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

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1. Introduction

In 2004, a new multidisciplinary children's services inspection team based in Her Majesty's Inspectorate of Education (HMIE) started to undertake inspections of child protection services in all 32 local authorities in Scotland. 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'.

In 2007, the Scottish Government identified increasing the overall proportion of local authority areas receiving positive inspection reports as one of the 45 national indicators of success in achieving national outcomes identified within the newly introduced National Performance Framework.

This literature review was commissioned in order to synthesise research evidence to improve child protection practice, and, in so doing, help local authorities meet the national indicator.

Terminology

Where 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'.

2. Methodology

HMIE (2009) summarised the key areas in which local authorities need to improve in child protection from its first cycle of inspection. Evidence was sought around these areas using a combination of database, manual and citation searches to identify key literature. The following databases were searched: ASSIA, Social Services Abstracts and Sociological Abstracts (all through CSA), COPAC and ISI Web of Knowledge. Further material was identified via interviews with key informants for the project, website searches of relevant agencies and replies to requests for unpublished research made to all 30 Child Protection Committees in Scotland. This review has focussed on empirical research literature but also included highly relevant policy documents and expert opinion pieces undertaken in Scotland since 2000, or with clear applicability to the Scottish child protection context. International studies and studies completed prior to 2000 were excluded unless they were frequently cited in the UK literature or there was a lack of contemporary UK research in a particular area. Before inclusion, all research studies were subject to quality and relevance appraisal.

3. Policy Context

There have been a number of significant policy initiatives related to child protection in Scotland since 2000. The most important of these are:

It's Everyone's Job to Make Sure I'm Alright (Scottish Executive, 2002), a national audit of child protection which found that some children remained at risk of significant harm despite being known to agencies, and that many children and adults had little confidence in the child protection system.

This audit's recommendations were followed up in *The Child Protection Reform Programme*, a set of initiatives promoted by the Scottish Executive 2003. These included:

- A Children's Charter setting out what children wanted from services and a Framework for Standards which re-cast this charter into eight standards for child protection professionals.

- Initiatives to raise public awareness about child protection.

- *Getting It Right for Every Child* (GIRFEC) (Scottish Executive, 2005a) which developed a universal, multidisciplinary, approach to assessing and meeting the needs of children. GIRFEC developed a new assessment model, the 'My World Triangle'. In most local authorities the model has been operationalised through the introduction of the Integrated Assessment Framework as the standard assessment framework for use with children by all professionals across children's services.

Finally, new child protection guidance was issued by the Scottish Government in December 2010, replacing previous guidance from 1998. The new guidance includes advice on information sharing about potential risks, new national timescales for holding child protection case conferences within 21 days, and the removal of the requirement for local authorities to identify a category of registration when a child is placed on the Child Protection Register. However, key risks must be recorded and information on the register is to be shared with the child and their carers (Scottish Government, 2010a).

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4. Key Messages from the Research Evidence

1. Assessment

▲ HMIE (2009) reported that assessment was a national priority area for improvement. Child protection practitioners are liable to make certain common errors when working with families. They are more likely to take account of information that is easily available, that is received at the start or end of the assessment process, and which is striking.

Such errors can be reduced through practitioners' awareness of these possible errors, effective supervision and, crucially, the ability to question assessments in the light of new information. It is also important that, organisationally, individual practice is contextualised within the wider systems in which it is undertaken rather than seen in isolation. Wider systems create conditions for practice which will make individual practitioner errors more or less likely. A learning organisational culture, which accepts this and seeks both to develop individual practitioners' assessment capacity and improve the conditions in which they practice, will be most effective.

▲ There have been moves to improve assessment through developing more rigid risk assessment tools, procedures, protocols and guidance. While these have some rationale, it is crucial for organisations to recognise the central role of professional judgement in child protection assessment.

▲ Effective multi-agency assessment in child protection is essential to effective practice. It requires that practitioners challenge their own assumptions about inter-professional communication and work constructively to address inter-professional distance arising from cultural, power and value differentials.

Munro, 1999; White and Featherstone, 2005; Barry, 2007; Fish et al, 2008

2. Information sharing and recording

▲ The lack of information sharing between and within agencies has been a key feature of child abuse inquiries and Serious Case Reviews. It is important to recognise that communication in complex cases 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 itself but rather the management of that information.

▲ Chronologies of the major events in a child's life are important to establish key issues and possible patterns. The haphazard recording of information leads to key information being lost and the significance of key events in that child's life may not emerge.

