitting from getting help earlier.

Overall Implications for Practice

Engaging service users in evaluation of service provision should be, as evaluation, an ongoing process, however periodic more formal evaluation involving service users will sometimes be necessary. This requires thought as to the best ways of engaging service users about the services they have received while recognising they might not want to participate in any evaluation. Effective involvement of service users in evaluation requires both time and money

Practitioner involvement in evaluation is important to gain data on how those implementing services experience service delivery and to allow a flow of information between frontline practitioners and those in senior management positions

Agencies undertaking self-evaluation should be clear as to what evidence they are expected to gather in lieu of auditing, inspection and external scrutiny. They should consider different methods of collecting information, collecting both qualitative as well as quantitative data, the interpretation of this data and the lessons which can be learned from it

Links to further reading

Levitt R, Martin S, Nutley S, and Solesbury, W. (2010) Evidence for Accountability, Using evidence in the audit, inspection and scrutiny of UK government, London: The Nuffield Foundation

SWIA (2009a) Guide to Managing and Improving Performance, Edinburgh : SWIA

SWIA (2009b) Guide to Supported Self-Evaluation, Edinburgh: SWIA

4.13 Effective Leadership and Change Management in Child Protection Services

Key messages:

A number of criticisms of the Child Protection Committee (CPC) structure have been made. These highlight the need for strong leadership, multi-agency commitment to the CPCs, clear funding arrangements for CPCs and accountability to and from the CPC

The individual representing their agency on the CPC needs to be of sufficient seniority to commit organisational resources to the joint aims of the CPC. Equally effective dissemination of the work of the CPC within organisations is essential. It is therefore suggested that middle managers should normally be best placed to represent their organisation on the CPC

Principal research findings

CPCs responsibilities are were set out by the Scottish Executive (2005b) as part of the Child Protection Reform Programme. CPCs responsibilities include:

- Leadership & accountability for child protection work
- Taking forward multi-agency issues
- Developing integrated services for children and effective inter-agency communication
- Quality assuring the delivery of multi-agency training and development
- Undertaking research to explore local child protection trends and report them to
  relevant agencies
- Providing relevant information to the professionals and the public
- Raising public awareness and engagement with children and families about child
  protection issues.

(Scottish Executive, 2005b, p.29).

The need for strong leadership, trust between service users and professionals and trust and responsibility being invested in front-line practitioners is emphasised. However it is also recognised that the fear of 'blame' and negative backlashes in children's services are factors which undermine effective leadership in the public sector (Cooper et al., 2003; Barry, 2007; Dudau, 2009).

Organisational issues are key to effective change management: there is need for a 'learning organisation' which supports professionals to be learning proactively from both poor and good practice and recognises that when errors of practice occur they do within the context of broader systems which need to be analysed as to how they either encourage or disable good practice. However creating cultural change in organisations is a substantial process. It will entail acknowledging the need for change, identifying what changes are needed and how best to make them, formulating a plan for change which garners support,

and then establishing new organisational operations. The success of the changes then need to be evaluated with positive developments consolidated and maintained. Finally, learning from the change process needs to be taken and applied to future organisational development (Horwath and Morrison, 2000; Munro, 2010).

In England and Wales child protection services have moved away from Area Child Protection Committees (ACPCs) to Local Safeguarding Children's Boards (LSCBs) which have a clearer statutory basis. This followed a number of criticisms of ACPCs. While the move away from CPCs has not been followed in Scotland, it is useful to consider what some of identified weaknesses in ACPCS, CPCs and (in England and Wales) the subsequent LSCBs have been.

Identified Weaknesses:

- Varying levels of commitment across members and agencies
- Not all relevant agencies were always represented
- Representatives were often not always at a level of organisational seniority to commit agency resources
- Difficulties regarding establishing budgets and joint funding
- A lack of accountability to the body and from the body to the other agencies, the wider public
- Poor links with frontline practitioners
- Management of information systems were poor to and from agencies were weak
- Poor information to the general public and service users about the work of the organisation

Identified Strengths:

- Guidelines and multi-agency training were well undertaken
- Multi-agency training and inter-agency guidelines were effective
- Good working relationships between different professionals/agencies sometimes in evidence
- The convenor/chair of some organisations viewed as giving strong professional leadership
- Some effective managers who were champions for child protection services

(Department of Health, 2002; Morrison and Lewis, 2005; Skinner and Bell, 2007; Dudau, 2009; Ofsted 2009; Vincent et al., 2010).

Box One: Research Summary

Skinner and Bell (2007) undertook an evaluation of the work of one Scottish CPC, funded by that CPC.

Methods:
In-depth evaluation of functioning of one Scottish CPC:
Documentary analysis
Self-completion questionnaires CPC members (21/39 completed)

Questionnaires to a convenience sample of stakeholders (45)
Interviews with a convenience sample of interviews 9/321 head teachers in schools within the CPC area
'Issue tracking' of small sample of issues requiring action.

Comments on Methodology:
Mutli-method approach, gathering data from a variety of sources. It is however unclear to what extent data collected focussed on the outcomes achieved by the CPC rather than participants views of what it had achieved. The findings are based on only one Scottish CPC therefore care needs to taken when generalising findings. The samples of respondents outside the CPC are not representative thereby generating potential for bias in the data gathered. However the study does gives an illuminating insight into the workings of one CPC which is of illustrative use in considering the work of Scottish CPCs more broadly.

Main Findings:
- The convenor/chair of the CPC was viewed as giving strong professional leadership
- Many working relationships between professionals and organisations described as good in CPC and inter-agency guidelines and procedures were effectively produced
- CPC multi-agency training was found to be effective and high quality
- Information to public and service users poor in terms of development and availability
- There were unequal power relations at play: one respondent described the CPC as a "social work organisation"; others felt reluctant to contribute at SCPC meetings as their organisation did not provide funding for the SCPC
- Practitioners and managers in both education and social work services had little knowledge about the work of the CPC or who their agency representative on it was
- Limited participation and attendance education and family doctor affected the work of the CPC
- The absence of a budget for the CPC was a weakness.
- The CPC's management and use of data to inform its work was poor.

