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**Protecting children in
Scotland: an investigation of
risk assessment and inter-
agency collaboration in the
use of child protection orders**

PROTECTING CHILDREN IN SCOTLAND: AN INVESTIGATION OF RISK ASSESSMENT AND INTER-AGENCY COLLABORATION IN THE USE OF CHILD PROTECTION ORDERS

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Scottish Executive Social Research 2006

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EXECUTIVE SUMMARY

The Scottish Executive Education Department sponsored the authors to undertake a study of the use of the child protection order in Scotland (sections 57-62 Children (Scotland) Act 1995). The order is based on stringent criteria and allows for the detention of a child in a place of safety where there are urgent concerns about a child's wellbeing and protection. It arose in response to criticism of prior legislation that allowed for undue discretion in the grounds for removal (Scottish Office, 1992). Recent inquiries into the deaths or abuse of young children (e.g. Hammond 2001, Laming 2003, O'Brien, 2003, Scottish Executive 2005a) have indicated that there are ongoing concerns about limited inter-agency communication, information-sharing and collaboration and poor standards in risk assessment. The main aim of the study, therefore, was to examine issues of risk assessment, thresholds of intervention and inter-agency co-operation in the context of the operation of the child protection order.

The study was conducted over a ten month period from January to October 2005. Both quantitative and qualitative research methods were utilised and the research entailed three inter-related stages of data collection: a review of statistical data provided by the Scottish Children's Reporter Administration (SCRA); a national survey of all Scottish local authorities; and interviews in three local authorities with a variety of social work practitioners and managers. Twenty-nine local authorities completed the survey and 25 interviews were conducted with social work staff in three local authorities. The key findings are set out below.

General trends

There has been an underlying upward trend in the number of Child Protection Orders (CPO) obtained by Scottish local authorities in the six year period from 1999–2005. Although there has been some variation in the pattern of orders obtained by individual local authorities over this time, the total number of child protection orders increased by 50%, with 558 obtained in 2004 compared to 370 in 1999.

Around 60% of children subject to orders were aged less than five years in each of the six years from 1999-2005. Most orders in this age group relate to children aged less than one year. The gender distribution of children subject to child protection orders is almost evenly divided throughout this period with slightly more boys than girls.

The majority of applications for child protection orders are made by social workers, accounting for 86% to 96% of all orders obtained in the years from 1999 to 2005.

In the six-years from 1999/2000 to 2004/2005 there was an annual average of 21 applications to recall child protection orders and 3 applications to vary directions in the orders (127 applications to recall orders and 18 applications for variation, in total).

Several authorities identified the rise in the number of substance misuse cases they are dealing with, especially drug misuse and associated pre-birth assessments, as a common reason to explain increases in child protection order applications.

Policy and procedures

More than half of the study authorities do not have an agreed written policy on the use of child protection orders. Where such policies do exist, the evidence obtained here suggests that these are based on a multi-agency approach with a range of agencies involved, including police, health, legal services and the child protection committee.

The vast majority of authorities in the study provide procedural guidance on applications for CPOs but this is mainly contained in general child protection guidelines and not issued separately.

The survey findings indicate that policy on the process of applying for child protection orders is diverse across Scottish local authorities. Of the 29 authorities in the study, applications were made by legal services in nine authorities, by social work staff in a further nine and jointly by legal services and social work in 11 authorities.

Having shared policies between relevant agencies and greater clarity about the roles and responsibilities of different professionals is seen as important but there seems also to be scope for continuing improvement in this area.

Risk assessment

Almost half of the authorities in the survey reported that they do not employ a specific framework or model to assess risk. Of those who do, the majority use in-house models or frameworks, and only five authorities indicated that they use the Department of Health's Framework for Assessing Children in Need (Department of Health, 2000)

General concern about the adequacy and availability of models of risk assessment was reflected in the three authorities where interviews were conducted. A number of those interviewed indicated that no single model was sufficiently comprehensive to be used in all circumstances. As indicated in one authority, the range of assessment work can include 'pre-birth risk assessments' with vulnerable parents such as those who misuse alcohol or drugs; 'integrated/joint assessments' with other agencies and professionals; 'full assessment reports' for children's hearings.

Several interviewees confirmed that although they were aware of a range of models none were used regularly in an overt manner and they were very conscious that their practice was not based on specific published models or frameworks. A general concern expressed is that practitioners are therefore forced back onto their own experience.

Significant harm

Less than one-third of the authorities in the survey indicated that they issued specific guidance on assessing 'significant harm'.

The study found that defining significant harm in practice is complex. A general view expressed in interviews was that the term 'significant harm' is open to broad interpretation.

Only one of the three authorities where interviews were conducted had established a definition of the term and identified factors to be taken into account when deciding whether or not to apply for a child protection order.

There was a level of ambivalence about the need for a written definition. Professional experience and instinct are seen by some to be more valuable than having a written definition. However, it is also recognized that a lack of definition can leave less experienced workers in a difficult position and that individual social workers or individual teams are using their own experience to develop thresholds.

The findings suggest that a broad definition would be useful in child protection guidance but no interviewee was in favour of a regimented or prescriptive definition. Assessing each case individually is seen to be important and the professional judgement of social workers is viewed as a crucial factor in this process.

Thresholds for intervention

There is no clear consensus about whether thresholds for intervention have been raised as a consequence of the introduction of child protection orders. However, the findings do suggest there is a consensus that the application process has become more rigorous since the introduction of the CPO. Interviewees reported that there is now more scrutiny, with sheriffs requiring better evidence based applications than a Justice of the Peace did under the old system. Most thought that it was easier to be granted a place of safety order under the previous system than to obtain a child protection order.

Notwithstanding this view, refusal of a child protection order is apparently rare and only one interviewee could recall this taking place. Two main explanations are suggested: first, applications are subject to a process of joint or collegiate decision-making, with debate and internal scrutiny, before an application for an order is made and then they are scrutinised by a legally trained professional (the Sheriff). Second, they are now more firmly rooted in an evidence based approach.

Despite concerns identified in the Scottish Executive audit and review (2002), interviewees accept the need for sound justification of their application for a CPO. Overall, they believe that sheriffs are appropriately rigorous in their questioning and they do not feel they are being cross-examined in this process. However, valued as it is, a more rigorous system was also seen to lead to other problems, especially in relation to time-scales in applications and potential delay in protecting a child. There appear to be some issues about the immediacy/emergency requirements in the application process as it can take some time for all the relevant material to be gathered together and placements arranged.

The minimum intervention principle appears to be having a strong influence on contemporary practice. Where it was felt that the threshold for removing children from their parents had been raised, interviewees identified a number of factors including: greater understanding that more harm can sometimes be done to children by removing them than by leaving them at home (even with some degree of risk); greater emphasis on supporting the family to avoid the removal of the child; a general view that alternatives to safeguard the child, such as voluntary admission to public care (section 25 Children (Scotland) Act 1995) enlisting the

support of other relatives or neighbours to accommodate the child, or the deployment of additional resources in the home, would be preferred to a child protection order.

Alongside this, however, there is a view that the level of risk being managed by social work staff in working with a family may be higher now than it was before the implementation of the Children (Scotland) Act 1995.

Inter-agency collaboration

The findings suggest that the nature and quality of joint working arrangements varies considerably between different agencies and professionals in different areas. A number of obstacles will have to be overcome in order to generate more effective inter-agency practice. However, the principle of joint working, both at ground-level and in strategic terms, is generally accepted by social work staff and there is a climate of openness to improving joint working arrangements.

Both survey and interview responses suggest that there are currently particularly close working relationships between social work services and the police and between social workers and health visitors. There is a sense that the reality of close working relationships leads to improved levels of understanding about differences in roles and responsibilities. Joint training appears to facilitate this process. Besides good relationships with police and health visitors, almost all of the survey authorities also reported a positive degree of liaison between social work and legal services.

Agencies less directly involved in child protection work are seen as having less understanding about social work roles and responsibilities. The interview findings suggest that education is viewed as the agency where there are most likely to be concerns around trust and confidence in working relationships and where participation and ownership issues can arise in child protection work. Even in the context of an integrated children's services department, concern was expressed that the divide between social work and education reflects deep-seated differences in professional values, culture, language and attitudes.

Several of those interviewed implied that a significant difficulty in effective joint working in child protection work is the lack of corporate ownership and shared responsibility for child protection practice. The view that social workers were usually left to carry responsibility for child protection issues was a recurring theme throughout the interviews. This also seemed to contribute to a concern expressed by some that aspects of social work are being "hived off" to other agencies while social workers are left to cope with child protection. There is a view that such failure to 'own' responsibility can result in poor practice within agencies that have a key role in this work.

Both structural and cultural barriers to improving joint working arrangements are indicated, including: different geographical boundaries; different organisational arrangements; and different priorities, cultures and languages. Additionally, some barriers to effective inter-agency working appear to be rooted in low levels of trust and confidence in the way different professionals and agencies engage in child protection work.

For many in the study, effective collaboration is based upon the quality of individual working relationships that workers build between themselves. It was suggested that closer working

relationships may not be brought about solely by structural changes but that fundamental shifts in attitudes will be required too. There are likely to be resource implications in creating the context to allow this to happen. Some interviewees suggested that improvements in staffing resources are necessary to facilitate the development of closer working relationships between a range of agencies and professionals.

Concerns were raised that other professionals may not be adequately trained for child protection practice and about the lack of shared professional standards. These concerns were not shared by all, however, and one respondent questioned whether social work staff can be too possessive in relation to this field of work and hold unreasonable fears that the involvement of other professional or agencies can result in difficulties.

Information sharing

Interviewees' comments suggest that social workers regard information sharing as an important aspect of child protection work but some frustration was expressed about the consistency of practice in this area, with variability between different agencies.

The value of information sharing was seen as particularly important in relation to risk assessment and in providing a consistent view at the time of applying for a child protection order. Overwhelmingly, the survey responses most frequently identified police and health visitors as the main providers of information (93%, n=29), followed by schools and paediatricians (62%, n=29). Drug advice services were notably involved in providing information in a quarter of the survey authorities (24%, n=29). However, less than one-fifth of authorities (17%, n=29) saw general practitioners as routine providers of information.

Some of the responses indicate that professionals, particularly in the health sector, have shifted ground on this issue and are now more willing to share information in child protection cases than they would have done in the past. More commonly though, interviewees reported that they experience difficulty in obtaining information where the question of professional confidentiality arises. The main problem appears to be the differing perspectives professional hold about their responsibilities towards the adults in child protection cases and in determining the balance between parents' rights and children's rights.

Joint training

Developing joint training and raising awareness of other professionals' roles and responsibilities are viewed as vital elements in promoting effective inter-agency collaboration. However, following a surge of in-house training at the time of the implementation of the Children (Scotland) Act 1995, interviewees observed that there now appears to be little on-going specific training in child protection and child protection orders. Asked whether professionals had undertaken joint-training for their work in child protection, interviewees gave mixed responses, with some indicating that this is an area that requires considerable development.

The study suggests that while some in-house and inter-agency training is being provided, the degree to which this is structured and co-ordinated is extremely variable. Moreover, the impact of training on professional practice does not appear to be consistent across the

authorities. Responses also indicate that, apart from police and health visitors, training does not always encompass the full range of professionals or agencies that are involved in child protection work.

The role of child protection case conferences in decision making

The timing and place of child protection case conferences in relation to an application for a child protection order is a complex issue. Arranging a child protection case conference prior to seeking a CPO was generally seen as impractical in light of the emergency nature of such applications. However, where children are already known to social workers, interviewees reported that information from an earlier case conference might usefully be included in the child protection order application.

There was general agreement that holding a case conference prior to seeking a child protection order in cases involving an unborn child was important. However, using the child protection case conference in these circumstances can also raise dilemmas for practitioners, such as whether or not to invite the mother for fear that sharing thinking at this stage could result in the mother disappearing.

The general view appeared to be that a case conference would be more likely to follow the granting of a child protection order. However, views varied on this point, suggesting that the role of the case conference at this stage is uncertain in the minds of practitioners. The decision to hold a case conference after a CPO has been granted appears to hinge on whether the workers concerned regard this as a necessary means of safeguarding the child when other measures, such as a children's hearing or a looked after child review, have been triggered by the order.

This issue highlights the complexity of the relationship between different aspects of the decision making system in applications for child protection orders, including the courts, the children's hearing system and the looked after children system.

CHAPTER ONE THE STUDY CONTEXT

Introduction

1.1 The Scottish Executive Education Department sponsored the authors to examine a number of key practice issues in the operation of the Child Protection Order (CPO). These orders (section 57-62 Children (Scotland) Act 1995) allow for the detention of a child in a place of safety where there are urgent concerns about a child's wellbeing and protection. The order, based on stringent criteria with specific time limits, arose as a response to criticism of prior legislation that allowed for undue discretion in the grounds for removal (Scottish Office 1992). The introduction of the CPO aimed to ensure there was clear legal authority and professional justification for the removal of a child from home (Scottish Office, 1993). It was anticipated that obtaining evidence about the operation of CPOs would provide an indication of how 'risk assessment', 'thresholds of intervention' and 'inter-agency co-operation' are being addressed in practice. These matters form the focus of this report.

Background to the study

1.2 Good child protection practice requires effective inter-agency co-operation and information sharing as vital pre-requisites for undertaking sound risk assessment (Hallett and Birchall, 1992; Department of Health 1995). Moreover, section 21 of the Children (Scotland) Act 1995 places a legal duty on local authorities and other agencies to cooperate in the discharge of their child care duties. However, a number of recent inquiries into the deaths or abuse of young children (e.g. Hammond, 2001; Laming, 2003; O'Brien, 2003; Scottish Executive, 2005a) have indicated that there are ongoing concerns about limited inter-agency communication, information-sharing and collaboration and poor standards in risk assessment. The Scottish Executive audit and review of child protection (Scottish Executive, 2002) also found, *inter alia*, communication difficulties in referral processes, poor recording and narrow focus in child protection investigations. Assessments of requirements for immediate action were generally sound but longer-term risk assessments were often poor.