Brandon et al, 2008; SWIA, 2010

▲ Barriers to effective inter-professional communication can be hard to break down and joint working practices which include shadowing and secondment should be considered to facilitate inter-agency information sharing and understanding.

▲ Information sharing is not an end in itself but a means by which appropriate action can be taken. Transparent protocols need to be developed to assist the tracking of the sharing of information, with regard to information sent, received and understood, and due emphasis needs to be placed on the analysis and management of information that is shared.

Parton, 2004; White and Featherstone, 2005

3. Effective practice when children are at risk

▲ The new national child protection guidance includes new protocols for managing cases where children are placed on the Child Protection Register.

▲ Research evidence consistently identifies key messages for managers and practitioners when working with complex cases. These include that:

▲ Direct observation of carer-child interaction and good quality, regular, supervision for frontline workers are essential.

▲ Highly developed communication and assessment skills are essential in working with complex families. Practitioners need to obtain a clear picture of the adults living in a particular household and their role in a given child's life, while keeping the focus of work on the needs of the child rather than on adult members of the family.

▲ Practitioners need to balance an empathic approach to working with carers with a boundaried, authoritative approach which avoids over-optimism and critically questions apparent caregiver compliance with child protection plans.

▲ Case intervention needs to avoid a 'stop-start' response to intervention where cases are allocated and worked intensely for short periods, but then left to drift, or closed, due to organisational needs rather than the assessed needs of the child.

SWIA, 2005; Brandon et al, 2008; Fauth et al, 2010; Scottish Government, 2010a, Vincent, 2010

In one important study, White and Featherstone (2005) analysed inter-professional working in an integrated child health service. They adopted an intensive ethnographic case design. Their main findings were that each profession has its own dominant narratives and the performance of professional identities has a profoundly moral dimension. 'Failures' of inter-professional communication occur as professionals are not used to letting go of their own professional habits to understand the workings of other professions. The challenge for professionals is to create conditions in which everyday 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. Learning to listen, to communicate, and to understand has to be a lifelong process, not a one-off training event.

4. Effective practice when children are affected by neglect

- Neglect is one of the most common concerns in children and families practice. It includes the failure to provide appropriate stimulation, care and supervision. It is more likely to occur where there are issues of parental substance misuse, domestic violence and mental health issues and in the most complex cases these issues may co-exist.

- Long-term neglect has a marked negative impact on children's welfare. 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 a child's resilience.

- Professionals do not identify neglect as well as they might. Referrals regarding neglect are often given a lower priority than referrals concerning physical, sexual or emotional abuse.

- What constitutes neglectful parenting is not value or culture free. Practitioners are tasked with distinguishing between different cultural practices of caring or care givers who are struggling to provide for their children due to material deprivation and neglectful parenting. In doing so they need to reflect on their own cultural and value assumptions about care giving.

- Early identification and response to neglect will be the most effective response, but will not always be feasible. Where early intervention has not been successful, targeted multi-agency intervention is needed which avoids a stop-start response to intervention. In cases of severe neglect, thorough assessment of whether a child's needs can be met within the home environment needs to be undertaken. Such assessment should include consideration of cumulative concerns, family history, parental response to professional intervention and observation of carer-child interaction.

  Thoburn et al, 2000; Horwath, 2007; Brandon et al, 2008; Daniel et al, forthcoming

5. Effective practice when children are affected by domestic violence

- In Scotland in 2006-7 at least 18,004 of the referrals to the Scottish Reporters' Department concerned domestic abuse.

  Humphreys et al, 2008

  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; Rose and Barnes, 2008

- Children living with domestic abuse are at risk of significant harm. They are likely to experience significant physical, mental, social and behavioural difficulties, both as a child and later in life.

  Cleaver et al, 2007; Humphreys et al, 2008

- An understanding of children's views and perspectives on the abuse, and their participation in decision-making is essential. Children should be assisted to participate in decision-making. Research has shown that children may not feel safe even when the perpetrator has left the home, and that some children lack confidence and trust in professionals intervening in their lives around issues of domestic violence.

  Mullender et al, 2002; Humphreys et al, 2008

- Studies have shown that in situations of domestic violence, families value being listened to and communicated with, being treated respectfully and being provided with appropriate long term support.

  Cleaver et al, 2007; Stafford et al, 2008

- While the protection of the child is paramount, social workers also need to engage and help empower mothers to protect and care for their children. Mothers have expressed concern that they were not supported to deal with domestic abuse but rather blamed for not protecting their children. Positive outcomes can be achieved in cases of domestic violence where appropriate support services have been provided to mothers and children.

