



SCOTTISH EXECUTIVE

# A Process Review of the Child Protection Reform Programme

Education



# **A Process Review of the Child Protection Reform Programme**

Centre for Child Care and Protection, University of Dundee  
and  
Barnardo's Scotland Research and Development Team

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## **Scottish Executive Social Research 2007**

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The report is published by Information and Analytical Services Division, Scottish Executive Education Department, Victoria Quay, Edinburgh, EH6 6QQ. If you have any enquiries about these reports please contact the Dissemination Officer on 0131-244-0894.

The report was published in March 2007 as a web only document.

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## **EXECUTIVE SUMMARY**

### **Background**

In 2003 the First Minister launched the Child Protection Reform Programme (CPRP) – a three-year initiative with the goal of improving protection of children at risk of neglect and abuse and reducing the number of children who need protection.

A process review of the CPRP was carried out by Dundee University's Centre for Child Care and Protection and Barnardo's Scotland Research and Development Team, with the aim to investigate:

- how the CPRP was planned and implemented;
- the aims in planning the programme in this particular way; and
- whether or not the process was successful.

### **Methodology**

Three strands of activity were carried out.

1. *Contextual studies* - analysis of CPRP Steering Group minutes and associated documents; re-analysis of data about children's knowledge of the Children's Charter; scrutiny of the views of social workers in community care and criminal justice settings; analysis of the previous year's print media coverage of 'child protection'.
2. *Strand A* - 61 interviews with Professional Advisors, members of the Child Protection Steering Group, policy makers and stakeholders; 2 focus groups with members of Child Protection Committees (CPCs), Drug and Alcohol Action Teams and service leaders from social Work, police and health.
3. *Strand B* – analysis of 373 questionnaires from professionals – education (170), nursing (43), medical (21), police (15), reporters, (14), social workers (95), voluntary agency staff (15); 3 focus groups with a total of 21 participants from social work, education, health, the police and Scottish Children's Reporter Administration (SCRA).

## **Findings**

### *Contextual studies*

- Documentary analysis evidenced the extent of discussion with, and involvement of, a range of stakeholders throughout the CPRP.
- Children and young people in Dundee have developed a resource pack about the Children's Charter - 'Charterman' - as part of an Enterprise in Education challenge. The pack explains the key messages of the Charter in a manner accessible to children and young people.
- Before child protection training, social workers in adult settings expressed anxiety about making a mistake, described feelings of being overwhelmed, and indicated the need for clarity about their roles and responsibilities.
- Media coverage tended to focus on adult offending and substance misuse and few explicit links were drawn between systems to tackle these and the CPRP; however, concepts relating to the CPRP were covered in the context of local authority and health board initiatives.

### *Strand A*

- There was an overwhelming consensus that the CPRP has been successful in meeting its aims and objectives and has led to improvements at a national and local level.
- Respondents noted increased public and professional awareness of children's needs for care and protection.
- All sub-projects of the CPRP were influential; the Framework for Standards' and guidance for CPCs tended to be singled out as particularly important.
- Much of the success so far was attributed to the extensive work and commitment put in by staff, at all levels in all key agencies, in taking the national policy agenda forward locally.

### *Strand B*

- The majority of respondents both agreed that practice to safeguard the welfare of children had improved (71%), and that policy had improved (75%);

nearly two thirds (62%) agreed that practice changes were for the better for children; two thirds agreed (66%) that policy changes were.

- Of the 166 who had heard of the CPRP two thirds (65%) agreed with the aims and 80% felt that it built on good practice.
- Whether professionals had specifically heard of the CPRP or not, they were clearly aware of changes in policy and practice and were largely in support of the direction of change.
- In both the survey and focus groups professionals described significant improvements in the amount of awareness, information sharing and joint working; they considered that there had been a rise in a sense of shared responsibility for identifying the unmet needs of children and helping to meet those needs.
- In the survey and in focus groups there was a strongly expressed view that increased awareness had led to an increased workload for all professions and that this had impacted on resources.

<b>Key findings</b>	<b>Points for consideration</b>
The CPRP was informed by a high level of consultation with stakeholders from all professions; the success of the CPRP to date has been largely due to the extensive work 'on the ground' by all key agencies.	Further work is required to develop opportunities for frontline professionals and the general public to contribute to policy development.
The CPRP was planned and implemented in a structured way; breaking it into sub-projects helped with such a complex project.	There needs to be careful assessment of the timescales and sense of direction required in order to keep so many sub-projects on schedule.
The 'Framework for Standards' and multi-disciplinary inspection process have retained a sharp focus on outcomes for children.	Further research will be needed to establish whether multi-disciplinary inspection is the most effective way to improve outcomes for children.
Professional Advisors were key to the operation of the CPRP, especially via their links with Child Protection Committees.	The role of Professional Advisors, and whether or not they are expected to 'represent' their profession, could be better clarified.
The CPRP was informed by developmental theory and was congruent with policy developments across the UK.	There was scope to provide more explicit reference to theory and research on children's needs, factors that impact upon development and the most effective way to support parental capacity.
The CPRP was successful in articulating the need for a more integrated approach to child	Further debate is needed and professionals and agencies will require further clarification

care and protection.	about how a focus on 'child protection' will be maintained within a context of broader approaches to child welfare.
The stated aims of the CPRP were clear.	To avoid the varying interpretations of aims it would be helpful to improve clarity about the aims of related policy developments.
The CRPR has been successful in raising awareness, across the board, of children's needs for support and protection.	Without the capacity for an effective response to the identified needs of children, raised awareness can be counter-productive.
The CPRP has contributed to tremendous developments in multi-disciplinary initiatives at both strategic and practice levels.	There is a need for further debate and clarity about the role, responsibilities and accountability of each profession, for the promotion of children's welfare and their protection from harm.
The CPRP has lead to nursing and education staff both providing more direct help to children, and making more referrals to the police, social work, and the Reporter.	There is a need for very detailed analysis of the resource implications of the reported increase in referrals in response to children in need of further support.
The CRPR has developed a significant momentum for change.	As the CPRP comes to an end attention will need to be paid to ways to maintain the momentum.

## INTRODUCTION

Child care and protection practice across the UK has entered a time of unprecedented change. In Scotland the change has been driven by a three-year Child Protection Reform Programme (CPRP). The CPRP was established following the publication in 2002 of 'It's Everyone's Job to Make Sure I'm Alright', the report of an audit and review of child protection services. The goal of the reform programme was:

- Improving protection of children at risk of neglect and abuse; and reducing the number of children who need protection.