Box Two: Good Practice Example

In terms of effective improvements, self-evaluation is again key to improvement with both CPCs and its constituent organisations. Morrison and Lewis (2005) developed, in consultation with Area Child Protection Committees in England, a toolkit for their transition to Local Safeguarding Children Boards (LSCBs) which was then subsequently used by 60 LSCBs in England and evaluated. The authors suggest that it can be used for self-evaluation by individual agencies to evaluate safeguarding performance as well as bodies with wider responsibilities such as Child Protection Committees (CPCs).[6]

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[6] The toolkit is listed as an appendix in the article by Morrison and Lewis (2005, pp.314-316) and was developed in conjunction with Professor Jan Horwath at the University of Sheffield. It has here been adapted by the current authors for use in a Scottish context. Subsequent to the toolkit appearing in the 2005 article by Morrison and Lewis it was further refined. For further details on the refined toolkit please contact Jan Horwath at: j.horwath@shef.ac.uk

Toolkit for Self-evaluation and Change

The Toolkit asks questions covering 20 key areas to ensure that a child protection body is working effectively. For each set of questions the following should be established:

- *What progress has been made to date?*
- *What do the next actions need to be?*
- *Who is to complete these actions?*
- *What is the timescale for completion?*

1. Which key strategic bodies at local, and government level does our CPC need to relate to and how? e.g. to whom should the CPC be accountable, and who should be accountable to CPC?

2. For which of the 8 high-level outcomes for children under GIRFEC will the CPC take lead responsibility?
How will it liaise with other partnerships regarding its contributions to the achievement of other outcomes?

3. What are the key purposes, functions and tasks for our CPC?

4. Who should the core membership include? At what level should agencies/partners be represented in order for our CPC to discharge its responsibilities effectively?

5. What type of professional/expert advice does our CPC require and how is this to be provided?

6. What mechanisms should we produce to secure shared ownership, engagement and accountability from, and to, our CPC members?

7. What key multi-agency goals and performance indicators will we need for our CPC to measure its effectiveness in delivering improved outcomes for children, taking into account the HMIE Quality Indicators for Children's Services?

8. What key qualitative and quantifiable management information will our CPC need to measure its effectiveness in delivering improved outcomes for children?

9. What infrastructure and sub-committee structures will be required to service the CPC? Consider administration; training capacity; performance management; policy and practice development; Significant Case Reviews

10. How much will it cost to effectively run our CPC? Consider administration and infrastructure; multidisciplinary staff development; operational services e.g. case coordination; commissioning

11. What shared funding mechanisms, including services 'in kind', will the CPC adopt?

12. What chairing arrangements need to be in place? Is an independent chair needed?

13. How will our CPC determine which non-member agencies/partners are accountable to it for promoting safeguarding and the welfare of children and how will they link with these agencies/ partner?

14. For what purposes does the CPC need to consult with service users ?
How will the CPC ensure that it consults meaningfully with service users in the planning and delivery of services and with the community ensuring services meet local need?
How, will CPC engage with users?

Questions for individual agencies represented on the CPC
15. How will individual member agencies on our CPC demonstrate their child protection duties in their strategic and operational plans, policies and procedures?

16. What does each agency with a child protection responsibility need to do in relation to the recruitment, training, support and supervision of all staff undertaking child protection duties?

17. What management information does each agency need, to satisfy itself that it is discharging its child protection duties effectively and how will this be analysed and shared with our CPC?

18. What mandate and organisational support is required so that CPC agency representatives can meaningfully represent and commit their agency on the CPC?

Managing the change process
19. How strong are current interagency relationships? What are the most important drivers and barriers to improving inter-agency collaboration in relation to protecting children and promoting their welfare?

20. In the light of the above, what are the most essential actions that need to be taken in order for the CPC to implement effective change so it functions better?

Research findings also highlight that the following factors are also important to consider in developing CPCs and their leadership on child protection services:

- The improvement of collection and use of data by CPCs is key. Without accurate data on what is happening within the CPC area it will be impossible for the CPC to improve its own work or provide leadership to other child protection services on improving theirs.

- Effective working at CPC level requires that individuals attending the CPC are of roughly the same seniority of standing in their respective organisations and that they have the power to commit organisational resources to collaborative goals pursued by the CPC .

- Individuals attending CPCs need to be able to communicate information from CPCs to both the most senior levels of their organisation and to frontline staff. Members of middle management will normally be best placed to do this.

- Effective dissemination of the CPC's work to the general public and engagement with the general public around child protection issues is an important facet of a CPC's work.

- As with any organisations, relationships as well as structures and systems are crucially important. For multi-disciplinary working to function well at strategic level, just as at frontline level, requires the breaking down of professional barriers, clear communication that questions assumptions and a commitment of the individuals involved to work together collaboratively. In order for inter-agency co-operation to be sustainable strategically it also needs to go beyond the level of good individual working relationships however to good organisational arrangements and relationships, so that if particular individuals move post effective mechanisms for multi-disciplinary strategic co-operation remain in place.

(Scottish Executive, 2005b; Skinner and Bell, 2007; Dudau, 2009; Morrison, 2010).