  Cleaver et al, 2007; Mullender et al, 2002; Humphreys et al, 2008

6. Effective practice where children are affected by parental substance misuse (PSM)

- Children affected by PSM are more likely to develop emotional and behavioural difficulties, fall behind at school and become socially isolated. Maternal alcohol and drug misuse during pregnancy is likely to have a marked impact on a child's later health and development and may be linked to later behavioural problems.

- Parental drug misuse and alcohol misuse often co-exist and are more likely where families are affected by other issues, including parental mental ill health, domestic violence, neglect and social deprivation. Given this, a multi-agency response is required. For parents, services should include interventions to address drug and alcohol use from prevention through treatment and relapse prevention, mental health support, parenting programmes, and education and employment skills training. Work should include fathers, as well as mothers, and supportive extended family wherever possible. For children, services should include recreational, educational and therapeutic services. Facilitating access to universal and targeted services in health, housing, child care and education is also crucial.

- Despite the negative impact that PSM is likely to have on family life, many children will prefer to stay in parental care. Where there are other support mechanisms for children, not all children affected by parental substance misuse will experience poor outcomes. 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 can be met within the home environment.

  Cleaver et al, 2007; Mitchell and Burgess, 2009

One positively evaluated service for families affected by PSM is Aberlour Dundee Outreach, 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 and employs both family workers and children's workers. Family workers provide emotional and practical support to parents, including support to attend appointments, budget, access other agencies such as drug and alcohol treatment centres and understand and respond better to their children's needs. Children's workers undertake activities to enhance children's resilience through supporting their school experience, supporting them to build positive relationships with siblings and peers, and developing their understanding of who they can approach for help or advice.

Griesbach et al, 2008

7. Effective practice when working with children with a disability

◢ Disability is disproportionately associated with all forms of abuse, particularly emotional abuse and neglect. Children with particular impairments are at increased risk.

◢ There is little evidence about how disabled children are protected and safeguarded in the UK, but the available research suggests there is a tendency for child protection services to deprioritise the abuse of disabled children. Cases of abuse involving disabled children, for example, are less likely to go to court. The reasons for this are not yet understood.

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

◢ 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.

Stalker and McCarthur, 2010; Stalker et al, 2010

8. Effective interventions where children have experienced harm or have emotional or behavioural difficulties

◢ It is important to recognise the need for long term targeted intervention for children and parents where children may have experienced significant harm or where children are exhibiting emotional and behaviour difficulties. However, 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.

◢ In respect of parents, there is some evidence of the success of parenting programmes to address a range of concerns about parenting. However it also suggests that success is far from universal and may be related to the parenting concern which the programme is trying to address. Home visiting programmes have been shown to be effective for pre-school children at risk in 'hard to reach' families.

◢ For children, tailored interventions and packages of support should take account of a child's individual needs and wider networks. They should focus on the establishment of positive relationships of trust between the child, their carers and key professionals in their lives.

Quinton, 2004; Barlow, 2006; Sinclair et al, 2005; McAuley et al, 2006

◢ 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 provided to both children and parents where children are returned.

Farmer et al, 2008

9. Supporting placement stability for children in care

◢ High levels of placement instability can undermine a child's continuity of care, relationships, education and health provision. It is important to think broadly about 'stability' for looked after children in terms of continuity of relationships, and formal and informal support networks, rather than just continuity of the placement itself.

◢ A range of factors, including characteristics and circumstances of the child and their carers, can affect placement stability. However, well supported carers and placements, and tailored and holistic packages of support for children which consider a child's needs for emotional support, identity, and educational support increase the likelihood of placement stability.

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

◢ A focus on placement stability should not overshadow consideration of child well-being; children should not be maintained in placements where they are obviously unhappy and which are clearly not meeting their needs.

Holland et al, 2005; SWIA, 2006; Sinclair et al, 2007

◢ Careful thought also needs to be given to supporting the stable transition of young people from residential and foster care. A range of programmes for preparing care leavers in Scotland do recognise the link between support prior to leaving care and successful transition from care. However it is important that such support recognises the relationships young people have already established in their care placements, and that young people have the opportunity to return to previously established support networks after they move on, as and when they need them.

Dixon and Stein, 2002

10. Effective practice when working with children in kinship care

◢ There has been a general increase in the use of kinship care over the last decade with around 20% of looked after children now in kinship placements in Scotland. Kinship care offers the possibility of continuity of relationships and consideration should be given to it wherever a child cannot remain in parental care.

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

◢ Effective assessment of and support to kinship carers, including financial support, are crucial components of successful kinship care. Research has identified gaps in social work practice in respect of both. Local authorities need to develop a clear, understandable and consistent strategy for assessing and working with kinship carers.