In March 2003 the First Minister initiated the reform programme at a child protection summit for a high level audience (including Chief Executives of local authorities, Health Boards and Chief Constables, as well as the voluntary sector). A programme manager was appointed to develop the remit, recruit the team and agree the work programme with a Steering Group and Ministers. In June 2003 a team of 'Professional Advisors' (PAs) was seconded into the Executive for a period of three years. The PAs were from external professional groups including the police, nursing and medicine, social work and education. The Child Protection Steering Group (CPSG), made up of senior people from across a range of disciplines, was established. The CPRP comprised a number of sub-projects:

- Children's Charter
- The Framework for Standards
- Child Protection Committee model guidance
- Child Protection summits
- Public awareness
- 24 hr national helpline<sup>1</sup>

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<sup>1</sup> A single access point to enable the general public to access local child protection services and to obtain information about what to do if they have concerns about a child.

- Letters of assurance
- Significant case review
- Child Protection Strategic Training Group.

The aim of this process review was to investigate:

- how the CPRP was planned and implemented;
- the aims in planning the programme in this particular way; and
- whether or not the process was successful.

A set of contextual studies were carried out and used to inform the principal data that was gathered from two strands of enquiry. In strand A we examined the processes used to set up and manage the CPRP, and considered how effective they were in engaging with stakeholders and delivering the required outputs. In Strand B we gathered evidence to explore whether or not the CPRP influenced local and national policy, and whether it changed practice amongst relevant professionals.

## **METHODOLOGY**

### **Contextual studies**

#### *Documentary analysis*

Documents for analysis included Steering Group meeting minutes, reports, speeches, and communication logs or internal memos on the progress of individual projects. Literature and publications about the reform programme (available on the Scottish Executive's website), were also taken into account. We looked in particular, at how decisions were made and by whom, what discussions concentrated on, and if and how the focus of the reform programme changed over time.

#### *Children's Charter*

Dundee's Children and Young Person's Protection Committee (DCYPPC) has distributed copies of the Children's Charter to all children in Dundee via schools.

For an evaluation of the DYPPC we had previously held focus groups with young people in a secondary school and attended three parents' groups to investigate views about child safety and protection, and knowledge of the Charter (1). We re-used the data from this previous evaluation to inform this study.

### *Social workers in community care and criminal justice settings*

'Children at the centre' is a Scottish Executive funded project. It is delivered in partnership by the Centre for Child Care and Protection (Dundee University) and Scottish Training on Drugs and Alcohol (STRADA) (a partnership between Department of Adult and Continuing Education, the University of Glasgow Centre for Drug Misuse, and Drug Scope, a UK wide policy and practice organisation). It trains criminal justice and community care social workers in child protection alongside child and family social workers. On completion in March 2007 the project will have trained nearly 3000 social workers in all local authorities in Scotland. To provide insight into the impact of the CPRP upon social workers in all specialisms we analysed the child protection concerns that social workers in adult services identified at the beginning of the course.

### *Media coverage*

We examined print media coverage of specifically Scottish child protection issues for the year December 2005 to November 2006 using The Scottish News Archive (<http://liathach.televisual.co.uk/access/scotland.html>). This covers:

- The Scotsman
- The Herald
- Scotland on Sunday
- Sunday Herald
- Evening News
- Dundee Courier
- Daily Record
- Press and Journal
- Sunday Mail

We included all types of items including news reporting, features, editorials, and letters. We read each item and noted any specific references, or allusions, to the reform programme as a whole, or any of its sub-projects. We considered whether items appeared to have been influenced by activities of the reform programme, and also noted items where the reform programme could have been relevant, but was not mentioned. We found 240 items relating specifically to child protection in Scotland for the year up to November 2006 that were then collated into categories.

### **Strand A: The processes used to set up and manage the CPRP**

#### *Interviews and focus groups*

61 semi-structured qualitative interviews were carried out and recorded with

- PA's;
- members of the CPSG; and
- policy makers within the Scottish Executive.

The interviews addressed the following issues (for full schedule see appendix 1):

- How the policy leads saw their role in taking forward the child protection reform programme and its key objectives.
- Whether, in their view, the reform programme was an effective process by which to meet the original objectives agreed by the policy leads.
- How the makeup of the CPSG was established and PAs selected.
- For each sub-project -
  - what informed the selection by the policy leads of the particular methods for each sub-project, and
  - their views on whether they worked.

Two focus groups were held with a total of 12 people and tape-recorded with:

- members of CPCs;
- representatives of Drug and Alcohol Action Teams; and
- service leaders from social work, police and health.

The focus groups considered the objectives of the reform programme, the successes and shortcomings of the reform programme, and its impact on policy, practice and children (see appendix 2 for full topic guide).

The interviews and focus group tapes were transcribed and an in-depth qualitative analysis was carried out that looked for key themes and sub-themes.

## **Strand B: The impact of the CPRP on policy and practice**

### *Survey*

The bulk of the data for this strand was collected in two sites of study centred around health boards. Sites were chosen to represent a spread of urban and rural demography. A questionnaire with a mix of open and closed questions addressed the following issues:

- whether the reform programme influenced child protection policy and practice amongst relevant professionals;
- what changes child protection professionals perceived as having been influenced by the CPRP;
- whether the programme built on existing good practice;
- whether awareness of child protection issues was increased by the activities of the CPRP (a copy of the questionnaire is shown in Appendix 3).

The questionnaire was distributed widely via senior staff in each study site. It is not possible to establish the exact number of questionnaires distributed because they were cascaded via email to groups of staff. The police had been subject to a large amount of recent communications in both areas so the questionnaire was only sent to a few key members of the forces. The questionnaire was also sent to existing distribution lists held at Dundee University and Barnardo's. The following professions received the questionnaire:

- Police
- Health professionals (nursing and medical)
- Social workers in all specialisms

- Scottish Children’s Reporter staff and panel members
- Teachers (pre-school, primary and secondary) and special schools
- Local Authority staff
- Voluntary Organisation staff.

373 questionnaires were returned and all the data was transferred onto an Excel database. Closed question answers were collated and descriptive statistics produced. The figures were broken down in various ways to show different professional responses. Data from open questions was examined for recurring themes across the range of professions. The narratives were also coded according to profession in order to highlight any difference in impact of the CPRPs by discipline.