1.3 Following the audit and review, the Scottish Executive developed a programme to enhance policy and practice and to address barriers and challenges in the effective protection of children in Scotland. This reform programme included the Framework for Standards, which provides a clear basis for agencies to develop effective measures to safeguard children (Scottish Executive, 2004a). It is based on the Children's Charter developed by Save the Children in consultation with children who have experienced harm and been in need of help and protection (Scottish Executive, 2004b). New guidance, reforming and strengthening the role of child protection committees, has been issued placing responsibility on chief officers in police, health and local authorities to ensure their agencies work alone and together to effectively protect children and young people (Scottish Executive, 2005b). The child protection reform programme is set in the context of broader aims to improve policy co-ordination and promote integration in the delivery of children's services. One of the key priorities identified by the Scottish Executive's Children and Young People Delivery Group is to develop more coherent assessment and information sharing systems to ensure the needs of service users are met.

1.4 The initial uptake of the child protection order was previously examined in a national survey in Scotland (Francis and McGhee, 2000, 2003). A gradual downward trend in the use of emergency protection measures had been observed prior to the introduction of the 1995 Act and the survey found a further substantial decrease in the number of child protection orders obtained in the first two years following implementation (McGhee and Francis, 2003). Social work statistics in Scotland indicate that over the past five years the number of child protection referrals has increased by 14 per cent (Scottish Executive, 2004c). In England and Wales the number of emergency protection orders¹ has remained generally at around 2,500 per year since 1993, although there were peaks of just over 3,000 in 1993 and 1994 and a fall to 1,516 in 1999 (Department of Health 2001, pp. 104-05). In 2003, 2061 emergency protection orders were made (Department for Education and Skills 2004). Masson *et al* (2004), drawing on unpublished data for 1998-2002 made available for their by the Court Service, indicates that the use of emergency measures is not declining substantially.

1.5 Application for a child protection order is an area of practice that relies upon effective inter-agency collaboration and good quality risk assessment. In the early stages of the implementation of the 1995 Act, the authors found that practitioners and managers were re-examining thresholds for compulsory intervention in urgent child protection cases. In addition, definitions of 'significant harm' had led to substantial debate and discussion in practice (Francis and McGhee, 2000). The Scottish Executive audit and review of child protection (Scottish Executive, 2002) found that social workers were reluctant to apply for child protection orders unless there was an immediate risk to a child and some practitioners also expressed concern about court appearance and cross-examination regarding their work.

1.6 The study reported here sought to provide further information on recent trends in the use of child protection orders and explore the findings in relation to several central issues in child protection practice, including: risk assessment and the models of assessment used in social work practice; thresholds of intervention and definitions of 'significant harm'; and the effectiveness of inter-agency collaboration and information sharing.

¹ The order is similar to the child protection order in that it allows for the detention of a child in a place of safety.

CHAPTER TWO STUDY AIMS AND METHODOLOGY

Aims and objectives

2.1 The study builds on research previously undertaken by the authors exploring the use of emergency protection measures introduced in the Children (Scotland) Act 1995 (Francis and McGhee, 2000). The overall aim of the study was to explore the use of child protection orders in operational practice focusing primarily on key aspects relevant to effective child protection practice. Three main objectives were identified:

- To establish the number of child protection orders obtained in Scotland in the last 5 years and consider any relevant trends
- To explore the process of risk assessment in this context including:
 - identifying models of assessment frameworks used in practice
 - examining thresholds of intervention used in agencies
 - developing understanding of the definitions of ‘significant harm’ applied in practice
- To examine the nature of inter-agency collaboration and information exchange in the application process for child protection orders

Design and methodology

2.2 The design of the study entailed a number of inter-related stages of data collection and encompassed both quantitative and qualitative research methods. In the first stage, data were gathered from the Scottish Children’s Reporter Administration (SCRA) on the annual number of child protection orders obtained throughout Scotland over a five-year period, from 1999 to 2004. The Scottish Children’s Reporter’s Administration receives notification of the implementation of all child protection orders and maintains records on the resulting decisions, recall applications and any directions regarding each child. It was expected that this data would provide an opportunity to analyse national trends in applications. Aggregate national data was provided by SCRA for a six-year period (1999-2005) allowing observation of trends in numbers of applications and an overview of the age and gender of children involved for the 5 year period of the study plus an additional year. Information on recall and variation of orders, directions and the source of application was also provided. This data is presented in Chapter Three.

2.3 The second stage of the study comprised a survey of all local authorities in Scotland. Drawing on Newell (1993) the survey asked both open and closed questions related to key child protection concerns (see Appendix 1 for the list of questions). This stage was informed by previous research (Francis and McGhee, 2000) and by key issues identified in the child protection audit and review (Scottish Executive, 2002). The annual number of child protection orders obtained in each authority over the five-year period (1999-2004) was sought directly from local authorities. This was intended to allow for analysis of any apparent inter-authority variations. Additionally, authorities were asked to comment on any reasons for the relevant trends in their area. The survey also allowed exploration of changes or

developments in policy and practice guidance in relation to child protection orders in each authority. In line with the study objectives, key issues considered included risk assessment, inter-agency collaboration and information sharing. Twenty-nine local authorities completed the survey giving a response rate of 90.6 per cent. However, not all 29 authorities were able to provide information on child protection orders obtained over the five-year period.

2.4 The third stage of the project comprised a total of 25 interviews in three local authorities with senior managers, first line managers (practice team leaders) and social work practitioners. One city, one rural and one medium sized authority were selected to provide a range of operational contexts. As with the local authority survey, the interviews were informed by a number of issues and concerns raised in previous research and in the audit and review of child protection (Scottish Executive, 2002). Senior managers in each of the three local authorities identified potential interviewees and direct contact was made to arrange interviews at convenient times. Interviews focused on staff's recent experiences of applying for child protection orders with particular emphasis on: the assessment of risk; how managers and practitioners defined 'significant harm'; thresholds for intervention; and experiences of inter-agency collaboration. Application for a child protection order can only be made if there is the existence or risk of 'significant harm'. However, there is no legal definition of this term and virtually no reported Scottish case law to provide an interpretation. A central aim of the study was to understand how these definitions were constructed and understood in practice. The interviews also explored the process of risk assessment and identified models of assessment currently used to inform practice, especially in different circumstances. The contribution of other professionals and agencies in the child protection order application process and the extent and nature of information sharing was also examined. All interviews were tape recorded and transcribed and data analysis utilised NVIVO (qualitative data analysis package) to assist in the interpretation of qualitative data. (Appendix 2 sets out the key areas explored at interview). Findings from the interviews are reported in Chapter Four.

2.5 Approval for the project was granted by the Association of Directors of Social Work. Direct negotiations with individual authorities was undertaken to gain access to allow interviews with practitioners and managers. A second rural authority was recruited to the study as the authority first approached, whilst supportive of the research, indicated they would not be in a position to contribute to this element of the work.

Interviewees' role and experience

2.6 A total of 25 interviews were conducted with social work practitioners and managers across the three authorities. As the research was concerned with recent experiences of child protection order applications interviewees were recruited with such experience in mind. Four senior managers with responsibility for child protection services were interviewed, one in each authority and two in the rural authority. In the latter authority there were few social workers with experience of child protection order applications (all available took part) and so, in this authority, a second manager with relevant experience was added to broaden the data further. Six first line managers (authorities had slightly differing terminology for this role including, practice team leaders, team leaders, team managers) were interviewed, two from each authority. A total of 15 social work practitioners/senior practitioners were interviewed - six each in the city and medium sized authorities and three in the rural authority. All staff were employed in children and family service teams.

2.7 Due to variations in the number of child protection order applications made in the local authorities, experience of the process varied. Of the operational managers, only one had direct experience of acting as the lead worker, having been a senior social worker when the orders were introduced. The other two, being senior managers at that time, had never appeared in the sheriff court as either a lead or co-worker. However, all three interviewees had experience of managing the system. The first line managers and the practitioners had a broad range of direct experience in the child protection order application process both as lead and co-workers. This ranged from those with experience of 1-5 applications to those with up to 20 or 30 and, in one case, “too many to remember”.

2.8 All interviewees held a qualification in social work, the majority were graduates and most also held, or were completing, a specialised certificate or diploma in child protection. A number had pursued postgraduate studies in social work management and a small number were practice teachers. The overwhelming majority of interviewees were very experienced in working with children and families. The senior managers interviewed had worked in this area for a minimum of 15 years to more than 20 years. The first line managers’ experience ranged from 13 years to 32 years and social workers’ experience ranged from 3 years to more than 20 years.

CHAPTER THREE SURVEY FINDINGS AND NATIONAL STATISTICS

3.1 The child protection order (sections 57-62 Children (Scotland) Act 1995) may authorise the removal of a child to a place of safety or prevent a child being removed from the place where he or she is being accommodated where there are urgent concerns about a child's wellbeing and protection². Application is to the sheriff by any person (or social work alone in certain circumstances) based on clear criteria. A central legal condition is the presence or likelihood of significant harm to the child. The sheriff can make directions in the order regulating contact between the child and parents (or others), and/or to the exercise of parental responsibilities including medical examination and treatment (section 58).

3.2 Reporters are notified of the implementation of the order and must arrange a hearing on the second working day after implementation (sections 59(2), (3), (4))³. This hearing's role is to consider whether the child protection order and any directions should be continued or varied (section 59(4)). If the order is continued and compulsory measures of supervision are seen to be necessary then grounds of referral must be put before a further hearing on the 8th working day after the order was implemented (section 65(2)). There is provision to challenge the order and any directions made under it.

Child protection orders – national statistical patterns

Numbers of child protection orders

3.3 The number of child protection orders obtained in Scotland has increased by 50% in the six year period from 1999 – 2005 (with a small reduction in 2004/05 from the previous year) (see Table 3.1).

Table 3.1
Number of child protection orders notified to SCRA 1999 to 2005

Year	No. CPOs
1999/2000	370
2000/2001	369
2001/2002	381
2002/2003	443
2003/2004	587
2004/2005	558

Notes to table Year runs 12 months from 1 April to 31 March. Source: Scottish Children's Reporter Administration

² The order may authorise other actions including requirements to produce the child; and provide that the location of the place of safety should not be disclosed to certain persons.

³ The reporter retains an overview of the situation and if circumstances have changed or further information indicates the conditions for making the order are no longer satisfied s/he will advise the person who implemented the order with the result that authority to detain the child is ended (section 60(3) 1995 Act). The reporter cannot arrange for the release or return of a child after the commencement of any initial hearing to consider the CPO or application to set aside or vary the CPO.

Age and gender of children subject to child protection orders

3.4 Around 60% of orders were for children aged less than five years in each of the six years from 1999-2005 (see Table 3.2). Most orders in this age group relate to children less than one year old (from 44 to 51 per cent of all orders for children aged less than five years over the six year period). The number of orders recorded is greater than the number of children as in some cases there is more than one order in relation to a child.

Table 3.2

Age of children subject to child protection orders notified to the reporter 1999 to 2005

	Under 5 years	Aged 5-11 years	Aged 12+ years	Total
1999/2000	226 (61%)	106 (29%)	38 (10%)	370 (100%)
2000/2001	234 (63%)	103 (28%)	32 (9%)	369 (100%)
2001/2002	227 (60%)	112 (29%)	42 (11%)	381 (100%)
2002/2003	250 (56%)	150 (34%)	43 (10%)	443 (100%)
2003/2004	353 (60%)	183 (31%)	51 (9%)	587 (100%)
2004/2005	336 (60%)	173 (31%)	49 (9%)	558 (100%)

Notes to table Percentages are rounded to the nearest whole number. Source: Adapted from Scottish Children's Reporter Administration data.

3.5 The gender distribution of children subject to child protection orders is fairly evenly divided, with boys accounting for a little over half in each year from 1999 to 2005 (see Table 3.3).

Table 3.3

Gender of children subject to child protection orders 1999 to 2005.

Year	Male	Female	Total
1999/2000	189 (51%)	181 (49%)	370 (100%)
2000/2001	202 (55%)	167 (45%)	369 (100%)
2001/2002	205 (54%)	176 (46%)	381 (100%)
2002/2003	242 (55%)	201 (45%)	443 (100%)
2003/2004	310 (53%)	277 (47%)	587 (100%)
2004/2005	286 (51%)	272 (49%)	558 (100%)

Source: Adapted from Scottish Children's Reporter Administration data.