Overall Implications for Practice

Effective dissemination of the work of the CPC to the general public is an important part of their function

Improving the management and use of accurate data by CPCs is key to their improvement

Good quality multi-agency training and procedures has been identified as one strength in Scottish CPCs

Beyond training and formal structures good multi-agency working at strategic level requires the same commitment, skills and working relationships as good multi-agency working in frontline practice. However for such strategic multi-agency working to be sustainable it needs to be embedded within organisations' culture, rather than solely rest on the good practice of key individuals who will, at some point, move on from their role

Links to further reading

Dudau A (2009) Leadership in Public Sector Partnerships : A Case Study of Local Safeguarding Children Boards, *Public Policy and Administration*, 24: 399 – 415

Morrison T and Lewis D (2005) Toolkit for Assessing the Readiness of Local Safeguarding Children Boards: Origins, Ingredients and Applications, *Child Abuse Review* 14, 297 – 316

Morrison T (2010) The strategic leadership of complex practice: opportunities and challenges, *Child Abuse Review*, 19, 312–329

Skinner K and Bell L (2007) Changing Structures: Necessary But Not Sufficient, *Child Abuse Review*, 16: 209 -222

5. Conclusion

Research evidence in children's services rarely gives simple answers as to how to deliver better practice. In part this relates to the complexity of analysing and delivering social interventions, particularly in a contested area such as child protection which gives rise to so many moral and political dilemmas. It also relates to the fact that the evidence base in British child and family social work as to what works and does not work is not as strong as it might be.

Nevertheless, clear messages for practice from the current evidence base can, and have, been drawn from the existing evidence base in Section 4 of this review. This section does not repeat all of the messages from Section 4, but will rather briefly draw out some key themes.

Firstly the importance of practitioners and their managers questioning assumptions about practice is emphasised. This includes a willingness to question initial framing of cases and the knowledge and values underpinning these framings; a willingness to question their communication and ways of working with other professionals and other agencies, with the awareness that information which is communicated between professionals might not be understood in the way that was intended; and an awareness that the sharing of information is only meaningful if that information is analysed and used at the basis for appropriate action.

In terms of working with families where children are at risk the importance of direct engagement with parents and, particularly, children is highlighted. In respect of 'hard to reach' parents practitioners need to persist in engaging with parents, including through frequent home visiting, and gain a clear picture of the important adults in a child's live at a particular time. In many of these cases a number of difficulties which can negatively affect parenting capacity may co-exist, including domestic violence, learning disability, mental health issues, poverty and substance misuse, making successful intervention more difficult. An empathic approach which recognises the difficulties which parents receiving social work intervention face needs to be combined with a clear sense of professional role which questions parental non-engagement and superficial engagement with interventions to improve children's welfare. Practitioners should ensure that as part of their ongoing assessment of family dynamics they directly observe and assess parent-child interaction and that, even where parental need is great, the primary focus remains on the best ways of meeting a child's needs, including whether a child's needs can be met in the home environment.

Efforts should be made to gauge children's perspectives of their own situation wherever possible, bearing in mind that professionals tend to underestimate the age and extent to which children can express views and participate. In this regard, services need to take particular effort and care to engage with children with a disability and take child protection issues regarding them as seriously as for any other child. Children's participation throws up particular challenges in child protection work where children's views and wishes about crucial aspects of their lives may differ from professional assessment of what is in their welfare interests. The use of child advocates can help in such situations, but it is important that the role of the advocate is clearly defined for all concerned. Equally there is some evidence to suggest that children value adults who they feel they can talk to, who treat them with respect and who take their views seriously, over and above whether that adult necessarily agrees with their views.

In recognising the importance of practitioners engaging with both parents and children managers need to ensure practitioners have time within their caseloads to build effective relationships with families by spending time engaging with

them. The centrality of effective supervision for frontline child protection practitioners is also evident in order to allow practitioners to engage in effective and reflective practice in the complex and challenging work with which they need to engage on an ongoing basis.

In respect of different types of intervention, the research base suggests that different interventions can have successful outcomes with children and parents. While a clearer evidence base as to what works would be helpful, services should be wary of assuming that one particular method of intervention provides 'the answer' to working with children or parents. In part this warning arises from the fact that some types of intervention will be appropriate in certain circumstances with certain children or parents, but not others, according to particular needs and circumstances. However, it also relates to the fact that how a intervention is applied is crucial to its success. This is not to deny the importance of particular methods of intervention but to emphasise that their success will be dependent on the way they are implemented. The evidence consistently highlights that a fundamental prerequisite for practitioners to effect positive change is the establishment of an effective working relationship between the practitioner and service user(s). As well as time to build relationships, as noted above, practitioners must also be given adequate support, training and time to develop the knowledge and skills to successfully implement particular interventions.

For children in the care system, carers and professionals establishing meaningful relationships that engage children at their own pace, in order to allow them to process feelings and make sense of significant events in their life, is crucial. The quality of care provided by carers is likely to be central to children in care achieving positive outcomes, but targeted support for children in education will also be very important, not only for educational attainment but also for placement stability. For older young people coming into care certain characteristics of both young people and carers will make placement breakdown more likely and a wider range of placements at initial placement stage, as well as better initial matching of carers and young people, will help reduce avoidable placement moves which can be highly destabilising and disruptive for young people. However, the desirable goal of placement stability should never take precedence where a child is clearly

unhappy in a placement or it is not meeting their needs. As a placement option, kinship care can offer appropriate care for children which allows for better continuity of relationships and practitioners should be readier to consider and explore options for kinship care where a placement for a child is needed. However, kinship care will not be suitable for all children, and where practitioners are consider using it effective assessment and intervention for both children and carers, which takes account of the particular features of kinship care, is needed.

The evaluation of child protection services should be seen as an ongoing process that seeks service user feedback wherever possible as a standard feature of practice. However more formal evaluation may be needed periodically. Self-evaluation can, if developed along its intended course, reduce the regulatory and inspection workload on child protection services. Effective evaluation requires services, including Child Protection Committees (CPCs), to have clearly defined service aims and put in place mechanisms for gathering appropriate data which is analysed to provide clear information on service outcomes and then utilised to inform service improvement. Where change is initiated, its success will require the acceptance of, and commitment to, that change through all levels of an organisation. Meaningful practitioner involvement in service evaluation and change is particularly important to give insight into the experiences of those actually delivering frontline services and to ensure that service improvements are implemented in practice.