*Focus Groups*

Three focus groups were held and tape-recorded in three different local authorities, with a total of 21 participants:

Social Work	11
Health – nursing	3
Police	2
Education	4
Reporter	1

Participants were asked to consider what aspects of policy and practice were influenced by the CPRP, whether the CPRP built on existing good practice, and whether the changes would lead to better outcomes for children (See Appendix 4 for full topic list). Data was examined for recurring themes in conjunction with the data from open questions in the questionnaire.

## **FINDINGS**

### **Contextual studies**

#### *Documentary analysis*

Steering group minutes mainly noted decisions, without the detail of discussion, so they did not shed much light on approaches that might have been considered and rejected. However, they provided detailed evidence of the extent of involvement from a range of disciplines, and of a significant amount of consultation across departments within the Scottish Executive, as well as with external stakeholders.

#### *Children's Charter*

Children and young people who were interviewed spoke of feeling safe in school and said they would go to a teacher if they had concerns. They identified family and friends as the main people who helped keep them safe. Parents of younger children felt they could turn to family and friends for support, or to share concerns about keeping their own child safe. The health visitor was considered to be an important point of contact, as well as staff at nursery or family centre groups. Parents said they might consider contacting social work services if they had concerns about another child, but would be anxious about the results of doing this. Parents from ethnic minority communities raised the point that it should not be assumed that people were literate in their own language, and, therefore, the production of translated leaflets was not always helpful. Parents were reassured that staff who have contact with children, even on a voluntary basis, are subject to Disclosure Scotland checks. Some parents spoke of their concerns about allowing their own children to sleep over at houses where they did not know the family.

Pupils and parents had little knowledge or recall of the Children's Charter. Younger children had been in primary school at the time they received the Charter: most remembered that they had got it, but they seldom said they had read it; a few said their parents had 'put it in the bin'. Older pupils had no

recollection of receiving a copy. Subsequently the Committee has taken this work much further to ensure that children and young people have a more meaningful concept of the charter (see Box 1).

#### BOX 1: THE CHILDREN'S CHARTER

In Dundee the Children's Charter was distributed to all schools very shortly after its launch. It was given to children and young people by teachers who explained what it was. To avoid this being a 'one-off', and to ensure that pupils of the future will hear the messages, 'The Charterman Resource Pack' has just been finalised. The pack was developed as an Enterprise Challenge – an initiative under Enterprise in Education where young people produce a product.

100 pupils from various schools were brought together to produce a 'TV Commercial' about the Charter. S6 pupils acted as guides and mentors for P7 and S1 pupils, and the city-wide Pupil Council was involved. Professionals from Dundee Repertory Theatre and DC Thompson helped the children and young people produce 'Charterman' as a DVD with animations. The accompanying resource pack was written by the young people. The pack is being piloted in a few schools and will be rolled out in the 2007/2008 academic year.

#### *Social Workers in Community Care and Criminal Justice Settings*

Social workers in adult and child and family settings who received training in child protection provided feedback via course evaluation forms. These indicated that they embarked on the course with patchy knowledge of the policy context across the board. Many were not aware of the CPRP, although some were aware of the underlying principles. There was a general view that priorities from the Scottish Executive are constantly changing, with a tendency for communication to be 'top-down'. Participants expressed concern that there was a move towards integrated services without attention to the resources required to support it, and that it was difficult to work with the standards and performance indicators.

At the beginning of the course staff in criminal justice and community care settings expressed a lot of concern and anxiety about their roles and responsibilities with regard to child care and protection. From 320 comments produced in the initial activity 7 main themes emerged. These are shown in Box 2.

**BOX 2: SOCIAL WORKERS IN ADULT SETTINGS**

**Fear of getting it wrong (62)**

'Being blamed.'

'A child dies or is seriously harmed.'

**A sense of being overwhelmed and helpless (46)**

'Taking over your life (taking it home).'

'Unable to help the child feel good.'

**Roles, responsibilities, intra- and inter-agency working (43)**

'Knowing when/how to involve other agencies.'

'Blurring of boundaries (confusion in responsibilities).'

**Risk and need assessment and risk management (37)**

'The complexity of assessing the risk to the child.'

'Management of risk, lots of issues.'

**Knowledge, experience and training (26)**

'I am not/I do not feel that I have a good enough understanding of legislation and policy around child protection in this area.'

'Insecurity – perceived lack of knowledge/little exposure to CP issues.'

**Resources and crisis-driven work (25)**

'Direct access to appropriate/adequate resources.'

'Problems caused by the fact that most children and family teams run with vacancies all the time.'

**Establishing and maintaining a relationship with child and family (16)**

'Being ineffective and not enough time to form relationships with families.'

'How to help children speak/tell about their worries.'

Following the course the feedback indicated that there were significant increases in knowledge and confidence in this area. However, our findings suggest that there is a need for more clarity about the role of social workers in adult settings for the protection of children.

### *Media Coverage*

The analysis yielded a large number of themes which are shown in Appendix 5. The largest category focused on adult issues and legislation dealing with perpetrators and no direct or indirect links were made with the CPRP. The next largest category described a range of local initiatives such as:

- joint police/social work units in Edinburgh, Fife and Angus;
- the launch of NHS Glasgow's Child Protection Unit;
- a new multi-agency referral system for assessment in Glasgow;
- the plans for an integrated children's system in Dundee;
- child protection committee annual reports and vision statements.

Here the influence of the CPRP is evident in quotations from agencies that emphasised:

- the value of co-location for multi-agency working;
- the importance of sharing information across disciplines;
- the value of a single entry point for the public.

This category suggests that local authority and health board initiatives have been influenced by the CPRP, and their press releases incorporated reference to it.

Over the year a considerable amount of child protection coverage was sparked by incidents connected with parental substance misuse. The issues from were reprised at the time of the launch of the Herbison report into the death of Danielle Reid. Items picked up on the comment that 'social work staffing is in crisis', and links were made with *Changing Lives* (2). However, in all these items there was scant direct or indirect reference to the CPRP. The most direct reference was in a letter from ADSW to the Herald on 10/03/06 -

‘considerable changes have been put in place by the Child Protection Reform Programme, launched in 2003. This has seen major investment in child protection committees which are leading national developments locally.’

On the other hand, in the Sunday Herald on the 12/03/06, Jack McConnell was quoted as being "infuriated" at the failure in communication between professionals.

A slew of items related to broader issues of parental substance misuse, many linked with the launch of *Hidden Harm - Next Steps*. Again it is very striking that few references were made to aspects of the CPRP that could be relevant to the children of parents who misuse substances. The most specific references were in two quotes in The Courier on the 09/05/06: one from Jack McConnell stating that a lot has been done to ‘identify those children at risk and make the right decision on how best to give them the childhood of opportunity they deserve’; one from the opposition - ‘In November, 2003, Jack McConnell pledged that this issue would be sorted out within two years ... rather than improvements being made, more serious problems are being uncovered.’