Applicants for child protection orders and recalls

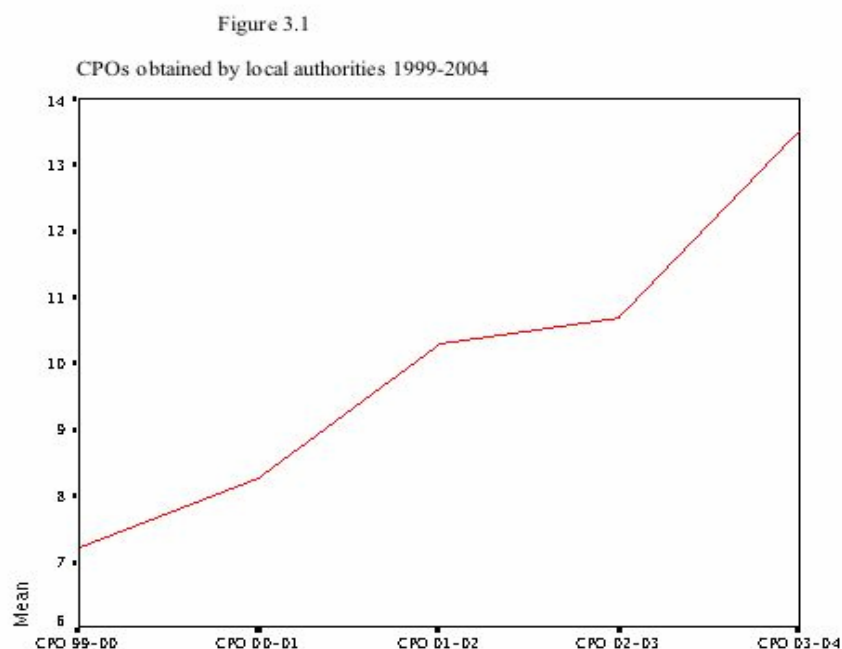
3.6 The majority of applications for child protection orders are made by social workers, accounting for more than 90 per cent of all orders obtained in the years from 1999 to 2005 (except for 2000/01 when the percentage was 86%). The reasons for the latter remain unclear. The child protection audit and review found other agencies were reluctant to seek an order if social work did not consider this to be required (Scottish Executive, 2002). The most common directions attached to an order by the sheriff relate to contact, although this had gradually fallen as a proportion of all directions granted each year from 65 per cent in 1999/2000 to 42 per cent in 2004/05.

3.7 In the six-years from 1999/2000 to 2004/2005 there were very few applications to recall or vary any directions in child protection orders, with a total of 127 applications to recall orders and 18 applications for variation in this period.

Findings – local authority survey

Trends in child protection orders obtained in individual local authorities

3.8 Eleven of the seventeen authorities that provided figures for all five years of the study period obtained a higher number of child protection orders in year 5 (2004/05) than in year 1 (1999/00) and there was a general upward trend in the numbers of orders obtained across Scotland in this period (see figure 3.1).



3.9 One third of the survey authorities (10 out of 29) were unable to provide data for more than 3 of the five years in the study period. From those authorities which did provide data for four or five years, three broad patterns emerge: *Constant Numbers* i.e. those authorities where the fluctuation in number of orders did not exceed plus or minus five in any year (6 authorities in this category); *Fluctuating Numbers* i.e. those authorities (large and small) where the number of orders fluctuated by more than plus or minus five in any year (9 authorities in this category); or a *Steady Increase* over the period i.e. those authorities where the number of orders increased steadily year on year with no more than one variation in that pattern over the five year period (4 authorities in this category). (N.B. It appears that the method of recording the number of CPOs may vary in different authorities so that, in some authorities, an application for a CPO relating to a sibling group will count as one CPO, whereas, in another authority it may be that a CPO is recorded for each child in the sibling group. In those authorities where a CPO is recorded for each child in a sibling group the impact of this on their annual figures will be disproportionate compared to those where only one CPO is recorded).

3.10 Set against the overall rise in orders obtained (see Figure 3.1), the pattern of applications by individual local authorities varied, both between and within authorities, over the five years from 1999 to 2004. The total number of child protection orders obtained in each local authority over the study period (where full data was available) ranged from 1 in a rural authority to 176 in a city authority. Another city authority obtained 197 orders over a

four-year period. A small number of authorities therefore account for a large proportion of all child protection orders obtained in Scotland. A significant minority (35%) of the seventeen local authorities that provided data for all five years, obtained less than 20 child protection orders and more than half of them obtained between 20 and 80 orders in this period (see Table 3.4).

Table 3.4
The range of child protection orders obtained by local authorities over the period 1999-2004

Number of child protection orders	Number of local authorities	Per cent
0-19	6	35%
20-39	5	29%
40-59	2	12%
60-79	2	12%
80-99	-	-
100+	2	12%

Notes to table. The table is based on data from 17 local authorities where full five year data was available. Source: Local authority survey

3.11 Substance misuse, especially drug misuse and associated pre-birth assessments, were a common reason identified by some authorities to explain increases in child protection order applications. A shortage of staff to undertake preventive work with families and lack of access to preventive resources and services were seen as factors leading to increases in the numbers of CPOs obtained in one local authority. Conversely, another authority considered that part of the reason for their low number of orders was related to the availability of a range of resources and supports to assist families in crises.

Policy and practice guidance

3.12 More than half of the authorities (55%, n=29) do not have an agreed written policy on the use of child protection orders. Of those who do, seven provided information on those agencies that are signatories to the policy. A range of internal and external agencies was identified including, *inter alia*, police, health, legal services and the child protection committee. The overwhelming majority of local authorities (90%, n=29) provide procedural guidance and for just under half this is issued separately from general child protection guidelines (45%, n=29).

Assessing risk and significant harm

3.13 Almost half of the authorities (48% n=29) do not use a specific framework or model to assess risk. Of those who do, the majority referred to using in-house models or frameworks, five authorities indicated using or drawing upon the Department of Health's Framework for Assessing Children in Need (Department of Health, 2000) and two identified other models. The remainder indicated that frameworks and models were in development.

3.14 More than two-thirds of the authorities (69%, n=29) indicated that they do not have specific guidance on assessing 'significant harm'. Of those who do, four locate this within

child protection procedures (single and/or inter-agency); two authorities also referred to training which incorporated this aspect. Two authorities draw upon the Department of Health framework (ibid). Three other authorities indicated they are developing guidance in this area.

Legal services and social work

3.15 Policy on the process of applications for child protection orders remains diverse across Scottish local authorities. In nine authorities (31%, n=29) legal services apply for the order, in a further nine (31%, n=29) social work apply. Joint application is made in 11 authorities (38%, n=29) (see Table 3.5). One authority noted that outwith normal working hours social work staff applied for orders.

Table 3.5
Professional group responsible for child protection order applications

Professional group	Number	Per cent
Legal services	9	31%
Social work	9	31%
Joint application	11	38%
Total	29	100%

Source: Local authority survey

3.16 Almost all authorities reported a positive degree of liaison between social work and legal services, with 16 authorities (64%, n=25) rating this as very good and a further 7 (28%, n=25) as good.

Information sharing

3.17 Local authorities were asked to indicate which professionals and agencies most often provide social work with information in applications for child protection orders. Overwhelmingly, police and health visitors were most frequently identified as the main providers of information (93%, n=29), followed by schools and paediatricians (62%, n=29). Less than one-fifth of authorities (17%, n=29) recorded general practitioners as frequent informants. Drug advice services were noted as regularly providing information by seven local authorities (24%, n=29) (see Table 3.6).

Table 3.6
Professionals and agencies frequently providing information to local authorities in child protection order applications

Agency	Number	Per cent of cases
Police	27	93%
Health Visitor	27	93%
Paediatrician	18	62%
School	18	62%
Other social work staff	12	41%
Nursery school	8	28%
Children's Centre	8	28%
Drug advice service	7	24%
General Practitioner	5	17%
School nurse	3	10%
Housing	2	7%
Educational psychology services	1	3%

Source: Local authority survey

3.18 As well as routinely providing information, police and health professionals were also identified as playing the most central role alongside social work in the application for child protection orders (66% and 59%, n=29, respectively).

3.19 Information sharing is central to protecting children and authorities were asked to identify the main challenges to this in the child protection order application process. Opinions on this matter were divided. Several considered there were no major challenges in obtaining appropriate information although one authority identified this as more complex for pre and immediate post-birth applications.

3.20 However, eleven authorities indicated that there are continuing challenges in sharing information, especially with health services and adult services. Several authorities specifically mentioned difficulties in obtaining information from health professionals and general practitioners, with concerns about breaching confidentiality being seen as a possible cause. One authority commented that practitioners in adult services were “less skilled at recognising when their client’s difficulties can have a negative effect on the care of their children”. A further authority observed that some agencies shared information with social work but were more reluctant to do so with other agencies. Three authorities indicated that short time-scales and out of hours applications can pose specific challenges to information gathering for CPO applications.

Inter-agency practice in child protection

3.21 Good communication and effective working relationships that promote trust and clarity about role are seen as key elements in developing effective inter-agency practice in child protection. Local authorities identified a range of structural and organisational aspects which support good practice in this context including: co-located and/or locally based services; shared meetings; regular contact and networking at the local level between agencies and professional staff. These appear to be important in building trust between colleagues in different agencies. Fourteen local authorities specifically identified multi-agency training as central and allowing for, *inter alia*, shared understandings of child protection, of roles and functions as well as strengthening working relationships. An effective child protection committee and written protocols and guidelines were also seen as useful.

3.22 Local authorities identified a range of barriers to effective inter-agency working. Many of these have been identified in previous research (Scottish Executive, 2002). Lack of resources, especially shortages of qualified and competent staff, was identified as a factor. As reported above, information sharing was viewed as a challenge in several authorities. This included, for example, differing agencies and professionals’ views of confidentiality; compatibility of information sharing systems; and time, in terms of accessing the right person when required. Lack of shared perspectives on child protection, especially in considering thresholds for intervention, is an issue recognized in 7 authorities. A lack of clarity of role and responsibility was another identified concern, with social work often being seen as holding responsibility for child protection, a matter also raised by interviewees.

3.23 Rural areas identified a number of practice issues in responding to referrals and making applications including: travelling difficulties related to long distances; facilitating contact; and accessing suitable placements near a child’s home base. Two authorities raised

the issue of potential delay in protecting a child whilst gathering the relevant information for the application process.

CHAPTER FOUR

INTERVIEW FINDINGS

4.1 A major objective of the study was to explore the process of risk assessment in the context of child protection orders with managers and practitioners. Three key issues relating to this were examined in interviews

- The models of assessment frameworks used in practice
- The definitions of ‘significant harm’ that are applied in practice
- The thresholds of intervention used in agencies

The study also aimed to examine the nature of inter-agency collaboration and information exchange in practice.

Risk assessment

The process of risk assessment

4.2 Interviewees indicated that in the majority of cases where a child protection order was taken the child and family were often already known to social work. This could be for a fairly short time prior to application. Some applications can relate to long-standing and complex cases where substantial information may already be available. In early intervention teams, by virtue of the nature of the agency, children were less likely to be known.

“I’ve known all the children that I’ve taken CPOs on. Maybe not for a long period of time in some cases” (Social Worker).

The process and management of assessing risk was seen to be dependent on a range of factors, including the age of the child, since:

“... the level of risk factors that are around are different if you’ve got a 2 year old than if you’ve got ... a 12 year old, (or) if you’ve got a baby. So it’s a continual management of that risk and you’re viewing the management of that risk” (Operational Manager)

However, there was a concern that there should be a more standard understanding of levels of risk, so that similar thresholds should apply *“the threshold should be the same for everyone”*.

4.3 Practitioners described how, over the years, since the introduction of the Children (Scotland) Act 1995, a greater awareness and confidence in managing risk within families had developed. This has the appearance on occasion of making it seem that thresholds for intervention have risen:

“I don’t know if the threshold has gone up or if our awareness has increased so much now that we feel more confident and comfortable working in support of children with the families at home.” (First Line Manager)

Practice has moved on with recognition that a sheriff now require better evidence based applications than a Justice of the Peace under the previous system.

“This was 20 years ago so it’s a long time ago. So I think it has moved on but I don’t think the threshold ... has changed. I think we’ve become better at doing the assessment. ... Because obviously along with all the child deaths and inquiries comes resources, comes some sort of support, better awareness, and I think that’s maybe what’s happened.” (First Line Manager)

4.4 Overall the management of risk has become central, being more important than simply recognising risk factors and reacting to these.

“... someone might be at risk of abuse or there might be quite chaotic factors in the family ... that ... would be your risk factors. But your protective factors might outweigh those risk factors - ... that is the balance. It’s listing the risk factors and the protective factors and trying to determine where it becomes significant harm and where you can manage that risk. So it is, it’s about risk management and I think more and more you’re hearing the term, it’s not about the level of risk, it’s how we manage that risk.” (Operational Manager)

This perhaps reflects the emphasis on minimum intervention and attempting to work in partnership with parents (considered in more detail in the discussion on thresholds of intervention).

Models of risk assessment informing practice

4.5 This proved a complex area for interviewees to address as there were no models that were seen to be sufficiently comprehensive to be used in all circumstances. Where specific models were mentioned, primarily they were those of the Department of Health referring both to the *“orange book”* (DoH 1988) and *purple books* (DoH 2000)”. Some social workers described the latter model as *“the triangle”*.

“... a lot of people will smile at the fact that I always turn back to the Department of Health ... they call it the orange book ... it’s been around for a long time. ... There’s new ones been written, but I feel it gives a very, very clear proforma to be able to follow.” (First Line manager)

Other models mentioned were those developed by Daniel, by Gilligan, and by Brierly. However, it should be noted that, where such frameworks were used, it was more often in the longer timeframe of a *“12-week assessment”* (Social Worker) rather than in the emergency setting of a child protection order *“not in that sort of situation - not in a kind of crisis situation.”* (First Line Manager)

4.6 Overwhelmingly, interviewees considered that, although they were aware of a range of models, none were used regularly in an overt manner. That is, they did not refer to any directly nor were they very conscious that their practice was based on specific published models or frameworks. At the same time, they were aware that their past training had covered such models.

“It’s a very simple [model] ... it’s the Brierly one from 1982, because when I did my diploma in child protection ... we did look at different risk assessments then. I ... did a presentation for the then managers and ... there were a few models that we looked at.

But we came down on this one because it was actually simple and we thought ... workers would actually use it". (Operational Manager)

Generally, however, interviewees felt that as practitioners became more experienced such models increasingly became internalised.