Finally, for CPCs to function effectively requires that all its constituent organisations commit to regularly attending the CPC and resourcing the joint aims of the CPC. In turn this necessitates that the individuals representing their organisations at CPC level have the authority to commit organisational resources to the CPC. Such individuals also need to be able to effectively disseminate the work the CPC is doing within their own organisation. Promoting understanding and awareness through engagement with the wider public about the work that child protection services are undertaking is an important part of CPCs role. Finally, multi-agency co-operation at strategic level requires many of the same skills and attitudes which make effective multi-agency frontline practice possible. However, for such co-operation to be sustainable requires it to be embedded

organisationally, rather than remaining dependent on good working relationships between key individuals.

Child protection services have a crucially important role to undertake in often challenging circumstances. It is hoped that the information in this report will support them to better meet the various demands placed upon them and in so doing better meet the needs of children and families who experience their involvement.

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Appendix One – List of Inspection and Review Reports

Scottish Inspection Reports and Reviews

Crerar L (2007) *The Crerar Review: The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland*, Edinburgh: Scottish Government

HMIE (2009a) How well do we protect Scotland's children? A report on the findings of the joint inspections of services to protect children 2005-2009, HMIE: Livingstone

HMIE (2009b) How Well do we Protect Children and Meet their Needs?, HMIE : Livingstone

HMIE, (2010), Aberdeenshire Council Good Practice Example, Livingstone : HMIE http://www.hmie.gov.uk/ViewEstablishment.aspx?id=11839&type=12

Scottish Executive (2002) *'It's Everyone's Job to Make sure I'm Alright': Report of the Child Protection Audit and Review*, Edinburgh: Scottish Executive

SWIA (2006) *Extraordinary Lives ,Creating a positive future for looked after children and young people in Scotland*, Edinburgh : SWIA

SWIA (2007) *North Ayrshire Inspection*, Edinburgh: SWIA

Scottish Significant Case Reviews and Inquiries

Black B and Burgham A (2003) *Child Review Report into the life and death of Carla Nicole Bone*, Aberdeen : North East of Scotland Child Protection Committee

Hammond H (2001) *Child Protection Inquiry into the circumstances surrounding the death of Kennedy McFarlane*, Dumfries and Galloway Child Protection Committee

Hawthorn J (2009) *Significant Case Review Brandon Lee Muir Part 1 of report*, Dundee Child and Young Persons Protection Committee

Herbison, J (2006*) Danielle Reid. An independent report into the circumstances surrounding her death*, Highland Child Protection Committee

O'Brien S, Hammond H and McKinnon M (2003) *Report of the Caleb Ness Inquiry*, Edinburgh and Lothian Child Protection Committee

SWIA (2005) *An inspection into the care and protection of children in Eilean Siar*, Edinburgh: Scottish Executive

English Inquiry Reports and Reviews

Department of Health (2002) *Safeguarding Children – A Joint Chief Inspectors Report on Arrangements to Safeguard Children,* The Stationary Office: London

Lord Laming (2003) *The Victoria Climbié Inquiry*, Cm 5730, London : The Stationery Office

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Analyses of Serious Case Reviews Research Reports

Brandon M, Bailey S, Warren C, Gardner R, Sidebotham P, Dodsworth J, Warren C and Black J (2009) *Understanding Serious Case Reviews and their impact. A biennial analysis of Serious Case Reviews 2005-7*,Research report DCSF- RR129, Norwich : University of East Anglia

Brandon M, Belderson P, Warren C, Howe D, Gardner R, Dodsworth J and Black J (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of Serious Case Reviews 2003-5*, Research Report DCSF- RR023 Norwich : University of East Anglia

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Rose W and Barnes J (2008) *Improving Safeguarding Practice. Study of Serious Case Reviews 2001-3 , Research Report DCSF- RR022*, Buckingham: Open University Press

Appendix Two – List of Empirical Studies

Aldgate J and MacIntosh M (2006) *Looking after the family: a study of children looked after in kinship care in Scotland*, Edinburgh : SWIA, Available at: http://www.swia.gov.uk/swia/files/j7435.pdf *- see section 4.10*

Barron, J (2007) *Kidspeak: Giving Children and Young People a Voice on Domestic Violence,* Bristol: Women's Aid Federation.

Report of online consultation June-July 2007. Number of responses not given. Children are almost always aware of abuse even when parents keep it from them. They like to find someone to talks to. They want to be believed and taken seriously , be given information and have their views taken into account.

Beek M and Schofield G (2004) *Providing a Secure Base in Long-Term Foster Care*, London: BAAF

Second phase of a longitudinal study following children 53 children in long-term foster care. Phase 1 was in 1997-8, this phase 2000-2. Three-quarters of children remained in stable placements. Range possible of factors involved in placement make definitive statements about reasons for placement success hard to make, however many foster carers managed to support the positive development of children in their care.

Becker-Weidman and Hughes D (2008) Dyadic Developmental Psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment, *Child and Family Social Work* 13, 329-337

This article reports on 2 previous empirical studies. The first study compared a treatment group which received Dyadic Developmental Psychotherapy (DDP)with a control group who received other types of interventions This study found that 1 year after treatment ended children who received DDP had clinically and statistically significantly lower scores on the Child Behaviour Check List (CBCL) and that these scores were all in the normal range. Children in the control group showed no statistically or clinically significant changes in the outcome measures. The second study (followed this same group of 64 children and measured the outcome of treatment using the CBCL about 4 years after treatment ended. This study examined the effects of DDP 4 years after treatment ended on children. The children who had received DDP continued to improve while the control group remained the same or became significantly worse on the CBCL scales.

Borland M, Hill M, Laybourn A and Stafford A (2001) *Improving Consultation with Children and Young People in Relevant Aspects of Policy-Making and Legislation in Scotland*, Edinburgh : The Stationary Office

18 focus group discussions and questionnaires with children aged 5–15 years on the best means of consulting children. There is no one 'best' method for

consultation from children's perspectives - ideally they should be offered a choice and range of methods. There was also a strong message that a number of children had experienced consultation as tokenisitic and that that consulting poorly is worse than not consulting at all.