However, the message was different at the release of child protection statistics in September 2006 when a rise in registrations for sexual abuse was attributed to an increase in vigilance, with coverage suggesting that this view was endorsed by the First Minister. On two occasions the Deputy Minister for Education and Young People was quoted as stating that children must ‘get the help they need’ - clearly part of the CPRP discourse.

The most specific references to the CPRP, and also to *Getting It Right For Every Child* occurred in the context of discussion about resources for the Children’s Hearing system. The coverage described a system at breaking point, and referred to planned legislation to reform the system being postponed, or ‘shelved’, to make way for changes in the wake of the Bichard recommendations.

The other categories covered a range of issues relating to child protection where there are occasional allusions to aspects of the CPRP, including:

- the 24 hour national helpline – first described as being stalled and then as going ahead;
- pilot in Highland for a national database of all children;
- protection of children taking part in sport;
- the importance of early intervention;
- GPs to offer a ‘welcome’ consultation for all children in Lothian;
- reference to the role of health visitors in child protection, and the demand this places on resources.

Aspects of the CPRP did permeate print media coverage to an extent. The influence of the CPRP was most evident in items based on information from local authorities and health boards – agencies appear to have provided information to the press about local initiatives that were clearly driven by the CPRP. Coverage, in general, tended to indicate a widespread recognition of an increasing emphasis on the role of doctors, health visitors, and the police in child protection. The print press appeared not to have spontaneously made links between individual convictions or tragedies and broader policy initiatives for the protection of children. Overall, the press coverage indicated a preoccupation with issues of adult offending and the control of perpetrators and links were not drawn between the CPRP, proposals for tackling the impact of parental substance misuse, and policies for dealing with adult perpetrators of abuse.

#### *Summary of contextual studies*

- The documentary evidence from the Scottish Executive has detailed the level of commitment to the CPRP from a range of departments and from a large number of stakeholders. As a record of the project’s development they provide a helpful chronology of decisions.

- The re-analysis of the study on the Charter provides just one illustration of a creative approach to the development of one of the CPRP sub-projects.
- The views of social workers provides a helpful insight into the extent to which professionals are concerned about doing the right thing for children at risk.
- The media analysis shows that aspects of the CPRP have permeated to the general public, but that more linkages between different policies could be presented to the public. The media analysis also gave an insight into the amount of activity by health boards and local authorities that was influenced by the CPRP – and also evidenced that the media can be encouraged to cover positive initiatives.

## **Strand A: The processes used to set up and manage the CPRP**

### *Introduction*

The aim of this strand was to examine the processes used to set up and manage the CPRP and gauge their effectiveness in engaging with stakeholders and delivering required outputs. In describing the findings for strand a and strand b we use the conventions where:

- 'almost all' means over 90%
- 'most' means 75-90%
- 'majority' means 50-75%
- 'less than half' means 15-49%
- 'few' means up to 15%.

*How the policy leads saw their role in taking forward the child protection reform programme and its key objectives*

Q: "How do you eat an Elephant?"

A: "A Slice at a time". (*Programme Manager*)

The Child Protection Summit in 2003 brought together senior local authority, health, police and voluntary sector representatives, with Ministers and the Scottish Executive, to discuss three questions:

- What specific actions need to be taken to improve child protection?
- What am I going to do about it?
- What can the action team do to help me?

The responses were developed, under the management of the Programme Leader and the Child Protection Steering Group (CPSG), into a detailed work plan in which key objectives were shaped into sub-projects. For each of the projects a separate project plan was initially developed in consultation with the CPSG. The internal policy leads told us that their role was mostly managerial and that they were to:

- develop the 'work plan' for the CPRP;

- recruit the professional advisors;
- oversee the work of the professional advisors;
- oversee the work of the CPSG;
- oversee the development of the CPRP and its associated projects;
- liaise with senior civil servants and ministers within the Scottish Executive about the progress of the CPRP.

## IMPROVING OUTCOMES FOR CHILDREN

Most people interpreted the key aim of the reform programme as being about the **improvement of outcomes** for children in child protection, rather than simply the **improvement of protection processes**. Implicitly the improvement of outcomes is linked to the improvement of protection services and some people identified this relationship. They more often conceptualised this, however, in terms of outcomes. For example:

This has been about improving the quality of the service...The issue will be - is that leading to better outcomes for children?...

That is actually the bottom line. (*CPC Member*)

The majority of those who conceptualised the key aim of the CPRP as being about the improvement of outcomes for children discussed this aim solely in relation to abused and neglected children. Therefore, the central aim of the CPRP was first and foremost conceived as being about improving the protection of children who are already in receipt of child protection services, or who have already been identified as being at risk. However, many respondents considered that the remit of the CPRP was linked to a more universal child welfare/children's services agenda which at its broadest level is concerned with meeting the needs of all children, not just those in need of care and protection. They made links with the existing and developing policy and discourses on:

- early intervention and support;
- the reduction and prevention of risk and harm;
- the reduction and prevention of abuse and neglect;

- the reduction of the numbers of children in need of protection;
- the development of early years services;
- policy initiatives in the areas of domestic abuse and substance misuse.

#### REDUCING THE NUMBERS OF CHILDREN IN NEED OF PROTECTION

The majority of those respondents who identified a key objective of the CPRP as being about the prevention of harm commented that the recent rise in the numbers of children being identified as in need of protection had risen as a result of the work of the CPRP. Paradoxically, therefore, the aim of reducing the numbers of children in need of protection was seen to be linked to an increase in the apparent referral rates.

#### IMPLEMENTING THE FINDINGS OF THE AUDIT AND REVIEW

For the majority of those we spoke to the work of the CPRP was viewed as being focused on taking forward the findings and recommendations of 'It's Everyone's Job To Make Sure I'm Alright' (4):

my understanding of it was really implementing a lot of the findings from "It's everyone's job to make sure I'm alright", you know the National Audit and Review.

However, it was evident that there were elements of confusion around whether or not the CPRP was supposed to be taking forward these recommendations or not. Policy makers told us that although the CPRP was set up following the Audit and review, it was not constrained or limited by, or to, the recommendations of the Audit and Review. This understanding does not, however, appear to have been shared by all stakeholders.

#### RAISING AWARENESS OF CHILD PROTECTION

Almost all of the respondents considered that raising awareness of child protection issues amongst agencies, organisations, professionals and the public

was consistently identified as a key objective of the CPRP. These discussions were often linked with the next stated aim.