"When you're doing the [child protection] course you have to look at what models to actually use. I think the problem is the longer you've been in practice and the more distant you are to your own qualifying teaching, you just tend to have a way of working. ... I just know that personally ... I like to think I'm fairly clear. If I went into a situation I think I would be very clear if I felt a child had to be removed quite quickly. I would just know that". (Social Worker).

4.7 General concern about the adequacy and availability of models of risk assessment was reflected across all local authorities.

"It's probably a gap within this council. I don't think we're as developed ... in child protection as ... youth justice, where there's a much greater move now towards models of risk assessment. We are still I think tending to use more general guidance that we get from time to time rather than specific models". (First Line Manager)

One authority was trying to develop models of risk assessment into a more cohesive framework to reflect the fact that assessment of risk can cover a range of situations, some of which are more urgent than others. The comment by an operational manager below reflects some of the complexities in the development of risk assessment models.

"... in terms of [an] ... assessment framework, we don't have a particular model ... we use a variety of models in terms of risk. There are different ways we measure risk because there's immediate risk ... and the risk assessments that we would do that are a bit longer term or ... we would ask for at a case conference. ... We've got the pre-birth risk assessment framework that we do for vulnerable mothers and mothers who either misuse alcohol or drugs. ... We've got ... our new integrated assessment framework ... and that's a joint assessment framework. ... We've also got the ... Full Assessment Report that we do for the children's hearing. ... That framework we use ... for panel reports for our care first observations and for our looked after children, and it's to try and keep some continuity. So there is a framework there, a broad framework and there's that variety of other tools within that, that we'll use to get an idea of an assessment". (Operational Manager)

4.8 The general concern was that available models were not specific enough, which in turn forced practitioners back onto their own experience:

"... think it's quite a good tool for assessing just sort of general risk, but I don't think it's a very good tool for child protection. I have to say that I think within social work that an awful lot is experience. And life experience as well. ... I think it's basic assessment, you know, and somebody's experience of doing that as well in terms of the feel of it. ... It's how you interpret as well - ... you can do lots of things on paper, either to support child protection or to argue not to act". (Social Worker)

Defining significant harm

Procedural guidance – access and knowledge

4.9 In their written guidance on child protection, only one authority appeared to have set out to define the nature of ‘significant harm’ and to identify factors to be taken into account when deciding to apply or not for a child protection order. This did not appear to have been distributed on the local authority’s internal intranet system unlike other guidance but the service manager and the child protection manager both considered that the relevant passages offered a contextual framework, being neither too vague nor too defined.

“... it’s maybe somewhere in between because it does offer some guidance. It does say things like you know – “The significance can be either the severity of a particular incident or in the repetition or persistence of mistreatment. Harm that was fleeting or transitory may not count as significant, at least not for the purposes of urgent and radical child protection responses. That is not to say harm of lower order cannot contribute to its grounds. Harm also has to be happening now or likely to happen in the foreseeable future. Acts or omissions that are some way in the past may not give grounds for taking a child to a place of safety unless it can be reasonably suspected or believed that they are likely to be repeated in the foreseeable future.” So it does give, it does give a bit of, you know it’s not saying that’s when you take a CPO and that’s when you don’t, and that’s significant and that’s not”. (Service Manager)

In neither of the other two authorities were any interviewees aware of any written definition of the term although there was recognition that the term is open to interpretation. The situation can be summarised by the comment from one social worker.

“I don’t know if there is a definition within the authority, but I think ... it’s open to interpretation. That’s the problem with it. And I think that’s the problem why ... different authorities will maybe take child protection (orders) for maybe much less than other ones would.” (Social Worker)

Role of professional experience and judgement

4.10 A service manager in one authority confirmed that they had no definition of significant harm. However her concern was not *“to be boxed into a corner over this..... I’m not sure that as a working tool that would necessarily be all that helpful.* She was concerned *“to look at situations in the round and taking all the kind of relevant factors into consideration and then work out what constitutes significant harm”* in particular cases. She thought that:

“...experienced social workers who undertake child protection work and their managers have got a set of criteria that they apply, have an understanding of covering all the bases in terms of making that assessment.”

One first-line manager from this authority referred to the definition in Norrie’s (1997) annotation to the 1995 Act but he considered it *“comes down in many cases to a judgement”*. Another first-line manager, in considering the potential for emotional abuse to cause significant harm, also stressed the importance of making an individual judgement saying:

“... professional knowledge but experience as well. ... People coming off a new degree course would be very knowledgeable but it’s about experience as well, it’s about having actually been there in the middle of a family and be with a kid when this is happening to appreciate what it must feel like. You need to put yourself in the kid’s shoes and think what would it be like to be a six year old who’d been subjected to that ... and there’s nobody except perhaps you as a worker who can [step in].”

4.11 Thus, developing professional experience and instinct were seen by some interviewees to be of more use than having a written definition of the term. There were mixed reactions to this viewpoint. While professional judgement and development of experience were seen as very important to inform practice, the lack of definition left less experienced workers in the dark, leading to needless re-inventions of the wheel. With no clear definition or guidance related to significant harm, one social worker thought that it would be quite helpful to have a little more:

“... as a council we don’t have a good assessment tool to work from. ... I think we all are very individual and we do our assessments in our own way ... rather than [following] any specific ... areas that should be covered.... [W]hen you’re first starting out you don’t really know what you’re meant to be ... gathering information on. You know, school - education, health is the main but if you don’t know anything else to be asking about then you know it can cause a lot of problems and I think we need more in our assessment.”

Furthermore, different thresholds develop in different offices across this local authority. One social worker with experience of more than one office considered it was unhelpful for a council to develop in this way:

“... you may have an office for instance where either a CPO would be taken when it might not be necessary and vice versa, one might not be taken when it really should have been taken and maybe it’s the same level of ... risk for the child”.

Therefore, without a written definition of the term, individual social workers or individual teams are thrown back on themselves as they develop their own notions of thresholds.

4.12 An operational manager in one authority considered that while child protection guidelines were written down *“the interpretation can be as broad [as you wish] for significant harm. She was sure that within the guidelines the term significant harm was “broadly defined but ... in the end it’s got to be a judgement call”.* Other interviewees from this authority thought that such a definition must exist within the guidelines, but were a little unsure. Another social worker was very sure that such a definition came from the operational manager and indicated that there were *“manuals that we can consult”* but there was little time to do so. However this social worker was confident that if she had time to search there would be a written definition of the term, which would *“probably”* be shared by all members of the team, although *“... those with a bit less experience would run it by a colleague or maybe run it by a colleague before going to management”.* Others, however, felt that everyone had their own understanding of the term, which *“is an open-ended thing because what you may assess as being significant harm may be a different perception to somebody else’s perception of significant harm.”* (First Line Manager).

Thus, while there was a level of ambivalence about the use of a written definition of the term significant harm, most interviewees did feel that a broad definition should exist in their child

protection guidance. This was true in the local authority where such a written definition did exist although workers were unaware of it. It was generally thought that it would be useful as a “*tool ... so that we’re all starting at the same base-line* (Social Worker) in recognising that thresholds vary, as one first-line manager observed:

“..... my threshold would probably be different to a newly qualified worker’s and that would happen quite a lot I think in teams that new workers would be feeling we have to get these children out of there.”

4.13 Guidance would also provide some objectivity and support to workers in making decisions about applying for child protection orders as one social worker said:

“I don’t think individual workers should be making individual decisions at this stage. I think we also need some protection, some objectivity here. There needs to be some level overall, because you’re not quite sure in a different scenario, different authority would it be actually a child protection order or not? It shouldn’t be as arbitrary as that.”

Although there was some feeling that a broad definition to be used as a “*working tool*” would offer guidance, no interviewee was in favour of a regimented or prescriptive definition. A tick-box format was not seen as the route to follow in this case. Such an approach was seen to be useful in terms of “*jogging - maybe kind of prompting you to go down the right route* but no interviewees suggested this was a way forward. Any written definition would have to leave “*room for professional judgement, recognising that each case is different from the last*” (Social Worker). Considering each case individually was seen as important as one person indicated:

“... even if there was a written definition how you could then apply that to one circumstance and say well that fits that definition but this one doesn’t because it is a complex judgement based on the age and stage of the child. You know, their resilience, their experience already, you know, what that instant means for that child. It’s about the child as much as the actual incident or the accumulation.” (First Line Manager)

4.14 The more experienced the social worker the more s/he was likely to feel secure in their reading of family situations and their subsequent judgements “*I’m clear what I think significant harm is.*” (First Line Manager). However, even this interviewee felt that a lack of definition could lead workers to move backwards in their practice and perhaps “*drift back to the ... place of safety orders and people feeling they’d been taken too freely* “. (First Line Manager). As outlined earlier resources could be seen to impact on the decision to apply for a child protection order.

“There’s professional issues in terms of resources - worker resources as well as actual resources. ... And when, because of lack of that, you might be forced to look at a CPO. Whereas a different scenario, different resources, you could put that work into not having to go for a CPO.” (Social Worker)

4.15 The professional judgement of social workers was seen as a factor worthy of recognition and valued as such. This judgement would have developed over years and a range of experiences from which a set of criteria would have been developed to enable significant harm to be recognised. This would gradually have been internalised by the social worker.

Factors associated with defining harm as significant

4.16 The complexity of significant harm lies in the fact that, although it has certain characteristics (see the list below) that help shape it; these same characteristics coalesce differently in different family settings. So what might be a cause of concern in one family could be enough in another to trigger a child protection order. As a service manager indicated “... *all child abuse neglect is serious, some is more serious and significantly more harmful than others.*”

Characteristics⁴ that shape the term significant harm

- | | |
|----------------------------------------|---------------------------------|
| (a) immediacy of the harm | (h) vulnerability of carers |
| (b) degree of risk | (i) reliability of carers |
| (c) frequency of any incidence of harm | (j) culpability of carers |
| (d) nature of the harm | (k) vulnerability of child(ren) |
| (e) severity of the harm | (l) child’s networks |
| (f) co-operation of carers | (m) past history |
| (g) ability and knowledge of carers | (n) all alternatives failed |

These characteristics will now be considered in turn.

Risk and harm

(a) *Immediacy of the harm* must indicate a high level of urgency and is dependent on the circumstances operating at that moment “*you can’t wait, you can’t do anything else*” (Social Worker).

(b) *Degree of risk*, indicating that it cannot now be managed and is unmanageably high. This is closely allied to *immediacy* as a service manager indicates:

“I think there are issues in CPOs of urgency clearly about the need for speedy action and intervention. The ... necessity to ensure that the child is protected immediately, that something cannot run on and that the risk is assessed as being high at that point in time and this form intervention is the only one ... to make sure that the child is protected.”

(c) *Frequency of any incidence of harm* would indicate that the behaviour of the parent was not a one-off incident, which was unlikely to be repeated.

(d) *Nature of the harm* can include both isolated incidents but also where there is an accumulation of concerns, as this social worker indicates:

“... you have cases where it’s a one-off incident where the child is at risk of significant harm at that time. Then you have cases where it is an accumulation of concerns, which we then say - No, enough is enough, the child cannot remain in this situation.”

Interviewees agreed that physical or sexual harm were more straightforward to diagnose and react to, emotional abuse caused different reactions. Reacting quickly in a case of alleged sexual abuse was seen as paramount:

⁴ These characteristics have been developed from interviews.

“... the nature of the alleged abuses is also a factor. ... [In a] situation of sexual abuse, in particular, where there is a need to ensure that the young person is ... protected, but is also able to access quickly the kind of assistance that they need in order to ... begin to deal with ... whatever is alleged to have occurred.” (Service Manager)

For some interviewees, emotional abuse was seen to rank on the same level as physical and sexual abuse and an example of successful application for a child protection order in this context was cited. Other interviewees could not imagine being unable to deal with emotional abuse by some other means, avoiding the need for a child protection order.

“I suppose it’s like the level of harm isn’t it? I suppose for me it probably is that the child is in significant harm of something physical happening to them probably, or sexual, but ...with emotional abuse ... obviously there is emotional abuse, but I think to take something like a CPO on only emotional abuse ... would be unlikely. ... You’d want to work in a more planned way probably to remove a child from those circumstances. So for me it would certainly either physical harm or sexual abuse.” (First Line Manager).

(e) *Severity of the harm.* Interviewees considered that severe injury either from a single incident or from an accumulation of incidents could signify the need for a child protection order. However, they also thought that there was not an agreed threshold defining the nature of the term severe. What they did look for were factors that might offer protection to the child.

“If there’s no ... protective factors in place then you know the child’s at risk of significant (harm) because it’s obvious we’re looking at significant harm in the future.” (Social Worker).

Carers

(f) *Co-operation of carers* was the central to all interviewees’ definition of significant harm and included main carers desisting from harmful actions, affording protection to the child, rejecting an abusing partner and generally improving the situation for the child. With co-operation, it proved possible for risk to be managed and for the child to remain at home.

“... it’s about the level of co-operation. There’s families we work with who are really high levels of risk. They’re on the register. And it is about getting a balance - but it’s a lot of risk. But we feel the child protection plan’s in place, it’s comprehensive and there’s a co-operation with the family with ... the child protection plan. The bit that tips the balance within child protection is if the families stop co-operating.” (Operational Manager)

(g) *Ability of carers* proved an important factor. Interviewees were keen to identify the strengths of parents and to build on these; but it was also clear that some parents perpetrated harm through their own lack of understanding, for example when they themselves have learning difficulties.

(h) *Vulnerability of carer(s)* was a crucial aspect of their ability to offer protection to children, since many had problems related to substance abuse and their own mental health. Interviewees considered it was possible to sense the likelihood of harm within a household.