Brandon M, Howe A, Dagley V, Salter C and Warren C (2006) What appears to be helping or hindering practitioner in implementing the Common Assessment Framework and Lead Professional Working, *Child Abuse Review*, 15, 1309-4413

Study using a telephone survey and workshops with practitioners. Authors state that this is not a representative sample caution is needed regarding the transferability of findings. See section 4.1 for principal findings.

Broadhurst K, Wastell D, White S, Hall C, Peckover S, Thompson K, Pithouse A and Dolores D (2009) Performing Initial Assessment: Identifying the latent conditions for error in local authority children's services, *British Journal of Social Work*, 40, 352-370

An ethnographic study of child welfare practices in 5 local authority areas in England and Wales which highlighted to faulty design elements to organisational procedures and their enactment by IT systems, which may have resulted in increasing risk of error in child protection practice. Imperatives to safeguard children and support families appeared at odds with, rather than enhanced by, new modes of e-governance and associated performance targets.

Burgess C, Rossvoll F, Wallace B and Daniel B (2010) 'It's just like another home, just another family, so it's nae different'. Children's voices in kinship care: a research study about the experience of children in kinship care in Scotland, *Child and Family Social Work Advanced Access*, doi:10.1111/j.1365-2206.2009.00671.x

Interviews with 12 children aged 11 – 17, living in kinship care in Scotland. The study highlights a number of positive around kinship care: including normalisation, continuity of relationships and the building and continuation of healthy attachments. All children in the study also had clear career goals. It is recommended that developments in formalising kinship care arrangements do not undermine its flexibility.

Buckley H, Holt S and Wheelan S (2007) Listen to me! Children's experiences of domestic violence*, Child Abuse Review 16 : 296-310*

This study was undertaken in the Republic of Ireland in 2005. The study aimed to explore the impact of domestic violence on children. Data was gathered from 70 participants including 37 service provides/volunteers, 11 mothers and 22 children and young people who had lived in violent environments. Children were found to have a sense of fear and anxiety with regard to themselves and their families, issues with self- esteem, a sense of being 'different' and exhibited a sense of loss for their childhood. The research found that children responded in unique ways and services were required to be tailored to meet their individual needs.

Children in Scotland (no date) *My Turn To Talk? The Participation Of Looked After And Accommodated Children in Decision-Making Concerning Their Care,* Edinburgh : Scottish Executive, available at: http://www.childreninscotland.org.uk/docs/pubs/MyTurntoTalk.pdf

Small scale qualitative study using interviews with 9 looked after and accommodated children (9-12) in two local authorities and a small number of professionals involved in their lives. It found that effective participation by looked after and accommodated children can be a challenge for them and for adult decision makers in their lives. Children want their views to be heard, but official meetings are imperfect forums for full child participation. Greater resources, including more time for social workers to spend with children and child advocates, are needed to facilitate better participation.

Cleaver H, Nicholson D, Tarr S and Cleaver D (2007) *Child Protection, Domestic Violence and Parental Substance Misuse*, London : Jessica Kingsley Publishers

Study explored how children's social care responds to families where problems require the intervention by both adult and children's services and sough to identify the factors that enable different agencies to work effectively together and explore children and parents' experiences of professional interventions. Data collected from six local authorities using documentary analysis of ACPC information, questionnaire on practitioners' awareness of documents, retrospective case file analysis of 357 cases half with evidence of domestic, half of PSM (in a fifth of cases they co-existed). A qualitative case study of small group of families identified from the case file study. It found that social workers rarely consult with substance misuse or domestic violence services when undertaking assessment or planning and there is a need for greater training in both of these areas. There are barriers in collaborative working due to perceptions of confidentiality and data protection and more emphasis needs to be given to this. Parents felt that insufficient attention was given to exploring the difficulties they were experiencing.

Commission for Social Care Inspection (2006) *Supporting parents, safeguarding children. Meeting the needs of parents with children on the child protection register*, London : Commission for Social Care Inspection – *see section, 4.3*

Davis M and Morgan A (2005) Using Computer-Assisted Self-Interviewing (CASI) Questionnaires to Facilitate Consultation and Participation with Vulnerable Young People, *Child Abuse Review*, 389-406

This article reports feedback from practitioners and young people on use of CASI. Sampling and methods of data collection are not specified in detail. Reports advantages from use of CASI in providing a standardized approach to interview process meaning that performance can be monitored against key targets and that young people are generally well disposed to using it. However highlights issues of confidentiality and what the questionnaire data will be used for, and in what forums, need negotiating in advance with young people.

Dixon J and Stein M (2002) *Still a Bairn: Throughcare and Aftercare Services in Scotland*, Edinburgh: Scottish Executive

National postal survey of Scottish local authorities and other service providers regarding
throughcare and aftercare services plus more in-depth, two stage, data collection in three local authorities by questionnaires or interviews with young people (n=107) and questionnaires with their support workers or social workers. It found that while most authorities offered through care programmes only a minority of young people had been through one and almost three quarters of young people left care at either at 15 or 16 with nearly half of all young people leaving care reporting they felt they had little choice in the matter.

Dudau A (2009) Leadership in Public Sector Partnerships : A Case Study of Local Safeguarding Children Boards, *Public Policy and Administration*, 24: 399 – 415

Ethnographic study of a LSCB in a borough in the North West of England. Participant and non-participant observation over two years plus documentary research, 27 interviews with LSCB partners and a survey of LSCB partners. Despite some of LSCB partner organisations being viewed as reluctant participants in the LSCB, certain individuals from those organisations had ability to overcome such perceptions. Actual functioning of the LSCB was dependent goes beyond legislation and guidance with some gaps in functioning arising – for example around lack of willingness of individual representatives to partner to commit resources to the LSCB's work. Leadership in the public sector is particularly valuable but made more difficult through fear of blame if something goes wrong.