#### RAISING THE PROFILE OF CHILD PROTECTION

Raising the profile of child protection issues and child protection work within relevant agencies was commented on by the majority of the respondents. Achieving this at all organisational levels within agencies was viewed as being important.

Well, to me ...it really was putting the child to the centre of the activity. And making sure that that commitment went right from Chief Executive/Chief Officer level, right down to sort of operational delivery on the bottom. (*Profession Representative*)

#### IMPROVING PRACTICE

Respondents related the aims and objectives of the CPRP to the improvement of practice during the course of their interviews, discussing where relevant how various strands of work tied into improving practice.

#### IMPROVING THE JOINT DELIVERY OF CHILD PROTECTION SERVICES

A few individuals made reference to improving the joint delivery of child protection services as an objective of the CPRP. Mostly, however, this was articulated within the context of discussions about multi-agency/interagency practice. In particular, respondents talked about the role of child protection committees and multi-agency groups and how the inspection process may foster improvements in respect to multi-agency/interagency working.

#### ASSESSMENT AND RISK MANAGEMENT

A few individuals thought that an important objective of the CPRP was to improve the assessment and risk management processes for child protection and to determine how to progress responsibility and accountability:

To improve the quality of assessment, risk management for children in danger ... And an even higher level kind of political objective was to test whether this could be left to the responsibility of Local Authorities and the Voluntary Sector and NHS at local level, or, whether there needed to be a more hands on Scottish Minister's accountability for what was going on. And I suppose that had been triggered by a series of fairly high profile tragedies in Scotland. *(Policy Lead)*

*Whether the reform programme was an effective process by which to meet the original objectives agreed by the policy leads.*

Not only the policy leads, but the vast majority of all interview and focus group respondents, identified the CPRP as having been successful in meeting its key aims and objectives. On a scale of one to ten (one being the lowest) the majority of individuals whom we asked to rate the success of the CPRP placed it at seven. Almost all of the verbal comments were positive:

Well, I think actually it did meet its objectives. *(Member of Training sub-group)*

I think we've delivered what we've been asked to deliver. *(PA)*

In explaining why they believed the CPRP had been successful in meeting its aims and objectives respondents discussed a plethora of areas where they perceived change or improvement had occurred as a direct consequence of the work of the CPRP. A number of consistent themes emerged from these discussions.

## IMPROVEMENTS IN THE PRACTICE OF PROFESSIONALS

Respondents felt that the practice of professionals in all agencies and organisations, and across all sectors, had improved as a consequence of the work of the CPRP. The police and health were agencies that were often

identified as having significantly improved their professional practice and working arrangements for child protection. It was felt the CPRP had been well received at the agency and practice level:

I think they've been quite well received and people have seen the sense of that direction.

However, others were more cautious in their assessment of the impact that the reform programme had had on practice:

I think it's maybe a little bit early to tell the influence on practice. I'm sure if everyone adheres to the guidelines it will have an influence on practice, but, I don't know that we are in a position just yet to really assess that effect. (*Member of training sub-group*).

Generally speaking, however, most people who discussed frontline practice considered that there had been noticeable and tangible improvements.

#### INCREASED AWARENESS OF CHILD PROTECTION AMONGST PROFESSIONALS

We were consistently told that there had been a considerable increase in awareness amongst relevant agencies and professionals as a direct consequence of the work of the CPRP, and that people were more aware of their roles and responsibilities. For example, police representatives told us that previous to the reform programme child protection was somewhat of a "backwater" whereas it was now seen as a priority area of work:

You know that commitment really does exist within the police service now...I honestly believe, from, right from the force, Child Protection and Family Protection in general are now seen as core and critical business...I think that the Reform Programme has assisted in that.

## RAISED PROFILE / PRIORITY

There was an overwhelming consensus that the profile of child protection work and the priority that child protection work is being afforded within agencies has been raised through the work of the CPRP.

Actually, I think it has raised its profile hugely, which is a very positive thing ... And I think [it has] stimulated action in child protection. (*Member of training sub-group*)

People commented on how child protection was now seen as a national priority and had become more of a priority within agencies and organisations than it had been previous to the reform programme:

The First Minister and The Executive were saying this was a national priority and, therefore, the agencies and organisations had to give that level of commitment...and its priority is far higher than it was two years ago. I think the Reform Programme strategically has certainly had a big influence in that, and I think the reason is priority and underscoring, that this is critical and core business. (*Profession representative*)

I would say that it's definitely put Child Protection higher up on the agenda of not only Child Protection and Child Care Services, but, also because of the way it's structured, Child Protection Committee's and their accountability. I would say that Chief Executives, for instance, now have a role in Child Protection which they are very aware of, which they might not necessarily have seen as something they needed to be involved with previously. (*CPC Member*)

## INCREASE IN THE LEVELS OF TRAINING

The strategic training project is contributing to the awareness of the staff out in the field. *(Member of the strategic training group)*

CPC members in particular, considered that the efforts they had put into developing and rolling out training within their areas had contributed to awareness raising quite considerably. Notably people told us that they thought that the training that was now given to staff who would not have been given any formal training in child protection issues previously was making a difference. Targeted training at a range of people who work with children, come into contact with children, or who have responsibility for the welfare of children in other capacities, was viewed as particularly important.

## RAISED PUBLIC AWARENESS

Many respondents were of the opinion that public awareness on child protection issues had increased. In part this was attributed to awareness raising work done at the level of the CPC's. A few people commented on the work done by the Scottish Executive as contributing to raising public awareness. However, some people felt that it was difficult to directly attribute raised public awareness to the work of the Reform Programme:

Raising public awareness is an on-going process, as you know, and again, I don't know how you gauge the success of that.  
*(Member of training sub-group)*

Others considered that the rise in public awareness was due to high profile cases involving child deaths and serious abuse and neglect that had been reported in the media during the lifespan of the Reform Programme:

But of course, there's also been an increase in public awareness due to some of the child protection situations that have hit the media. *(Member of the training subgroup)*

## INCREASED NUMBER OF REFERRALS

Many respondents identified an increase in child protection referrals during the period of the CPRP. There was a very small degree of musing over whether or not this meant that there had been a rise in the numbers of children being abused and neglected, but most people did not lend this line of thought much legitimacy. It is difficult to establish a cause and effect between the CPRP and the increase in referrals but individuals who commented on this issue strongly considered that it was due to the CPRP. We were also told that the number of referrals of complex cases was increasing.