“I think there’s very much a bit about the atmosphere in the house at that point and the attitude of the parent towards the child. If there’s a lot of anger around, and you can usually feel that, and you sometimes just know by what parents are verbalising that it would not be safe to leave that child. Because sometimes parents say - Take him away or I’ll batter him - and you know it’s more a kind of turn of phrase rather than a deliberate intention: but I think you can feel it, you can assess a parent’s attitude towards a child at a particular point.” (Social Worker).

The very vulnerability of the parents may be sufficient in itself for a child protection order to be required.

“... where the harm is serious but the main carers appear very reasonable, co-operative and with no care culpability ... in these circumstances it may be still prudent to take an order since ... ignorance of the carers or cause of the harm may be repeated.” (LA3 service manager).

(i) *Reliability of carers* could be used as an indicator of their real intention to co-operate.

(j) *Culpability of carers* included sexually abusing the child, or the non-abusing parent failing to prevent such abuse and thus appearing to collude. Such culpability raised the question as to whether the parent could actually protect the child or continue to place their own wishes above the (possibly conflicting) needs of the children?

Child related factors

(k) *Vulnerability of the child(ren)* included taking account of their age and stage of development, since what could prove very dangerous for a baby could possibly be managed for a teenager.

(l) *Child’s networks*. If the child has access to protection offered by the extended family or by friends, there would be less need for a child protection order since they could act as safeguards for the child. As a service manager indicated *“there are protective factors which will change the degree of significance, if you like”*.

Prior history and knowledge

(m) *Past history*, including if the family were known to other agencies. In some cases historic knowledge proved to be the very central point on which the need for a child protection order turned. Where parents were unknown to them, practitioners were cautious.

No alternatives – cumulative and one-off incidents

(o) *All alternatives failed* leading to a lack of any other choice other than applying for a child protection order. This could be as a result of a number of scenarios. There may be a long, slow build-up of events.

“There can also be situations where there’s been an accumulation of concerns and you’re building up a picture of lack of care and neglect. ... [O]ver a period of time ... you would have had discussions with the carers about that. [But] ... there’s been no change. I think then there has to be a decision made - ... is the situation now at such a stage that ... the children can’t remain living there any more? ... [A]s workers we all take certain

kinds of risks, ... by the time we come to considering a CPO we've been through all the other options available.” (Social Worker).

It could also be as a result of a single major incident.

“... you have cases where it's a one-off incident where the child is at risk of significant harm at that time.”(Social Worker)

Although, there was the view that a single one-off incident was unlikely to lead directly to a child protection order *“I think ‘significant’ ... does imply a level of harm which is more than a one-off incident ... it would imply something which ... would have some sort of lasting effect on the child. (First Line Manager).*

It could also be a combination of a long build-up but with one final incident that tips the balance.

“It ... was in the backdrop ... of ... accumulative concerns that had been going on for a fairly substantial period of time and then there was an incident that had happened that day which had kind of upped-the-anti basically and had raised our concerns. So, ... in the context of ... historical information (it) made people kind of go – ‘Wait a minute, this is a bit different to what's gone on before’ and in the backdrop of where this seems to have been coming from this is why I need to act now.” (Social Worker)

One way of gauging whether this point was reached was when there was no longer any factor for change available to the parent(s), such as the withdrawal of help from previously supportive relatives or a parent refusing such assistance.

However useful this list of characteristics might be, helping to define the nature of significant harm, no interviewee considered that a simple tick-list of criteria could lead to a valid evaluation of a family situation that may warrant an application for a child protection order. There were clearly a range of criteria to consider, however each situation was slightly different from others:

“...there are protective factors which will change the degree of significance if you like. But I do think it's important to have a framework. ... [E]xperienced social workers, who undertake child protection work, and their managers, have got a set of criteria that they apply, have an understanding of covering all the bases in terms of making that assessment.”(Service Manager)

Thresholds for intervention

4.17 The issue of thresholds for intervention presented a complex picture. It was clear that there was more scrutiny than under the previous legislation with the involvement of the sheriff compared to the justice of the peace. However there was no clear consensus as to whether thresholds had been raised. The effective management of risk and the impact of minimum intervention appeared to be key factors.

Moreover, the decision to apply for a child protection order does not solely lie with the social worker. Consultation with first-line managers, and in some cases operational managers and

legal services is common. There is clearly a process of joint or collegiate decision-making where there is debate and discussion about the need for the order. In one situation the case conference (their role is discussed later) was seen as making the decision to apply in light of the circumstances. This suggests that there is a fair level of internal scrutiny before applications are made for a child protection order.

“I would say it’s a joint decision between the worker, the supervisor, our area manager and our legal system. I don’t think that any one person has sole responsibility. I would suggest it’s a joint decision and it’s a joint assessment that’s led to the decision.... (First Line Manager).

Child protection orders and increased scrutiny

4.18 A number of interviewees were experienced practitioners, having worked in child protection before the Children (Scotland) Act 1995. Most thought that under the previous system it was easier to be granted a place of safety order than a child protection order “yes, ... it seemed a lot easier. ... You went along it was more or less routine (LA3 social worker). When the new order and related procedure was introduced in 1997, there was an expectation that it would be more difficult to be granted a child protection order although this does not seem necessarily to have been the case.

“When CPOs first came into being there was this kind of myth that it was going to be very, very difficult to get them, There was now an anxiety that because we were lifting the tariff to the legal profession, being a Sheriff, that it was going to be even more difficult. That hasn’t been my experience. The only difference is now the Sheriff is a little bit more meticulous at reading the supporting evidence and the reasons why you’re going. And if there’s any element of doubt they will question it, whereas a JP didn’t have that ... understanding and knowledge”. (First Line Manager).

4.19 This perception of the current system as more rigorous was general amongst interviewees with experience of the previous system. Two main reasons emerged: first applications were now evidence based; and second that they were scrutinised by a legally trained professional.

“I think the thresholds are different and I think the approach taken maybe by ourselves and the legal services is different as well, because you’re going in front of the sheriff rather than the justice of the peace and we can all have great stories about chatting the justice of the peace up...at night but I think the higher level of evidence required for the sheriff is the more challenging part for us now” (First Line Manager).

“JPs..... now reflecting back,... they had no real knowledge of the concerns around. And, yes, they would ask a few questions but ... it was just ... totally inappropriate ... - sitting maybe in somebody’s kitchen with their wife sitting around as well. You know, it was just not formal in any way whatsoever. ... I think the formality of going to a Sheriff, presenting a case to someone who knows all the legal loopholes, who works under the Children (Scotland) Act ... and asks the questions, it is totally different and more appropriate and keeps us on the ball”. (Social Worker)

4.20 Application for a child protection order is to the sheriff. Refusal of an order was extremely rare and only one interviewee could recall this taking place after a lengthy discussion with the sheriff. It may be the internal scrutiny before application outlined above in the collegiate nature of the decision to apply may be a factor in this experience. Interviewees whilst commenting on the variation in approaches taken by sheriffs did not systematically identify any consistent concerns in presenting applications. Sheriffs were largely seen to be appropriately rigorous in questioning and interviewees did not feel they were being cross-examined recognising the need for sound justification of the application. Three interviewees did comment that it felt at times there was some ‘nitpicking’ on detail or wording.

“It has been really just clarifying some points in terms of our submission and our written information ... I mean I think we appreciate that they’ve got a role and a job to do and they have to profile certain requirements” (First Line Manager).

“It has been a very straightforward process, I mean certainly not like being in court or being cross-examined” (Social Worker)

The importance of good preparation was recognised as a central factor.

“Well I think it’s down to how you prepare your papers in the first instance.....”
(Social Worker)

4.21 However, a more rigorous system, valued as it was by interviewees, was seen to lead to other problems especially in relation to time-scales in applications and potential delay in protecting a child. This is illustrated by a first-line manager’s comment below:

“The problem I have is that the current system (and I don’t think you can have it both ways ... we have to be more robust in terms of being clear about this is the road we’re going to go down) the timescale to then do it, is sometimes too long. We’ve had occasions when we’ve had the concerns in the morning. We’ve had to leave the child all day, because there is so much work to be done in actually getting to the Sheriff - that’s not about the emergency protection of the child. ... In some cases, we’re not able to move quick enough because it’s a huge bureaucracy to be fed”. (First Line Manager).

There do appear to be some issues about the immediacy/emergency requirements in the application process as it can take some time for all the relevant material to be gathered together and placements arranged. This issue was also raised by two local authorities in the survey.

Thresholds – risk management and minimum intervention

4.22 While many interviewees felt that thresholds had changed with the introduction of child protection orders, it was not quite as simple as pointing to the differences between appearing before a sheriff rather than a justice of the peace. This was only one of a series of factors seen as being responsible for raising the thresholds for removing children from their parents. A greater understanding that more harm can be done to children by removing them than by leaving them in an unsatisfactory home was identified as another key factor.

“Within social work I suppose we now, we’ve got to measure the level of risk and the level of trauma is going to be impacted on the child by removing them. Years ago when we removed a child, we used to remove them to what was deemed to be a ‘safe environment’. What is deemed to be a safe environment now is difficult because we don’t have the residential resources we used to have. We have foster carers but then ... we may be taking a child away from a family and placing them 100 miles away. What is the chance of maintaining a bonding, a contact, a meaningful rehabilitation?” (First Line Manager).

“... there’s much more emphasis on - this is a very serious thing to do ... you’re removing this child against his or her parents’ wishes and you know you should not be doing that unless you absolutely have no other choice and the child is not going to be safe”. (First Line Manager).

4.23 There has also been a shift in practice, whereby greater emphasis is placed on supporting the family to avoid the removal of the child. There was broad consensus that alternatives to safeguard the child were considered before making application for a child protection order. Essentially if the risk could be managed by a voluntary admission to public care (section 25 Children (Scotland) Act 1995) enlisting the support of other relatives or neighbours to accommodate the child or the deployment of additional resources in the home this would be preferred to a child protection order. An operational manager in the rural local authority considered that the ready availability of a wide range of statutory and voluntary resources had contributed to the limited number of child protection orders taken. It was clear that child protection orders were seen as a last resort.

“If we felt the child had to be removed from the house it would be section 25 but we would give that option first”

“If we thought we could keep the child in the family home and protect them, we would put in all the services. For instance we have home support and day-care which could go in at night time, so we could do basically a 24 hour care system in the community to ensure that the child remains at home, and preferably we’d rather keep the child within the family where possible. We would look at the extended family and have an agreement from the carer and extended family that they would care for the child and that they would be responsible for ensuring the care and the protection of the child. We would even go as far as a close friend, if there was a close friend or neighbour who the parent was saying I’d be happy for my next door neighbour to have the care of the child, we would then ask the police to do an immediate check. (First Line Manager).

Parental co-operation was seen as the key factor in the consideration of alternatives.

“I suppose it’s down to parental co-operation, isn’t it. At the end of the day if you can negotiate something that keeps the child safe and you’re not having to take the order, we know that’s better” (Service Manager).

A voluntary admission could also be seen as helpful in the assessment process and sometimes paved the way to a referral to the reporter. One first-line manager thought that voluntary admission did not fully protect a child in the same way as a child protection order. In some case there could be an element of coercion in accommodating the child elsewhere as it was

made clear to parents that an application for a child protection order could be made if agreement was not forthcoming.

“If I thought that I could do it on a voluntary basis and protect this child on a voluntary (basis) I would try and do that. My understanding is we would only go for the child protection order if the parents were not, or the child were not, willing to work with the social work department or keep the child safe” (Social Worker).

There was also a greater understanding of how to manage risk when leaving a child in his or her own home.

“... the level of risk that you’re working with in a family probably is higher now than it was 10 or 15 years ago probably. I’ve no evidence for that, but probably it’s higher. But we would have taken a place of safety I think a lot more quickly than we would a CPO. ... There’s probably been a change in thinking about ... exploring every way that you can work in partnership before you go down that road. (Operational Manager).

4.24 However, there were also more subtle reasons for changes in thresholds. It was felt, for example, that under the previous system, practitioners erred on the side of caution, because the decision was theirs alone, since a justice of the peace was generally untrained in this specialised field. In the present system a trained lawyer, a sheriff, ultimately made the decision, and the threshold is ‘significant harm’.

[Previously] *“we maybe made that threshold a bit lower before ... to be on the safe side. Now that we’ve got [to] ... prove that this child is at risk of significant harm ... it ... makes us more accountable. And saying, right, that child does need to be removed today - because you’ve got to say – Well, why didn’t you remove that child yesterday ... what’s wrong with tomorrow? You’re saying - Well no, today is the day. So it stops social workers abusing their power by doing it on the safe side and going to a Justice of the Peace and getting them to sign it off. Because it is a powerful role that we’ve got and ... you do need to be accountable for what you’re doing”*. (Social Worker)

4.25 A number of interviewees did feel that thresholds had changed when child protection orders were introduced. Such changes in thresholds had occurred almost incrementally and caused some interviewees to look back on previous practice rather ruefully.

“I do remember JPs who had no intentions really of questioning things an awful lot and took your word for it really. ... [T]hey were interested in the story usually, they would grant the order. But that wouldn’t be acceptable now and quite rightly so”. (First Line Manager).

However, not all interviewees considered that thresholds had actually shifted, seeing the raising of thresholds as not necessarily synonymous with improved practice.

“I’m not sure that the thresholds have shifted all that much, strangely. ... I would hope in a way that they haven’t, because I wouldn’t necessarily take that as an indication of good practice if we had changed our practice because of the changing legal system. I’m not sure that that would be necessarily a good thing unless we had a lot of other resources and systems in place to support families in the community and maybe there are some more of those nowadays”. (Operational Manager)

Inter-agency collaboration and information exchange

Joint working

4.26 It is widely accepted that inter-agency collaboration and information exchange are core issues in ensuring effective social work practice. The need to develop these aspects of practice is emphasised across all domains of social work and has been identified as a key issue in research as well as being promoted through policy and legislation. Complex social issues cannot be solved by single agencies or professions and the findings here suggest that the principle of joint working, both at ground-level and in strategic terms, is generally accepted.