Farmer E and Moyers S (2008) *Kinship Care : Fostering Effective Family and Friends Placements*, London : Jessica Kingsley Publishers

'Catch-up prospective design': cross-section of 142 children in kinship placements and 128 in unrelated foster placements in four local authorities followed for two years. Case file review for the 270 children, followed by interviews with carers, children, parents, social workers and policy discussions of managers of four authorities. Identified gaps in the assessment and support provided to kinship carers. A specific model of assessing kinship carers needs to be develop and applied in working with them.

Farmer E, Sturgess W and O'Neill T (2008) *The Reunification of Looked After Children with their Parents: Patterns, Interventions and Outcomes*, Research Brief, Department of Children Schools and Families, available at: http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-RBX-14-08[7]

Examination of outcomes during two year follow up return home for a prospective sample of 180 looked after children who were returned to parental care. Data sources included case file reviews and interviews with parents, children and their social workers. The study found that nearly half (46%) were subject to abuse or neglect on their return. Sustainability of return was correlated with preparation for

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[7] See also Stein (2009) – cited in full referencing list - for an overview of this research study.

return. However, in only just over a quarter of cases were all significant issues for parents and children resolved before children's return.

Forrester D (2007) Patterns of re-referral to social services: a study of 400 closed cases, *Child and Family Social Work*, 12, 11-21

This study undertook case file analysis of 400 consecutive referrals to three local authority Social Services Departments in London that were closed rather than being allocated for long-term work. It investigated how many children were re-referred in the 27 months after closure and identified factors statistically associated with re-referrals. The study found that a third of closed cases were re-referred (36.5%), with most re-referrals happening relatively rapidly. A small proportion of families accounted for most re-referrals and there was very wide variation between local authorities in the number of referrals and re-referrals received. Other factors associated with increased likelihood of a re-referral were: previous referrals, neglect, parental capacity issues (particularly drug misuse) and parent/child relationship problems.

Forrester D, McCambridge J, Waissbein C and Rollnick S (2008) How do Child and Family Social Workers Talk to Parents about Child Welfare Concerns?, *Child Abuse Review*, 17, 23-35

Vignettes were used to test the level of empathy 40 social workers and managers demonstrated when discussing child protection concerns with parents. Participants were geographically localised. In general, participants demonstrated a high level of confrontation and an absence of empathic listening. It is concluded that this represents a more systemic issue than individual poor practice and greater attention needs to be given to the micro-skills required for effective child protection practice.

Francis J, McGhee J and Mordaunt U (2006) *Protecting Children in Scotland: an investigation of risk assessment and inter-agency collaboration in the use of Child Protection Orders*, Edinburgh : Scottish Executive Social Research

Qualitative and quantitative methods. Review of statistical data provided by SCRA, national survey of local authorities and interviews in three local authorities. Rigorous sampling and analysis. The study found that almost half of the authorities in the survey reported they do not employ a specific framework or model to assess risk. Of those who did, the majority use in-house models or frameworks and only five authorities indicated that they used the DOH Framework for Assessing Children in Need (2000). General concern was expressed that practitioners are forced back onto their own expertise. There was no clear consensus if thresholds for intervention had been raised. The nature and quality of joint working arrangements varied considerably.

Frost N and Robinson M (2007) Joining up Children's Services: Safeguarding children in multi-disciplinary teams, *Child Abuse Review* 16, 184-199

Qualitative multi method in 3 phases: documentary analysis and observation of team meetings; interviews with team members to explore issues; focus groups with team members. A key finding of this study is that co-location provides new challenges in information sharing. A key fault line in information sharing was the value placed on, and the interpretation of confidentiality. Good joint working can be developed by professional knowledge exchange involving: setting aside time for team building and discussion; establishing joint activities for co-located members from different agencies, developing shared protocols and documentation and providing ongoing support and training for staff undergoing changes in work practices.

Frost N, Robinson M and Anning A (2005) Social workers in multi disciplinary teams: issues and dilemmas for professional practice, *Child and Family Social Work*, 10, 187-196

Qualitative multi method in 3 phases: documentary analysis and observation of team meetings; interviews with team members to explore issues; focus groups with team members. The authors found that workers adopted different core professional models, and a 'balanced view' was required, which recognised and accepted the importance of all professionals' skills in a multi agency team. This allows for each profession to reaffirm core values without sacrificing the beliefs and values of the profession. Joint training and co-practice would assist the circle of exclusion often created by differences in culture, status and language between professionals.

Galvani S and Hughes N (2010) Working with Alcohol and Drug Use: Exploring the Knowledge and Attitudes of Social Work Students, *British Journal of Social Work*, 40, 946-962

A four-part self-completion questionnaire completed by a purposive sample of 121 social work students considering their knowledge and attitudes towards substance use. Three factors emerged as the key explanatory factors demonstrating significant relationships between them: 'knowledge', 'support from colleagues' and 'legitimacy of role'. Over half of the respondents were unsure about their knowledge of alcohol and drugs. The need for alcohol and drug education within social work qualifying programmes is emphasised.

Griesbach, D, Kosonen, M. and Dolev, R. (2008) Evaluation of the Aberlour Outreach Service. Crieff: Griesbach and Associates – *see section 4.6.*

Hamilton A (2005) *Releasing the Power of the Family*, Edinburgh : Children 1st

Internal evaluation of Children's 1st's use of Family Group Conferences using evaluation form responses from 589 professionals, 785 family members and 148 young people. The evaluation found that the service that is effective and growing in size and importance but has not yet become mainstream. Recommendations are made on future data collection for evaluating the FGC model and further investigation is needed of a number of factors including the seeming increased involvement of fathers and male relatives in FGCs; the breakdown of extended family members committing to the FGC process; the use of advocates for

children; the balance between preparation and meeting in the FGC process; and supporting the professional participant in the FGC process.