The rise in the number of referrals was largely attributed to:

- Raised awareness amongst professionals of their roles and responsibilities towards the protection of children.
- Increased capacity of professionals to identify children at risk of abuse or neglect.
- Increased capacity of professionals to identify signs of abuse and neglect.
- Increased capacity of professionals to identify signs of abuse and neglect *earlier*.
- Professionals being more confident about making referrals.
- The general public being more willing to make referrals to suitable agencies.

Respondents also considered that by and large the referrals being made were appropriate:

What we have found is that with the majority of referrals that are made most are absolutely legitimate...It isn't that the referrals are the wrong referrals, it's just there has been an increase in referrals...In my view that can only come about because of increased awareness...I do think that things have changed in that people are much more willing to make referrals. (*Social Work Manager*).

Better information sharing between agencies was also identified as a key reason for the rise in referrals. However, many people told us that the unintended consequence of this rise was that agencies were struggling to cope with the volume of referrals:

The absolute down side is, we have been extremely successful, we have generated a huge number of referrals. We have now more than double the children on the register, everybody is now squealing and squeaking. (*CPC member*)

We were, therefore, being told that agencies were struggling quite considerably with dealing with the increase in referrals. However, despite this, people still considered that it was better to refer than not:

I'd much rather be up trying to face a charge ... of sharing information inappropriately than I would a fatal accident inquiry. (*Children and families Service Manager*)

#### MULTI-AGENCY PRACTICE / COLLABORATIVE WORKING

Respondents felt there had been significant improvements to multi-agency practice and increased collaborative working between agencies and organisations. They felt that child care and protection was no longer seen as the sole remit of social work agencies but rather as the responsibility of all agencies, requiring a collective response:

At this stage we've got consensus about what constitutes good quality multi-agency practice, so that's successful, that's a success in itself, just to have achieved that consensus. (*CPC chair*)

Respondents offered many detailed examples of what they thought was evidence of good multi-agency practice and collaborative working:

I mean one of the things we did, for example, was we agreed as a CPC, that any single agency guidance or policy relating to child

protection had to be signed off by the CPC on a multi-agency basis. And that was new because previously that would not have been possible, for example, for the NHS or for the Voluntary Sector or indeed for a Council Service to have developed a policy or a set of guidelines in relation to Child Protection unilaterally. So what we agreed, was that that wouldn't happen in the future ...So all the other agencies get to see it in draft and make sure that it fits with what they require. (*CPC chair*)

And using training as an example:

We're doing the same with training ... we're taking a more collective approach. We've got an audit of what kind of training has been done on a multi-agency basis and, what kind of training has been done on a single agency basis ... Some of the training is more appropriately done on a single agency basis, especially the low level awareness raising, consciousness raising thing that you do for front line staff. And then some of the more specialist stuff needs to be multi-agency. So we've got a kind of map now of what's been done single agency, what's been done multi-agency and also a group working on what the main needs are collectively, both single agency and multi-agency.

Overall then many people we spoke to considered that multi-agency working was improving. They often spoke enthusiastically about how other agencies were engaging with them.

#### IMPROVEMENTS RELATED TO OTHER STRANDS

Many respondents also discussed improvement related to non-core strands of the CPRP such as:

- Domestic Violence
- Substance Misuse
- Sex Offenders
- Child Witnesses.

Active engagement in these related areas of work by members of the reform team, and by agencies and professionals more generally, was regarded as positive, and as stimulating real improvement. For example, where concerns about domestic abuse or substance misuse are being identified or presented, professionals in a range of statutory, non-statutory and voluntary agencies and organisations were now thought to be more aware of the need to systematically consider issues of child protection. In particular, professionals working in adult services were perceived to be more likely to make appropriate referrals if they were concerned about a child. People also spoke of more active engagement between child protection and criminal justice workers. For instance, the management of sex offenders is one area where connections and joint working were believed to have been strengthened not just internally within the Executive, but also amongst and between agencies.

*How the makeup of the CPSG was established and the Professional Advisors selected.*

For the most part it appeared that members of the steering group were 'hand picked' for their expertise and experience in particular areas and were either approached formally or informally. Members of the CPSG were very clear about what their role within the CPRP was. Generally speaking they considered that they were there to 'oversee' the CPRP in its broadest sense, to monitor and guide the specific areas of work developed to progress and implement the CPRP, and to work with those involved, both internal and external to the Scottish Executive. As one member said:

The CPSG was everyone's critical friend.

The Professional Advisors (PAs) told us that they experienced a mixture of formal and informal recruitment procedures. Some said they went through a formal interview process, others said they were directly approached. Overall, there was a view that the process lacked transparency. There was a lack of clarity about whether the important aspects were, for example, level of seniority in their profession, possession of specific skills and knowledge, holding a particular role in their employing agency or having knowledge of policy development. PA's described a range of roles in the CPRP which are described below.

#### TAKING FORWARD THE RECOMMENDATIONS OF THE AUDIT AND REVIEW

The confusion about the exact links between the CPRP and the Audit and Review recommendations, as described earlier, were clearly expressed by PAs. This appears to have been related to differences in the ways in which the remit of PAs was articulated to them by relevant persons within the Scottish Executive.

#### PROVIDING CONSULTATION, ADVICE AND PROFESSIONAL/ DISCIPLINARY EXPERTISE TO THE SCOTTISH EXECUTIVE

Overwhelmingly PAs considered that their primary function within the CPRP was to provide professional and/or discipline specific advice, consultation and expertise to the Scottish Executive on Child Protection issues. As a corollary to this, some PAs also considered and described their role as being one of representing the particular agency that they had been seconded from, and/or the provision of an agency specific perspective to the development of the CPRP and related policy:

I was brought in as a PA to, I thought, to represent a particular perspective from a particular professional background. I like to think that I continued to do that throughout the three years.

So my role was informing whatever was happening in here [the Scottish Executive] with my knowledge and background.

However, they also described some confusion about this:

...but at one point all of us were told that we didn't represent our professions. We could give an insight into our professional working but we didn't actually represent [our professions] so there was a difference in opinion if you like of how it was seen in there [the Scottish Executive].

Initially, this confusion appears to have fuelled issues of role ambiguity and confusion which made it difficult for the PAs to take their role forward. Nonetheless they clearly considered that inputting their professional perspective was an important part of their remit within the Scottish Executive and at the local level.