“I think for us to build closer relationships definitely, is definitely the way ahead and well, we’re talking about cluster teams just now and that might be better. I’m really not sure but time will tell. But certainly I think joint training is really helpful and good face to face working relationships built up over time is the only way ahead really. Definitely...we do recognize we do need to try and work more closely together definitely and it’s the big agenda for the moment. (First Line Manager).

“...joint working all the way through really, it’s been a theme as we’ve spoken. ... we’ve mentioned that other agencies would be involved in offering evidence in deciding whether to apply for a CPO..... a range of people: health visitors; education; GPs, perhaps police. (First Line Manager).

“And so what we’re trying to promote is more inter-agency working and you know everybody’s job to make sure ... and other agencies responsibilities. So we’re very much trying to promote that in this authority and really bring other agencies in to the whole child protection arena.” (First Line Manager).

4.27 Not surprisingly, the nature and quality of joint working arrangements varies considerably between different agencies and professionals. However, responses suggest that, for some, as indicated in the survey findings, there is a particularly close working relationship with the police and also between social workers and health visitors.

“I think the police do, they can understand but other agencies maybe not quite so much really. ... we’ve had joint interview training ... and that’s been quite useful and you know I think particularly if it’s the family protection unit the police obviously we have a lot of joint training there. So they’re understanding just exactly what we’re going through. They may not always agree with our roles that we’re taking but they do understand and I think again that’s about the joint training.” (Social Worker)

“I suppose we liaise closely with other agencies and I think we’re very good here in that we have a very good relationship with the police..... and certainly the health visitors. We have difficulty sometimes with schools but we’re getting them on board.” (LA2 social worker).

“...health visitors I would have said, but again that’s because of practice. We’ve done a lot of joint working, it’s a very open, a very shared responsibility, that they’re very happy

to do joint visits now because they don't feel themselves as being used. And they're also much more open to the limitations of situations but much more comfortable with holding that and I think we've developed good partnerships in terms of families.” (Social Worker)

4.28 Responses suggest that though there may be some way to go, there is a climate of openness to developing better joint working arrangements in the future.

“I'm not in any way saying that they feel we always get it right or we feel that guidance teachers or whoever always get it right but nonetheless we are well used to working with each other and that's certainly very helpful.” (First Line Manager).

“I think there's a will to work together in this authority which I hear from other people coming in from elsewhere is maybe, and I don't want to make it sound as if everything's just hunky-dory because it's obviously not, but I think we're kind of on the road in a way.” (Service Manager)

4.29 In acknowledging that the current situation leaves much scope for improvement in joint working arrangements, a number of respondents provided suggestions about the way forward. Reflecting comments elsewhere in this report, the issue of developing joint training and raising awareness of other professionals' roles and responsibilities were high on the agenda.

“Joint training, definitely. I mean we've done a little bit of that actually. We actually had a training day with health just last week which I mean I think we need to do an awful lot more of it because you need to put names to faces. And you need to share information. I mean, I personally find it fascinating when I discover exactly what other people do as their jobs, I think it widens your knowledge base of your expectations of what they can do, what they can't do and gives you more of an insight and vice versa. If someone has a bit more of an in-depth insight into the actual workings of the department, procedures and what social workers actually do then it just makes your job an awful lot easier.” (Social Worker).

However, while joint training was seen as a key way forward to promote closer collaboration between agencies it was not seen as the only solution to this question and in one instance a very practical practice measure was proposed.

“Something I'd like to see whereby we have almost kind of debriefing sessionsand you have other people then who might have been a teacher or whoever it was, you invite them to that and you debrief. Here's how we got to the ..., here's what happened. I think that kind of thing you know would work well.” (First Line Manager).

4.30 In some responses it was implied that the main difficulty surrounding effective joint working in child protection work is the lack of shared ownership and it was felt that social work needs to confront other agencies to ensure that they accept their corporate and shared responsibility for child protection practice.

“I think maybe, as an agency, we could be more proactive and again I don't just mean this council, I mean across the board in saying to people 'what are you going to do?' because this is a shared responsibility. Maybe people need to hear that more often at

meetings, you know, ... maybe they should say OK it was the social work department slated in the press but here's what the enquiry says, health were at fault, da-di-da, you know." (Social Worker)

"We still need to sort out roles a bit but one of the roles that we are clear about in the authority if it's child protection it's the practice team. So I think anything that has a little whiff of maybe child protection is "oh it's over to you, that's not our job". So that has been quite difficult." (First Line Manager).

Besides the question of 'owning' the problem, interviewees suggested several other barriers to improving joint working arrangements. One manager summed up a number of structural and cultural concerns.

"One of the things I think that gets in the way of it is that we've got all sorts of other priorities and all sorts of other imperatives and we've got different cultures still. And we speak different languages sometimes and we've got to work on all of those issues. And we're not joined up in terms of our budgets either." (Service Manager)

4.31 Alongside these more general issues, it seems that boundary and organisational difficulties can add a further layer of complication in some authorities.

"This authority works in a health board which obviously has got three local authorities and one police force and there are issues about how that is managed....But the kinds of groups that I'm involved with ... would tend to involve you know representatives from other agencies so we do try to work together in planning services for children in a way again that I don't think happened in the past and of course we're compelled to do that." (Service Manager)

Though the above response was tempered by a positive sense of progress, it also highlights that changes may be occurring in the context of policy being imposed from above. The comments of another respondent suggest that a potential obstacle to improved joint working may be an element of suspicion among social work staff about the motives of managers and about the overall aims of integration and joint working in broader organisational terms.

"I think in this authority I think the director just wants to get rid of the stigma of 'social work' and families having to go to 'social work' so it's children services, and certainly integrated working, you know, ... maybe some of the nice parts of our jobs are actually being hived off you know and other people are doing it and I think basically what we're left with is actually the child protection and it's the heavy end and I can't ever see that changing. I don't think any other agencies would want to be involved in child protection as such." (Social Worker).

For one manager though, there was also a question mark about whether social work staff can be too possessive in relation to this field of work and hold fears that the involvement of other professional or agencies can result in difficulties.

"Maybe some of it is to do with how we as well as social workers may be, maybe we own it too much and sometimes we don't allow other people in. It's that dynamic as well that because we're, we take so much responsibility for it because maybe we're so afraid of something going wrong and then maybe other people don't feel as confident and they feel

well we seem to know it anyway so there's not the same kind of room for them... Because it's not their bread and butter, it is more our bread and butter. ... and I think a lot of other agencies struggle with that whereas I think again it's what we do every day, we manage situations where there's maybe no right answer.” (Service Manager).

Highlighting the fear that other professionals may not be adequately trained for this field of work, one social worker was concerned about their lack of shared professional standards.

“That was the interesting thing about doing some of the interagency training on [child] protection is that I suppose that what showed is that they'd never been asked as professionals to think about child protection so they were reacting as individuals. And I think they were quite shocked about the range of responses and I think it was a bit of an eye opener for us at what level they were operating at. And I think they found it quite a learning experience as well. And from that though they very much got into being alarmed and wanting to offload ... The biggest bit is actually working with other agencies in terms of managing child protection, going through the bit saying yes, I want you to phone up and check things out but the educational bit is but you're not offloading, you have to own this.” (Social Worker)

4.32 The findings suggest that the nature and quality of joint working varies considerably between different professionals and in different areas. A number of obstacles will have to be overcome in order to generate more effective inter-agency practice but the views obtained in interview indicate that many social work managers and practitioners already have a good understanding of what needs to be done and respondents provided a number of suggestions of ways to overcome these barriers. Some of these suggestions concerned more formal measures as illustrated in the comment below by one social worker.

“Well we're starting to do that by inviting people to our team meetings on a regular basis....So we'll have like somebody come in for half an hour - 45 minutes at the beginning of our team meeting to give us an update on their service, so we're using that now to kind of broaden our networks. And then inviting them back, even if it's in six months you know ...Because then you've got a face to phone up and say this is what I've got.”

Others placed considerable emphasis on the process of informal networking and relationship building.

“I mean, actually, I mean I think a lot of it sometimes depends on the relationship that you have with the individual workers who you're involved with and I think a lot of the time it helps if you're able to build-up kind of positive relationships with the other people who are involved you know because human nature says that you know if you can put a name to a face and you know who that person is you know you feel kind of comfortable with them or whatever, then you are more likely to have basically more positive and fruitful relationship with them.” (Social Worker).

It's about getting to know each other and about relationships no matter what the agency is and keeping that. You know, you've got to work at it, but it does make a big difference. (Social Worker)

I think you need to make a big effort to get to know people as people and ... And being open to share but also their experiences as well. (Social Worker)

Some concern was expressed, however, about how feasible it is to have good working relationships with all the potential stakeholders. This was particularly the case with voluntary agencies, both in terms of having formal lines of representation and in terms of maintaining up-to-date information.

“Voluntary sector partners, yes there are. And yes, there are a range of different partners and we have voluntary sector representation again on the child protection committee. That’s a difficult one because I mean who is representative of the voluntary sector?” (Service Manager).

“Because at times we didn’t even know an organization existed. We were saying well who are they? It was a drugs project that had opened up ... and we’re like well “who are they?” And” who’s running them, what charity or whatever”. ...but you know to be able to know everything that’s going on in your own area.” (Social Worker)

Information sharing

4.33 Information sharing between professionals and agencies has been identified as a key factor relating to the nature and quality of child protection work in recent inquiries (e.g. O’Brien, 2003; Scottish Executive, 2005a). This aspect of practice was therefore regarded as one of the key issues to be addressed during interviews in the study. Interviewees’ comments suggest that social workers regard information sharing as an important aspect of child protection work but general frustration was expressed about the consistency of practice in this area with variability between different agencies.

“I suppose we liaise closely with other agencies and I think we’re very good here in that we have a very good relationship with the police. Em, and certainly the health visitors. We have difficulty sometimes with schools but we’re getting them on board.” (Social Worker).

For one social work manager, the value of information sharing was particularly important in relation to risk assessment and providing a consistent view at the time of applying for a child protection order.

“I mean like when we were discussing this one a few weeks ago, you know, the school were, ... in touch because the child hadn’t been at school ... and how she was presenting when she was there. You know, the deterioration in her situation. The health visitor had serious concerns about the baby and so ...it is always good to have the evidence of other people....It’s not just we’re saying that these children are at risk, the school are also very concerned, the health visitor is also saying that she’s got concerns, so it’s, yeah.” (Service Manager).

One respondent suggested that other professionals, particularly in the health sector, have shifted ground on this issue and are more willing to share information in child protection cases than they would have done in the past.

“I think it’s much easier to get information than it was. I think, now sometimes you’ve got to use the term ‘this is child protection’ just to generate OK, ... particularly with some medical personnel, you know, doctors and consultants and so on, GPs sometimes, to ensure we get the information. I think it’s better than it was in relation to get out and gathering the information.” (First Line Manager).

More commonly though, interviewees reported that they experienced difficulty in obtaining information where the question of professional confidentiality arose. The main problem identified in interview appears to be the differing perspectives professional hold about their responsibilities towards adults in the situation or in determining the balance between parents’ rights and children’s rights.

“One particular one that I know ... was just shocking, and it was, they were working with young parents you know where there are child protection concerns and yet sitting at a case conference and saying well I can’t divulge any information because then I would be breaching my clients confidentiality. I’m saying well no, you have to give information if it’s in terms of child protection.” (Social Worker)

“They confuse confidentiality at times with child protection and you know that that should be paramount, the child’s safety should be paramount here. And they should know that if a parent tells them something that they have to pre-warn that parent that if you tell me something and it, you know, jeopardizes, it could jeopardize you child’s safety then I would need to pass that on to social work, and not all agencies know that.” (Social Worker)

Trust and Confidence

4.34 Many of the barriers to effective inter-agency working and information sharing appear to be rooted in low levels of trust and confidence in how different professionals and agencies engage in child protection work. The findings here suggest that the picture is very variable in practice. While there are some indications that trust is developed through improved systems, structures, policies and procedures, for many, effective collaboration is based upon the quality of individual working relationships that workers build between themselves.

“I think that’s down to individual professionals....Yes. I don’t think you can possibly say that ... all of education, all of social work, and all of health. I think it’s down to individuals. We have some GPs who are absolutely fantastic, we have other GPs who are a nightmare giving us information. It’s similar with the teachers, we have some guidance teachers who are absolutely fantastic, others haven’t got a clue and are not interested to be very honest. I would say the best relationship with social we have is the police, undoubtedly, by a long way. Police in this area are very good.” (Social Worker)

4.35 There is a clear sense that good levels of trust and confidence between professionals depends on a number of factors. For one interviewee, having stable working relationships with others over a long period of time facilitates the process of building confidence:

“I think it’s variable. I think it, yeah it’s certainly workable. I think we probably need to continue working on it and to continue developing it. I think to a large extent a lot of

people, any ... that worked here for a long time so a lot of us know each other over years of working together, you know, so that certainly helps confidence.” (First Line Manager).

For another, having shared priorities and a willingness to be fully involved in the process is important.

“My answer would be it depends. In general terms I think the answer is yes. At the coalface, as they say, there are pretty good working relationships forged in the local teams....we still have a way to go in terms of engaging with health in particular and some, well maybe I shouldn’t name names but CPNs, it’s been commented to me that psychiatric nurses, people like that can be difficult to get them involved in terms of getting information, critical information sometimes....Because ‘that’s not what we do, we don’t share information in that way, and we don’t want to compromise our relationship with our client’ who may be the adult in the situation and so on. And I suppose the lack of exposure as well to a system that may make people wary about what it means for them if they become involved.” (First Line Manager).