◢ It has been suggested that a two stage model of assessing kinship care may be needed. In the first stage, assessment of a potential kinship placement is undertaken at short notice, considering the immediate safety of the children who may be placed there. In the second stage, more thorough assessment of the potential of the placement to meet the children's needs takes place as soon as practicable afterwards.

Aldgate and McIntosh, 2006; Hunt et al, 2008; Burgess et al, 2010; Scottish Government, 2010b

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Aldgate and McIntosh (2006) have undertaken the largest study of kinship care in Scotland to date. They sought the views of children in stable, longer term, kinship placements on their experiences alongside a survey of national policies and practices. Their principal findings included:

Better social work support is needed for kinship placements, including direct work with children on issues which lead to their placement as well as present needs. Social work intervention should also include the provision of support to carers based on an appropriate framework of support.

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 cease to be classed as 'looked after'. However the validity of keeping children on supervision requirements purely to provide financial support to carers should be questioned: social work departments should consider alternative mechanisms for providing financial support to kinship carers in financial need.

11. Involving children in child protection practice

- Children's lack of knowledge about the child protection process, prior to first engagement with it, is likely to be a cause of anxiety and sometimes fear regarding what will happen during it.

- Children value professionals who are approachable, who take their views seriously and who they feel they can talk to and trust with delicate information. Building trust between children and professionals is done over a period of time, requiring organisational priority be given to practitioners spending time with children on their caseload, and to providing continuity of practitioners wherever possible.

- The wider availability and use of independent advocacy is one important way of ensuring a child's voice is better heard within the child protection process. In using child advocates, clarity about the role and remit of the advocate for all involved is crucial.

- Children's involvement in child protection processes can pose some particularly difficult challenges, especially where children want something that conflicts with professional assessment of what is in their welfare interests. However, research suggests that children value being engaged and having their views taken seriously, even where the outcomes are not ones with which they agree.

Children in Scotland, no date; Oliver et al, in Stein, 2009; Woolfson et al, 2010

12. Evaluation of child protection services

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

- Effective evaluation requires services to have clearly defined aims and put in place mechanisms for gathering appropriate data which can be analysed to provide clear information on service outcomes. However, it needs to be acknowledged that some service aims and outcomes will be harder to measure.

- Self-evaluation is an important tool which can reduce the regulatory and inspection workload on child protection services. For self-evaluation to be effective, local authorities need to be clear about what kind of evidence they are expected to gather. Local authorities should consider different methods of collecting data, its interpretation and the lessons which can be learned from this data.

- Engaging service users in evaluation of service provision should also be an ongoing process. More formal evaluation involving service users may, however, be necessary periodically. Such engagement requires careful thought as to the best ways of engaging service users about the services they have received, recognising service users' rights not to participate and that such initiatives require both organisational time and money.

Borland et al, 2001; Scottish Executive, 2006; Crerar, 2007; Levitt et al, 2010; Griesbach et al, 2008

13. Effective leadership and change management in child protection services

- Undertaking effective change requires acceptance of and commitment to that change through all levels of an organisation. Genuine practitioner involvement in service evaluation and change is particularly important to give insight into the experiences of those actually delivering services. Such involvement also facilitates a flow of information between those in frontline positions and those in management positions.

- Analyses of the workings of Child Protection Committees (CPCs) have suggested the need for improvements in leadership, multi-agency commitment to the CPCs, clear funding arrangements for CPCs and accountability to and from CPCs.

- The individual representing their organisation on the CPC needs to be of sufficient seniority to commit organisational resources to the joint aims of the CPC.

- Effective dissemination of the work of the CPC within its constituent organisations, and to the general public, is essential. Middle managers will ordinarily be best placed within an organisational hierarchy to fulfil this role within their own organisation.

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

- Good quality multi-agency training and procedures have been identified as a strength in Scottish CPCs. However, beyond training and formal structures, good multi-agency working at strategic level, like that at frontline level, requires professional barriers to be broken down, clear communication that questions assumptions and a genuine commitment by the individuals and organisations involved to work together collaboratively.

Parton, 2004; Skinner and Bell, 2007; Dudau, 2009; Morrison, 2010

One example of practitioner involvement in evaluation and change is provided by Fife Child Protection Committee who organised 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 validated by external evaluation (Hartley, 2009). The evaluation found that practitioners had greater knowledge about the HMIE Quality Indicators than the Children's Charter, which, it was concluded, had not yet become embedded in practice across all services. Practitioners needed 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. They also felt that public awareness of child protection and confidence in child protection services needed to be progressed further.

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