#### FACILITATING A 'LINK' BETWEEN THE SCOTTISH EXECUTIVE AND THE CHILD PROTECTION COMMITTEES

Acting as a point of liaison between the Scottish Executive and the Child Protection Committees was considered by PAs to have been a fundamentally important part of their remit. Their 'hands on' involvement with the Child Protection Committees was described as providing a mechanism through which the CPRP would be progressed and its work delivered:

...that we would roll out the reform programmes within the CPC's and that was very much in advising, and if they didn't want to take the advice then that was entirely up to them.

The key purpose of their involvement with the Child Protection Committees was viewed as oscillating between the provision of advice on policies, procedures and guidelines, and giving feedback and advice on policy development at the local/agency level.

## IMPROVING PRACTICE AND LINKING NATIONAL AND LOCAL POLICY

PAs from a practice background considered that part of their remit was to initiate tangible improvements to frontline practice through assisting in the development and implementation of the CPRP at both the national and local level. The work they carried out at the level of the CPCs was considered to afford a real opportunity to have a direct influence on practice. For some, improving practice was considered as one of the key objectives of the CPRP. Moreover, linking and developing the wider policy agenda at the national level, to the agency level, in order to develop frontline practice, was considered by the professional advisors to have been a fundamental part of their role with the CPRP.

## ENGAGING WITH FRONTLINE WORKERS AND REPRESENTING THEIR VIEWS

Engaging with frontline workers, gathering their views, and conveying them to the Scottish Executive, was seen as a crucial role. It was not described as a function of the PA's role that was developed by the Scottish Executive *per se*. Rather respondents' comments suggest that this was a role that developed as the CPRP progressed. It was influenced by a sense of responsibility to the people they liaised with at the agency level:

I would also say that my role at that point then became very much a responsibility. I owed these people out there, I had consulted with them, I had given a promise that we would listen to them and I felt very strongly that having given that promise to them (quite principled that I was), I would not then say subsequently it was a façade. So we drove that through and that was very interesting because I certainly felt at times that we were being taken away from representing what people wanted out there.

The potential tension in this role was also expressed:

It was like walking a tightrope if you like, because yes I wanted to carry the Executive message forward, but I also wanted to support the people who were out there.

#### ENGAGING EXTERNAL AGENCIES AND ORGANISATIONS WITH THE CPRP

Liaising with a variety of agencies and organisations, whether statutory or non-statutory, in order to engage them with the CPRP, its aims, objectives and development, was clearly considered by professional advisors to have been part of their role. Most professional advisors described, in detail, their involvements and efforts to engage and work with a variety of agencies and organisations in the statutory, non-statutory and voluntary sector, in order to raise awareness of child protection issues, raise the profile of child protection and assist agencies and organisations in developing and implementing child protection policies, and procedures.

#### ACTUALISING THE AIMS AND OBJECTIVES OF THE CPRP THROUGH THE SUB-PROJECTS OF THE CPRP AND RELATED STRANDS OF WORK

Developing and implementing the work tasks of the CPRP within the various sub projects was viewed by professional advisors as their key function within the reform programme. This was evidenced by their extensive commentary on their involvements in specific strands of work.

*What informed the selection by the policy leads of the particular methods for each sub-project and views on whether they worked.*

The policy leads found it difficult to articulate with clarity what informed the selection of the particular methods used for each of the projects of the reform programme. Instead when asked about this people spoke, in partial detail, about what they did, rather than explaining the rationale that underpinned what they did. However, we were told in detail about how the original vision for the reform programme was developed from the outcomes of the first child protection summit

and about how enormous effort was put into engaging people with the reform programme and consulting with people about various strands of work.

Consultation has emerged as one of the primary vehicles through which the work of the CPRP was developed. We received extensive commentary on the level of consultation work that was carried out. The sheer scale of the consultation exercises cannot be overstated. During an interview with one of the PAs, for example, we were told that approximately 2000 people had attended roadshows aimed at informing the development of the Framework for Standards and communication with as many of these people as possible was maintained.

The majority of people who were involved in the CPRP at the level of the Scottish Executive could articulate what informed their *individual* working methods in taking forward the various projects of the reform programme. The most frequently mentioned aspect of this was professional expertise. The policy leads including CPSG members, and the Professional Advisors, clearly articulated that they drew on their professional backgrounds to inform their working methods:

I think what informed it was my professional background...it was about my knowledge, experience, professionalism if you like.

#### CHILDREN'S CHARTER

Very few respondents offered commentary on the Children's Charter. This is perhaps because the Charter was developed by Save the Children and did not have direct input from those people we spoke to. People tended to view the Children's Charter as an aspirational document that provided clarity about what children and young people expected from child protection services and, as one commented:

Now that's not a useless exercise. (*CPC member*)

However, some people were disappointed that it did not provide them with something that could be utilised at the agency and practitioner level in a concrete and meaningful way:

The Charter, I don't want to decry it too much, but at the end of the day there will be many people in the field who would ask themselves 'exactly what purpose was it that the Charter actually served', other than being, again, I say the obvious statement on the part of children, or children and young people and what they would expect from the system.

Despite this it was generally considered that the Children's Charter had been influential in focusing minds upon putting children at the centre of child protection processes and listening to children within these processes:

I do think that professionals across the board are much more willing to listen to children. (*CPC member*)

#### THE FRAMEWORK FOR STANDARDS (QUALITY INDICATORS AND MULTI-AGENCY INSPECTION)

The Joint Inspection programme is underpinned by the Framework for Standards and Quality Indicators. Respondents expressed mixed feelings as to the *operational* benefits of the Framework for Standards. It is likely that this was at least partly due to the fact that the Framework, intended as a set of vision statements, was developed some time before the more detailed and prescriptive Quality Indicators.