Developing trust between professionals is something that, in one manager’s view, requires hard work, reliability and a commitment to openness and there are resource implications in creating the context to allow this to happen.

“We’ve worked hard at gaining that trust again and that’s really about when you’re making plans about sticking to plans. If it’s new people say phoning people, we’ll say we’ll phone them and bring them to meetings, pass information and workers can only do that if they’re working in a climate that allows them the opportunity to take time to do that stuff and not ... respond to crisis.” (First Line Manager).

While indicating that a lot of trust and shared confidence comes from establishing individual working relationships, interviewees generally reported that dealings with police and health were often better than with other agencies

“I mean there is a level a trust. I think there’s more trust with some agencies than others. I’ve a very good working relationship with the police and being a small authority we’ve been able to develop that and I think with health it’s certainly beginning to develop and we’re beginning to try and do a lot more joint assessment work with health visitors and you know. Education, I think we’ve still got a bit to go.” (Service Manager).

Responses suggest that health visitors play a key role in many child protection cases and that there are, consequently, closer links on the ground with social workers.

“Yes, I think so, yes. I mean certainly the health links seem to be very good and there’s some fairly key people who are I would say very much kind of on board.” (CP Manager).

“My impression is that with health visitors in particular on the ground over young children that there’s a lot of cooperation. I mean there would be individual health visitors where people think that they’re very good at passing the buck but I think that overall I think people will feel that.... When it comes to the em, when there’s child protection referrals and there’s an issue of referral discussions with police and health,

again that's good on the whole, cooperation is good and if there are issues we can usually sort them out.” (Service Manager)

Similarly, with the police, there is a sense that the reality of close working relationships leads to improved levels of understanding about the differences in roles and responsibilities. Joint training appears to facilitate this process and, for one respondent, this can result in more trust in the work undertaken by social workers, even where there is disagreement about this.

“I think the police do, they can understand but other agencies maybe not quite so much really. ...I guess that's maybe you know sort of part of their[police] job is being involved with a situation that's em either illegal or crisis or whatever and then they respond and they're used to I guess taking people outwith say the home, removing people if you want to put it that way. So that there is an understanding I think. And we've had joint interview training so there's been a bit you know and that's been quite useful and you know I think particularly if it's the family protection unit the police obviously we have a lot of joint training there. So they're understanding just exactly what we're going through. They may not always agree with our roles that we're taking but they do understand and I think again that's about the joint training.” (Social Worker)

4.35 The majority of respondents placed great emphasis on the importance of joint working and developing close working relationships as factors in improving trust and confidence in each other's roles. Where agencies were less actively or directly involved in child protection work, this was seen as an obstacle to improving understanding about social work roles and responsibilities:

“It depends on the agency. I think you know probably we have got good working relationships with health visitors. So I think you know we do quite a lot of joint work with families with health visitors. So again, you're working together and you are, you're building up a good working relationship. But maybe some other agencies maybe aren't quite so involved in the same way as with families.... I think perhaps some of our school colleagues would be 'oh this is a dreadful situation, what are you doing?’” (Social Worker).

The findings suggest that education is viewed as the agency where there are most likely to be concerns around trust and confidence and where participation and ownership issues were most likely to arise in child protection work:

“With education again it'll vary. I mean I think in terms of child protection primary schools are the key and often primary schools are nowadays pretty caring child-centred sort of places so on the whole yes, but again I think a lot of teachers and, well not so much head teachers but if you get a class teacher coming to a child protection case conference they struggle. You know they really do struggle with the idea that they have to say something in front of the parent, that they have to make a decision about a child going on a register and I think that's still difficult for schools.” (Service Manager)

4.36 Even in the context of an integrated children's services department, there was concern that the divide between social work and education reflects deep-seated differences in professional values, culture, language and attitudes.

“I still think there is still, there is a gulf I think still between education and social work despite the fact that we are an education and children services department, in terms of who does what, thresholds and.....it’s not professional, it’s I just think we think differently. I think it’s everything, you know, whether it’s structural, it’s systems, and it’s almost ideology, you know distinct that we - despite that we all work with children, I just think we think differently and I think we are still in some ways, I think there is no doubt about that. I think that’s going to be a huge challenge for an authority that’s made a decision to go into an education/children services because I still think we talk very different languages and I think that’s, I think you’ve got to have an enormous amount of professional trust and good will and it needs to be from both sides as well. At the minute it’s not there. You immediately retreat and just think you know, it’s the kind of the ‘us and them’ stuff. So em, I think there’s a long way.” (CP Manager)

The issues raised by this respondent indicate that closer working relationships may not be brought about solely by structural changes but that fundamental shifts in attitudes will be required too. Alongside this, some of the interviewees suggested that improvements in staffing resources are also necessary to facilitate the development of closer working relationships with a range of agencies and professionals.

“We’ve always had a link worker at the family centre because we work really closely with the family centre but now we’re spreading ourselves out to nurseries and schools, GP practices, and things like that throughout because we’ve got more workers now so hopefully although the work level is still quite high that we, all of us can do a wee bit in the community to build up networks so that you know ultimately then we can all work together at actually keeping the kind of community safer and that we know more because local knowledge is everything.” (Social Worker).

4.37 One area of concern expressed by respondents (touched on elsewhere in this report) is the extent to which other agencies and professionals share a sense of corporate responsibility with social work for child protection work. As well as leading to a reduction in the level of trust and confidence between services there was a suggestion that failure to ‘own’ responsibility can also result in poor practice within agencies that have a key role in this work.

“Not particularly, no....I think it is concerning but I don’t think it’s any worse in this authority than it is nationwide. ... I think it’s something about the kind of shared responsibility for child protection, shared responsibility for accommodated children. It’s never really, I don’t think, sunk through to other agencies beyond the social work department you know that this is a shared responsibility and I think yes it is a worry because em, I suppose most recently if you look at the kind of Caleb Ness, in fact I was talking about that just the other day, most of the publicity in the paper was about the social work department but my understanding is there was a lot of feelings in the health department’s lack of communication.” (Social Worker)

Having shared policies and greater clarity about the roles and responsibilities of different professionals was seen as important and it was felt that there was still scope for improvement in this area.

“We’re more exposed to each other now than we were before. We have more joint policies than we ever did before, em, and so yes, but we really need to work at it. And it’s

something that needs attention all the time in terms of the committee, well we're looking as other of the committees are, at our structure and our membership and em, how effective we are and how we can become more effective. I think the fact that we're going to be inspected across the board concentrates the mind." (First Line Manager).

One social worker expressed frustration that other agencies have a narrow definition of their roles and responsibilities in relation to child protection work and that they harbour a belief that their responsibilities end when they pass on concerns to social workers.

"No, no. I don't think other agencies are... again it's that definition of roles and responsibilities. Again it's still 'social work do it', pass our information on, that's me, I'm no longer involved, it's now social work." (Social Worker)

4.38 The view that social workers were usually left to carry responsibility for child protection issues was a recurring theme throughout the interviews and seemed to contribute to a concern that some aspects of social work are being hived off to other agencies while social workers are left to cope with child protection. This view has potentially serious implications for improving the level of trust between social workers and other professionals. However, one respondent thought it was understandable that other agencies were reluctant to be too closely associated with child protection work and felt that holding different risk thresholds was a significant factor in this.

"I mean I think, as I've said before, the whole area of child protection is very pressurized and can be very stressful and I think sometimes for other agencies it is very much we don't want to deal with this. They identify a risk and something needs to happen and if you're not involved in that on a day to day, week to week basis, I think it would be very difficult to be able to take a step back and actually take that risk and the whole point of risk assessment is to know when, you know when too much is too much. So I appreciate it can be difficult for other agencies, for schools and health maybe, when you know there is a risk there and they feel that something should be done and we as an agency are saying well you know wait a minute we need to look at what we can put in place to try and reduce it. So I appreciate it can be difficult but I do think, I do think sometimes they do view it as maybe a way out, and an easy option and don't really appreciate." (Social Worker)

One approach that was generally thought to hold the prospect of promoting better levels of trust and confidence between agencies, and thereby a more corporate approach to the work, was joint training.

"Joint training and joint working more. And defining people's roles and responsibilities in what they can do and can't do and what's OK to do. I think a lot of people again that just always falls to social work. So more joint working and joint training." (Social Worker)

Training

4.39 Despite time demands most interviewees aimed to keep up-to-date either by reading journals or books or specific articles suggested by managers or colleagues that would appear on the local authorities' intranet systems. While conferences were seen as very useful they took up too much time. In-house seminars and team meetings with visiting speakers or close

study of locally relevant material such as the *Caleb Ness Inquiry* (O'Brien, 2003) were seen as more useful. Study of the latter report had led one authority to conduct an internal audit of all child protection cases.

A high number of interviewees had or were completing further accredited training. These courses of study were considered both an excellent means of keeping up-to-date and also affording an opportunity for reflection. The internet was also useful, with the Scottish Executive website, *inter alia*, being a source for new publications and up-dates on legislation and practice. Individuals found being a practice teacher or a trainer themselves helped to keep them up to date, as did being a member of a professional organisation. For one interviewee this was a source of information from which he derived a great deal of knowledge, being actively involved in local committees and regional studies.

Following a surge of in-house training at the time of the implementation of the Children (Scotland) Act 1995, interviewees observed that there now appeared to be little on-going specific training in child protection and child protection orders. However, interviewees had undertaken substantial training during their post-qualifying courses especially those who had completed the University of Dundee certificate in child protection:

"We now encourage everybody ... after two years ... [to] go on and do the Dundee course. ... That's standard now. There's an ongoing development path and in Children and Families it's quite marked so that ... most of my staff ... are trained - joint investigative training with police. ... All of my early intervention staff that are more than two years qualified will have done Dundee or be on the Dundee, so it's a different progression from when I came in ... [when] it was seen as kind of thought on your feet ... So there has been a shift." (Operational Manager)

However, in at least one authority, the Dundee diploma course was only available to those working in a promoted post. It was also felt that more experienced workers needed some update on that course since they had completed it some time previously. A number of interviewees stressed the importance of multi-disciplinary or inter-agency training (considered in more detail below). Of particular note was the joint investigative training carried out with the police.

4.40 As indicated in previous sections, joint training is viewed as a vital element in promoting effective inter-agency collaboration. However, asked whether professionals had undertaken joint training for their work in child protection, interviewees gave mixed responses, with some indicating that this is an area that requires considerable development:

Not that I'm aware of and we don't do enough joint training full stop. (Social Worker).

"I don't know whether any other agencies have training." (Social Worker).

"Actually no, there's no training. No, I think for social worker newly qualified coming in you would shadow other social workers going to case conferences but no you don't have any training as to how to prepare the report. ... no, you don't get trained as such." (LA3 social worker).

Others suggested that training is relatively well-organised.

“Well I suppose we have a tiered approach really to child protection training and we have levels of training which are provided on the sort of, on a rolling programme...but over and above that we’ve got our structured training which is open to other services and to colleagues in other agencies. And that kind of works its way up to the level where we have joint training which is what we would expect social workers having been qualified for 18 months to undertake. And that is em, joint with police and other agencies, health being one of them.” (Service Manager).

“Yeah, I think generally most authorities try and run inter-agency training, yeah.”
(Social Worker)

It appears then, that while some in-house and inter-agency training is provided, the degree to which this is structured and co-ordinated is extremely variable. Moreover, the impact of training on professional practice does not appear to be consistent across the authorities. In relation to their role in case conferences, for example, one manager felt that there was evidence that training had led to improvements in other professionals’ participation.

“I think we’ve got better over the years. I think previously people have come and they’ve kept their own discipline and agendas. I think we’ve worked hard on that. ...and put a one day awareness training right through to the joint training to having training sessions specifically involving other agencies who would role play a referral, investigation, case conference etc. of all agencies in that and I have to say they are generally well represented. We’ve also got people on health who have a key role in child protection. ...I’ve just come back from one (case conference) and I feel that people are all clearer in their role and I think a lot more comfortable and confident in their agency part. I think more and more. That’s not to say that everybody’s there, I think some people still have to make that leap but the majority certainly have been up till now.” (First Line Manager).

In the same authority, however, a social worker held a different perspective feeling that the training had not helped to improve inter-agency working.

“I’m sure there have been things because we’ve raised it ourselves as well. But it’s interesting when you see them round the table, that’s really interesting because you get them, they don’t want to take the responsibility. And this is a multidisciplinary meeting.”
(Social Worker).

Another social worker expressed concern about whether joint training made a meaningful impact on professionals’ attitudes.

“There’s a lot of training with people paying lip service but actually mindsets don’t change. That in some ways it can actually hinder communication then because people will come out with the right things ... all that happens is people get very defensive.”
(Social Worker)

4.41 Besides suggesting differences between managers and social workers’ perceptions about the quality and impact of inter-agency training, responses also indicated that training did not always encompass the full range of professionals or agencies that are involved in child protection work. The police and health visitors appear to be the main actors besides social workers.

“We have, our in-house training is with the police. So we do joint child protection with the police....So the police are getting their eyes opened to the kind of child protection era. Em, on the course, the child protection Dundee course, on my course there was two health visitors and em, a social worker that worked for a voluntary agency so these are the kind of agencies that are involved in that child protection training.” (Social Worker).

Interviewees also indicated that, in general, there wasn't enough joint training.