Holland S, Faulkner A and Perez-del-Aguila R (2005) Promoting stability and continuity of care for looked after children: a survey and critical review, *Child and Family Social Work,* 10, 29-41 - *see section 4.12*

Horwarth J (2005) Identifying and assessing cases of neglect: learning from the Irish Experience, *Child and Family Social Work* 10, 99-110 – *see section 4.4*

Horwath J, Hodgkiss D, Kalyva E and Spyrou S (2011) *You Respond, Promoting Effective Project Participation by Young People Who Have Experienced Violence*, Sheffield : University of Sheffield

A study gaining the views of young people from the UK, Bulgaria, Cyprus and Greece (11 – 16) who had experienced violence about the best ways of facilitating their participation. It found the young people found that different levels of participation depending on the task, the context, and the quality of adult facilitation.

Hunt J, Waterhouse S and Lutman E (2008) *Keeping Them in the Family: Outcomes for Children Placed in Kinship Care Through Proceedings*, London : BAAF

The study followed up cohort of 113 children, removed from parental care because of child protection concerns, and placed with kinship carers. It sought to measure placement stability over time, assess welfare outcomes for the children and identify factors linked with better or poorer outcomes. It found kinship care is a viable placement option but will not be suitable for all children. Effective assessment of kinship placements is vital as is support to carers.

Jackson A, Frederico M, Tanti C and Black C 2009 Exploring outcomes in a therapeutic service response to the emotional and mental health needs of children who have experienced abuse and neglect in Victoria, Australia, *Child and Family Social Work* 14, 198-212

Reports on a new programme entitled Take Two innovative developmental mental health service. Two overlapping samples as a subset of the broader Take Two population (654)
Children referred between January 2004 and June 2007, all children for whom a repeat valid TSCC (Trauma Symptom checklist for children)(n=49) and or/ repeat Social Network Map(n=28) were included. 21 children were in both samples. The study found a significant reduction of trauma related symptoms and an increase in the number of friends. Results point to the importance of family in the lives of children. The value of a trauma and attachment perspective within a developmental and ecological framework to guide intervention is emphasised.

Lardner C (2008) *Scoping Study on Children Affected by Parental Substance Misuse in Fife*, Edinburgh : Clarity – *see section 4.6*

Levitt R, Martin S, Nutley S and Solesbury W (2010) *Evidence for Accountability, Using evidence in the audit, inspection and scrutiny of UK government*, London: The Nuffield Foundation – *see section 4.12*

Macdonald G and Kakavelakis I (2004) *Helping Foster Carers to Manage Challenging Behaviour: An Evaluation of a Cognitive-Behavioural Training Programme for Foster Carers*, Exeter : Centre for Evidence-Based Research, University of Exeter

Study used a randomised controlled design separating carers between those receiving CBT training and those who did not. It found that trainers receiving the training were very satisfied with it and would recommend it. However carers receiving such training did not lead to a reduction in the number of behavioural problems children exhibited, nor lower rates of placement breakdown.

Morrison T and Lewis D (2005) Toolkit for Assessing the Readiness of Local Safeguarding Children Boards: Origins, Ingredients and Applications, *Child Abuse Review* 14, 297 – 316   – *see section 4.13*

Munro E (1999) Common errors of reasoning in child protection work, *Child Abuse and Neglect*, 23, 745-758 - *see section 4.1*

Platt D (2006) Threshold Decisions: How Social Worker Prioritize Referrals of Child Concern, *Child Abuse Review* 15, 4-18

Twenty three social workers were interviewed using an interview guide approach to analyse how they prioritised child protection referrals. The study found that social workers evaluated referrals evaluated on basis of their specificity, severity, risk, parental accountability and corroboration. This risks that more less specific referrals –for example around neglect and emotional abuse – are less likely to be prioritised.

Schofield G and Ward E (2008) *Permanence in Foster Care, A Study of Care Planning and Practice in England and Wales*, London : BAAF

National survey to local organisations to map policy around long-term/permanent foster care; telephone interviews to further investigate models of foster care with key professionals in three sample local authorities; three focus groups of long-term/permanent foster carers. Response rate to initial questionnaire to local authorities reasonable but not as high as might wish (47%); 46 staff from 24 authorities represented a range of models of long-term foster care; three focus groups contained between ten and 22 foster carers in each. It found Looked after Reviews are important mechanisms for overseeing the long-term needs of children. Social work practice with children in permanent foster placement did not substantively differ from that with children in short-term placements, other than visiting was likely to be less frequent once placements were stable. This might suggest the need for more variable practice taking account of the needs of children in permanent substitute placement. While leaving care services were crucial in supporting children's transition to adulthood both social workers and foster carers were concerned that some young people were offered support and

accommodation to become independent without consideration of their place in a foster family or the role of permanent foster carers as parents.

Seaman P, Turner K, Hill M, Walker M and Stafford A (2006) *Parenting and children's resilience in disadvantaged communities*, London : National Children's Bureau

Sixty children, of whom 39 (58%) were girls, participated in individual interviews. Another 16 children participated in discussion groups involving five or six children per group. Eighty four parents were also interviewed and 17 took part in group discussions. The study focused on perceptions of risk in the local areas and strategies for keeping safe and developing the children's well-being. Parenting in communities affected by multiple disadvantaged is difficult but can be achieved through effective responses of both parents and children including parents and children's awareness of risks and how to manage them, positive social networks, and caregiving which encourages children to participate and express views.

Sen R (2010) Managing Contact in Scotland for Children in Non-Permanent Placement, *Child Abuse Review,* 19: 423-437

Interviews and a focus group with 19 social work practitioners and managers and three Reporters to the Children's Hearing system in Scotland on their views and experiences of managing contact for looked after children. It found strengths in practitioners' awareness of risks involved in contact and strategies to minimise them however it recommends that emphasis should also be placed on the need for practitioners' conceptions of contact to be sufficiently open to embrace its positive possibilities.