“I would say there should be a lot more training with some agencies because some of the things that, just some of the thing that they say and do, you know you would have huge questions about. And they confuse confidentiality at times with child protection and you know that that should be paramount, the child's safety should be paramount here. And they should know that if a parent tells them something that they have to pre-warn that parent that if you tell me something and it, you know, jeopardizes, it could jeopardize you child's safety then I would need to pass that on to social work, and not all agencies know that.” (Social Worker)

“...nowhere near enough. We still come across schools who really don't have a clue about the child protection procedures for instance. ...There's not enough training between agencies and I think a lot of that is down to quite a demarcation where it's like “no we'll do our own training”. Health are particularly bad as are education. All education's training seems to be done on in-service days. We don't get involved with training in education at all. I think only once I've been at a training session with a teacher.” (Social Worker)

“I suppose just that I mean the one kind of bug bear that I have which I think would improve our work no end is more, kind of increased joint training. Not just on CPOs but on, generally... And I think generally, lots of agencies that we work with you know people who are in kind of qualified and professional positions at times you'll come across someone who actually has a very poor conception of what a social worker actually does. Even if that's just about the balance of work and I think very often that is about the general perception within the public and not a lot is done to counteract that and so it's you know I think that means we need to work even harder at having more joint training with other agencies...” (Social Worker)

4.42 For some, the issue of training in child protection was not seen simply as a matter that should be addressed through joint training exercises but rather as one that needs to be addressed in each profession's core and in-house training.

“I think it goes back to their own training... and, kind of, it has to be an integral part of their own training and their way they are managed to be honest.” (Social Worker)

“I think they all need individual training to look at you know what is child protection because some of them wouldn't even know, so I think in-house training for a lot of them and then obviously like what we're trying to now do in the community is build networks with different organizations.” (Social Worker)

The role of child protection case conferences in decision making

4.43 The role of child protection case conferences in the decision making process for seeking a child protection order was explored in the interviews. This was an issue that led to a variety of responses, highlighting the complexity of the relationship between different aspects of the decision making system in child protection work, including the courts, the children's hearing system and the looked after children system. In one example cited it was indicated that holding a case conference before applying for a child protection order can play a significant part in reaching a view about whether a CPO should be sought for an unborn child "*got one this afternoon, unborn baby...and I think that's going to be the likely recommendation*" (First Line Manager).

In another case involving an unborn baby the interviewee was clear that the role of the case conference was central to the decision-making process:

"I mean we had a pre-birth case conference the following week and it was in the child protection plan that a CPO would be taken when the baby was born. I mean the plan was for the baby to be placed with the grandparents and for mum to be in the house but it was felt that the risks were such that we needed the order to protect the placement basically." (Social Worker)

However, using the child protection case conference in this way can clearly raise dilemmas for practitioners.

"The concerns in this case is that if the mother is aware that ...the local authority is contemplating that, our concern is that she will disappear. So there is an issue about i.e. she will be invited to the meeting but how much can we share what our thinking is on that particular issue at this stage. That's a balancing, that's hard." (First Line Manager).

4.44 In cases where children were already known to social workers, interviewees reported that information from an earlier case conference report, such as a decision to place the child on the child protection register, might usefully be included in the child protection order application "*we might attach a report, a case conference report*". (Service Manager).

"Yes. I would always make reference to, if we were looking for a CPO for a child on the register, we would put that on. That would be important information. So we would say as the narrative 'child was placed on the child protection register on such and such a date' and what the grounds for that were." (First Line Manager).

"I think we would use the recommendations ...in the application for the CPO order... and what the recommendations, what support other agencies would offer or anything from that point of view." (Social Worker)

In general, though, interviewees were also aware that the timing and place of child protection case conferences in relation to the application for a child protection order was a complex issue. As one respondent put it:

"It is supposed to be about what's happening now, not about you know, the fact that it happened four weeks ago, you know, there has to be some kind of I suppose, how can you put it, that it's going to continue to happen or you know, so I think it would depend." (Service Manager).

The question of whether a child protection case conference should be held prior to seeking a CPO was seen as impractical in light of the emergency nature of such applications. The general view appeared to be that, if there were a case conference, this would be more likely to follow the granting of the child protection order.

“No. Because if you’re going to take a CPO then you believe the child is in immediate danger or at risk so you don’t have time to do a case conference.” (Social Worker)

“I mean if you’re at the stage where you think you’re about to take a CPO out on a child and you know it’s been a kind of accumulative concern, there’s been a run up, then I would say kind of quite far back probably down the line you would be wanting the child to be on the register.” (Social Worker)

“Child protection case conference wouldn’t take place until after the event.” (First Line Manager).

4.45 The responses suggest that, apart from those circumstances where previous conferences had been held or those involving planning for unborn children, child protection case conferences are unlikely to play a part in the decision to seek a child protection order. Understandably, the reasons for this reflect the emergency circumstances in which such applications are made. However, on the question of whether a child protection case conference would take place following the granting of an order, there were a number of views, suggesting that the role of the case conference at this stage is uncertain in the minds of practitioners. One first-line manager indicated that a case conference was likely *“I think we would probably be looking at initial child protection case conferences following child protection”*. Whereas, for another interviewee it seemed that such action was unlikely.

“No. If the child was then in foster care the ‘looked after’ procedures would then kick in. So you have a planning meeting within three days. You’d have the panel first and second day then a planning meeting with everybody involved.” (Social Worker)

The question of whether there ought to be a case conference after a CPO has been granted appears to hinge on whether the workers and managers concerned regard this as a necessary means of safeguarding the child when other measures have been triggered by the order, such as a children’s hearing or a looked after child review.

“I mean our current debate is whether, once you’ve taken a CPO, whether that should automatically go to a child protection case conference. Because obviously if you take a CPO the children are in care so you wouldn’t normally register them unless you were going through a rehabilitation plan... So in a way there was going to be no argument that they should be on the register. But then there was the thing about but if you’ve taken a CPO you should be having a case conference to highlight the fact, so there’s kind of that debate ongoing, should it be automatic that it’s a joint child protection looked after review...?” (Social Worker)

“Well, there’s two issues there. You’ve got a CPO to remove the child to put him in to ensure a safe place. On the back of that... there would be a full investigation done by the two investigating social workers. ...at which point it would be decided whether or not they were going for a child protection case conference. Now we wouldn’t go for a child

protection case conference if the child was being removed. Unless the child was going to be returned immediately to the carers then there would be no point in putting them on the register because they're no longer deemed to be seen as 'at risk' so therefore ..." (First Line Manager).

CHAPTER FIVE CONCLUSIONS

5.1 This report presents statistical evidence on the trends and patterns of the use of child protection orders in Scotland and explores key issues in effective child protection practice in this context.

5.2 The increase in the number of child protection orders from 1999 to 2005 reverses a downward trend in the use of urgent child protection measures apparent from the early 1990s (Francis and McGhee, 2000). Many countries have observed a general trend of increasing child protection referrals (Parton and Mathews, 2001). The data suggest that either increasing numbers of children in Scotland require emergency protection, or child protection practice has changed in some way.

5.3 Substance misuse, especially drug misuse and associated pre-birth assessments was identified as a potential reason for increased numbers of child protection orders. In Scotland it is estimated that between forty and sixty thousand children are affected by parental drug use (University of Glasgow, 2002). The study found variations between local authorities in numbers of child protection orders, partly related to the differing settings and sizes of population. The availability of a wide range of both voluntary and statutory resources was seen by one authority to be a contributory factor to limiting the number of orders taken.

5.4 The statistical findings raise questions about the nature of risk assessment and whether thresholds of intervention have changed over the last five years, particularly in relation to young children. The picture is complex in relation to thresholds, with differing views emerging between practitioners and no clear consensus as to whether they have increased or not. However, there is consensus that the child protection order application process is more rigorous compared to the previous system. There is a clear focus on managing risk with an emphasis on supporting families to avoid the removal of a child provided his or her welfare can be safeguarded. Balancing protective and risk factors are central to child protection practice in this context. Voluntary alternatives to removing a child under an order appear to be consistently examined including drawing on the resources of the extended family, though this may sometimes be an illusory choice for parents.

5.5 The use of models and frameworks for risk assessment presented a variable picture. Stalker (2003) found that policy and practice guidelines on risk, risk assessment and risk management have not been consistent with some agencies having 'hefty tomes', others having 'little or nothing' (p.227). The limited use of specific models and the range of in-house frameworks highlighted in the study suggest this is an ongoing issue, although most local authorities are working on this. Defining significant harm remains complex. The importance of professional judgement and experience was recognised by interviewees. A broad rather than restrictive definition would be helpful, especially for new practitioners who had yet to build up a solid range of experience to draw upon in their assessments. Children and their families are often already known to social work and child protection orders are taken in the context of known or ongoing cases. This raises questions about planning in child protection cases and the role of the children's hearing system and child protection case conferences.

5.6 The principle of joint working is clearly accepted at both ground and strategic levels in social work. However, the nature and quality of joint working varies between different

professionals and areas. The importance of shared and corporate responsibility for child protection practice remains an issue of concern. A recurring theme in interview was the view that social work, ultimately, was left with the responsibility for child protection with other professionals not always willing to take on this role. Social work remains the major source of applications for child protection orders.

5.7 Police and health visitors are the key agencies providing information to social workers for child protection order applications. The role of drug advice services appears to be growing in importance. Whilst there are positive developments in this area there remain some ongoing challenges in some local authorities particularly in relation to health and adult service where questions of confidentiality arise.

5.8 Many of the barriers to effective inter-agency working and information sharing appear to be rooted in low levels of trust and confidence in the way different agencies and professionals engage in child protection work. Local authorities identified a range of structural and organisational aspects which underpin good practice in multi-agency working including, for example, co-located and/or locally based services. However, even where services for children are provided in integrated departments there can be deep-seated differences in professional values, culture, language and attitudes.

5.9 Multi-agency training is seen as an important aid to effective child protection practice as it allows for shared understandings of child protection, of differing roles and functions and also strengthens working relationships. Some interviewees, however, considered that it needs to make a meaningful impact on people's attitudes and willingness to take responsibility for practice in this area. More joint training involving a wider range of professionals other than police and health visitors is also seen as important. Moreover, it is suggested that training in child protection should be part of each profession's core and in-house training.

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APPENDIX ONE

Local authority Survey Questionnaire

SECTION ONE

1. How many Child Protection Orders were obtained in your authority in each of the following years? (N.B. Child Protection Orders refers to the specific Child Protection Order as set out in sections 57-60 Children (Scotland) Act 1995 and does not refer to other orders, which may serve to protect children such as Exclusion Orders).

1 APRIL 1999 TO 31 MARCH 2000

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1 APRIL 2000 TO 31 MARCH 2001

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1 APRIL 2001 TO 31 MARCH 2002

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1 APRIL 2002 TO 31 MARCH 2003

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1 APRIL 2003 TO 31 MARCH 2004

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2. Please provide us with any reason(s)/explanation(s) for any variation or emerging trends in the number of Child Protection Orders obtained over the last 5 years in your authority? (e.g. apparent increases, decreases or stability)

3. Does your authority have an agreed written policy on the use of Child Protection Orders? (please tick)

YES NO

3(a). If YES, please list any other agencies that are signatories to the policy.

4. Does your authority have specific procedural guidance for applications for Child Protection Orders? (please tick)

YES NO

4(a). If YES, is this guidance issued separately from general child protection guidelines?

YES NO

4(b). Please list any other agencies that receive this specific guidance.

5. Does your authority use a specific framework or model for risk assessment in child protection? (*please tick*)

YES NO

If YES, please specify

5(a). Does your authority issue specific guidance on assessing 'significant harm' in child protection? (*please tick*)

YES NO

If YES, please give details.

6. Are there any particular **policy** or **practice** or **procedural** issues that you would like to draw to our attention in relation to Child Protection Orders? (for example issues related to resources, planning, applications, thresholds for intervention, definitions of significant harm, placements, organising contact etc.)

SECTION TWO

Inter-agency and intra-agency collaboration in child protection is a key issue identified in the child protection audit and review (Scottish Executive, 2002). The questions in this section are focused on this aspect of your work in relation to applications for Child Protection Orders in your authority.

7. In your authority who applies for Child Protection Orders (*please tick*)

Legal services
Social work staff
Both legal and social work staff

Other (specify) _____

7(a). If legal services are involved in the process how do you rate the liaison between them and social work on the scale below? (*please circle the appropriate number*)

very good	good	average	poor	very poor
1	2	3	4	5

8. Which professionals/agencies most often provide information in relation to applications for Child Protection Orders? (*please tick*)

Police Health Visitor General Practitioner Paediatrician School School Nurse
Educational Psychology Service(s) Nursery School Children's Centre Other Social
Work staff Housing Drug Advice Service(s)

Other (*please specify*) _____

8(a). Which of these professionals/agencies, in your view, play the most central roles in Child Protection Order applications?

8(b) What are the main challenges to **information sharing** with other professionals/agencies, and within your own authority, in applications for Child Protection Orders?

9. What in your view are the main factors that promote effective inter-agency practice in child protection in your area?

10. What, in your view, are the main barriers/challenges to effective inter-agency child protection practice in your area?

APPENDIX TWO

Interview schedule

INTERVIEWS

The specific focus of the interviews was to explore:

- how managers and practitioners define what constitutes ‘significant harm’
- thresholds for intervention
- the process of risk assessment
- what models of assessment are currently used to inform practice
- what models are useful in different circumstances
- the contribution of other professionals and agencies in the CPO application process
- what information is shared
- who contributes to the assessment process
- how are decisions taken.

To this end, interviews, although targeted at specific categories of interviewees, covered the following key topics:

Introduction

Process of Child Protection Order Procedures

Defining Terms

Timetable of Child Protection Order Procedures

Joint Working

Accountability of Child Protection Order Procedures

Child Protection Committee

Statistical Notes

1. In presentation of the data percentages have been rounded to the nearest whole number.
2. Data on number of child protection orders etc. is provided for a 12-month period running from 1 April in one year to the 31 March of the following year.