Skinner K and Bell L (2007) Changing Structures: Necessary But Not Sufficient, *Child Abuse Review*, 16: 209 -222 – see section 4.13

Sinclair I, Wilson, K and Gibbs I (2005) *Foster Placements: Why they succeed and why they fail*, London: Jessica Kingsley Publishers

Questionnaire sent to carers, social workers and supervising social workers to foster carers of a cross-section of 596 children in foster care in seven local authorities in England at two points in time, 14 months apart. 90% of the children entered care due to concerns about abuse. For those who remained in care longer-term foster placements rarely offered long-term permanence, despite children often wanting this. Children's history did not consistently predict instability or poor outcomes and the quality of the care provided was more important. The centrality of recognising and supporting long-term foster care is emphasised.

Sinclair I, Baker, C, Lee J and Gibbs I (2007) *The Pursuit of Permanence, A Study of the English Care System*, London : Jessica Kingsley Publishers

Quantitative and qualitative study of 7399 looked after children in 13 councils considering all children looked after in the course of a year between 2003 and June 2004. Data was also collected from social workers, team leaders, senior

managers, and case studies based on interviews with young people and their social workers. Some statistical evidence that social workers underestimated the risk in cases of substance misuse and domestic violence when returning children to their carers. Adoption was only used for those entering care before they were five. Permanent placements for those entering care over the age of 11 were relatively rare. Some younger children remain in placements where they are extremely unhappy. Child well being is related to age, age at entry, experience of failed return, and, above all quality of placement.

Spratt, T and Callan, J (2004) Parents' Views on Social Work Intervention in Child Welfare Cases, British Journal of Social Work, 34, 119-224

Twelve semi-structured interviews with parents who were subject to initial referrals to social service departments due to child welfare concerns. The findings indicated that while parents show considerable anxiety in respect of contact with social workers, in most cases successful relationships are formed.

Stanley N, Miller P, Richardson Foster H and Thomson G (2010) A Stop–Start Response: Social Services' Interventions with Children and Families Notified following Domestic Violence Incidents, *British Journal of Social Work Advanced Access*, DOI: 10.1093/bjsw/bcq071

Study of the social work response to 184 families notified by the police to children's services in two English authorities. Families were tracked through case records over 21 months subsequent to the notification. The perspectives of social services' practitioners and managers were also captured through interviews. Only a small proportion of families received a service in the form of an initial assessment or further intervention; the notification triggered a service for just five per cent of families. The limited time period for completing assessments contributed to initial assessment workers' lack of engagement with perpetrators of domestic violence. Current structures for assessment and intervention contribute to a stop-start pattern of social work that seems ill-suited to building the trust and engagement needed to challenge the complex and enduring experience of domestic violence.

Stalker K, Green Lister P, Lerpiniere J and McCarthur K (2010) *Child protection and the needs and rights of disabled children: A scoping study*. *Abridged report*. Glasgow : University of Strathclyde

A research and policy review involving documentary analysis of child protection and disabled children literature across the four countries of the United Kingdom. This was supplemented by 10 key informant interviews in Scotland and England. The empirical research found that key respondents had concerns about professionals' ability to communicate with disabled children. They reported that there was an under reporting of abuse of disabled children who were also treated differentially in the child protection system. Improved joint working between child protection and children disabilities team needs to be developed to ensure the safeguarding and protection of disabled children.

Stafford, A, Stead, J and Grimes, M (2008) *The Support Needs of Children and Young People Who have to Move Home Because of Domestic Abuse,* Edinburgh: Scottish Women's Aid

30 young people interviewed. Young people had multiple moves, the first move evoking the strongest feelings. Positive moves were characterised by the move being planned, information given about where the young people where going and why they were moving, having time to pack, moving to good quality accommodation, having someone to talk to and where there was least disruption to schooling and friendships.

Stevens I (2004) Cognitive-behavioural interventions for adolescents in residential child care in Scotland: an examination of practice and lessons from research, *Child and Family Social Work*, 9, 237–246 - *see section 4.8*

Thoburn J, Wilding J and Watson J (2000) Family Support in Cases of Emotional Maltreatment and Neglect, London: The Stationary Office

Study of 555 referrals to children and families social work teams involving concerns about neglect or emotional abuse. A significant proportion of neglect referrals are associated with domestic violence. Almost all were associated with social deprivation and isolation. In over a third of referrals, cases were closed without direct contact between families and the relevant social workers. Cases were also closed before meaningful work had been undertaken with families, sometimes leading to re-referral once concerns had escalated further.

Vincent, S., Daniel, B. and Jackson, S (2010) Where Now For 'Child Protection' in Scotland? Child Abuse Review**,** Published online at wileyonlinelibrary.com DOI: 10.1002/car.1140

A process review using documentary analysis, contextual information, analysis of Dundee Children and Young Person's Child Protection Committee (CYPCPC) data and views of social workers to evaluate the success of the child protection reform programme. The evaluation was linked to process rather than outcomes for children, due to resources. Children and young people did not directly take part in this study, though their views were collected in CYPCPC data. Small numbers took part in the focus groups. The respondents in the Child Protection Reform Programme believed it made a substantive contribution towards the improvement and delivery of child protection services in Scotland, particularly in terms of raising awareness and increased multi-agency working.

Walker M, Hill M and Tresiliotis J (2002) Testing the Limits of Foster Care: Fostering as an Alternative to Secure Accommodation, London : BAAF

The evaluation was longitudinal, following 20 young people for two years after their placement had started, considering outcomes for them compared with a sample of young people in secure care over a similar period. For summary findings of the evaluation see section 4.8.

White, S and Featherstone, B. (2005) Communicating misunderstandings: multi-agency work as social practice, *Child and Family Social Work,* 10, 207-216 – *see section 4.2*

Woolfson R, Heffernan E, Paul M and Brown M (2010) Young People's Views of the Child Protection System in Scotland, *British Journal of Social Work*, 40, 2069 – 2085 – *see section 4.11*