There was a tendency to view the Framework as aspirational rather than realisable. The Framework for Standards was not considered by some to have delivered what agencies and frontline staff had expected from a strand of work which was billed as developing standards for child protection services. It was evident that people were hoping for, and indeed were expecting, something more

prescriptive and something which allowed for the assessment and evaluation of services:

People were looking for much more highly prescriptive standards which you could then [use to] assess the quality of service that was being provided. (*CPC working group*)

I thought people were looking for a good standards document that ... could then be used as a reference for services to develop this service, to meet the standards but could also then be used as tool for self-assessment of service and [for] external assessment of services. (*CPC member*)

Some felt that the end product was too vague, too broad and did not go beyond providing a vision or philosophy for standards in child protection which people felt they already held:

They were so broad brushed, that, in the real sense all they did was really just say, state what the obvious was, which was a philosophy on working, rather than actually setting benchmarks, and it's the benchmarks we need. (*CPC member*)

The reform team at the Scottish Executive recognised that agencies and professionals had expected them to have developed a set of standards for practice which were measurable. For example one professional advisor said:

We had a lot of explaining to do with that as well, people looking for Standards and they got a Framework, so that was maybe a wee bit of an issue for them. But I think, quite honestly, in the format it was in, at that point, it couldn't have been anything but a Framework. I think the danger was, (and this was my interpretation), if you spell it out letter by letter and measure it then people will just work to that. If it says you do everything red, yellow or blue, you'll not do anything green, and I think that was the strength of the Framework. It meant something to anybody

involved in working with Children and Families. It would mean more to certain people, then it would provide a basis where you take forward your Child Protection work. *(PA)*

Despite the more critical comments, the Framework for Standards also received more positive comments. By and large, many people considered that as a basis for setting standards in relation to what constitutes good practice for frontline staff, the Framework for Standards made an important contribution. For instance:

I thought the Framework and Standards was an excellent attempt. [It] took a little bit of understanding, but it was an excellent attempt to kind of set out what needed to be done. *(Policy officer)*

The Framework for Standards was clearly being used to inform practice and policy development at the local level:

To be fair we're using the Standards. I mean we actively use them everyday. We integrate the Standards, the Framework of Standards into every policy and protocol that we produce from this office, but we do that so it's clear to people that we are linking our local arrangements to National Public Policy. *(CPC member)*

And it's not necessarily that the Standards have actually provided us with anything we didn't know already, but we use them, we try to actively use them because, (well, partly because), they are not entirely useless. They do provide some kind of very general framework for people agreeing some kind of consensus of what the philosophy of protecting children and young people are all about, so that in itself is good. *(CPC member)*

We were also told that as a consequence of the Framework for Standards:

- frontline workers were clearer about what is expected of them in terms of standards of care;
- policy leads believed that frontline workers were clearer about the consequences of unacceptable standards of care;
- relationships between frontline workers and clients (parents and children) were more respectful and more honest;
- people were more aware of what the characteristics of good quality child protection services were or should be.

The Framework for Standards was considered to have focused people's minds on the need to improve child protection services and individual professionals and agencies were seen to be taking that seriously as a consequence. However, the development of Quality Indicators has been viewed as an extremely significant step in moving the Framework forward. For the most part, this is because people have considered that they provide a more functional tool or mechanism for assessing the quality of practice and service that people were expecting from the development of standards

I think the work that the Quality Indicators ... has been more specific, and we can actually use that as a tool. (*CPC member*)

Moreover the Quality Indicators have been considered to provide the potential for:

- Achieving continuous improvement in child protection services on an ongoing, long-term basis.
- Highlighting good practice, which has been considered as a good opportunity for child protection services in the light of the continual focus on 'poorer practices'.

Although not identified as a specific, separate sub-project for the purposes of this process review, many respondents discussed multi-agency inspection in the

context of the Framework. This was because the development of multi-agency inspection was viewed positively by respondents as an extremely important milestone, not only for the CPRP, but for child protection services more generally. The two pilot inspections were considered invaluable in terms of the development of multi-agency inspection. The learning in how to take forward the CPRP through inspection activity was also considered to have been a useful outcome of the pilot inspections.

Most crucially, the arrival of multi-agency inspection has been viewed by some as the lever that has resulted in agencies trying to work together to improve and develop child protection services. Multi-agency inspection has been thought to have been extremely important, therefore, in terms of engendering collective responsibility and accountability for child protection services, rather than locating child protection as the sole responsibility of social work services:

...the big step there is to have collective accountability between the agencies, so to get the agencies to be able to trust each other, to be able to reflect honestly on what's going on without blame, but with accountability. (*CPC chair*)

Some negative views of multi-agency inspections were also offered. Concerns were expressed about the extent to which agencies will aim to *pass* inspection rather than use the process of inspection to stimulate progress and change. There was a danger that people would engage in 'ticking boxes' rather than embracing inspection in the spirit of progress, development, improvement and change for the better. There was also concern that inspection had resulted in a climate of anxiety and had put staff within agencies under pressure. This was due to the enormous human resource effort, that inspection was considered to be demanding and issues with staff being unable to perform their core functions due to preparation activities.

## CHILD PROTECTION COMMITTEE MODEL GUIDANCE

The CPC's were viewed by their members as playing a key role in the development of the reform programme at the national level and the development and implementation of the reform programme at the local level. CPC members saw their function as involving extensive partnership - working with the professional advisors to inform the development of aspects of the CPRP work programme and its implementation; and working with the Scottish Executive to inform policy development where appropriate.

Overwhelmingly the production of the guidance for CPCs was identified as a key success of the CPRP:

I would say that that particular part of it has been very successful...I think what has emerged is very good, and I think if people follow the guidance, then I think that the CPC will become much more effective than they have been in the past. (*CPC Training Co-ordinator*)

I think the guidance is very good. I'm very impressed with the guidance and I think it's made a great deal of difference, because we've all been trying to implement the guidance ever since it was issued. I think the guidance was sound, and I think the guidance has moved the Child Protection Committees quite significantly. (*CPC training co-ordinator*)

We were told by a few people that during the development of the guidance there were strong differences in opinion over the way in which the guidance should be developed. It was reported that a few members of the working group argued strongly for the CPCs to be put on a statutory footing in the way that Children's Safeguarding Boards in England and Wales have. It was suggested that this would prevent the guidance being treated 'optional' and would also prevent too much regional variation in interpretation of the guidance. However, we were told that:

for some reason there was a resistance in the Child Protection Reform Programme for doing that, quite where that resistance was coming from I'm not clear,...so eventually we ended up with Child Protection Committee National Guidance which was not rooted into legislative provision, which I think is a major disappointment and probably, a major own goal (*CPC guidance sub-group*).

Respondents observed real benefits from there now being a more diverse mix of people at different operational levels and from different agency backgrounds participating in the CPC's. CPC's were now seen to be capitalising on the skills base of their membership in order to inform decision-making and policy development. The chief officers group was seen as invaluable and important in ensuring that child protection issues remain on the agenda at the highest level. The participation of individuals from frontline practice was also seen as crucial. As a result of the guidance people considered that:

- the roles of the CPC's were now much clearer than they had been prior to the reform programme;
- the CPC's were more effective;
- the CPC's were more organised;
- the CPC's had more influence;
- the CPC's had heightened significance.

...I also think that the way people are thinking is different because people have gone from just looking at procedures and policies to saying, 'but how does that make it better for the child?' On the first day that actually happened at a CPC I felt like standing on a table and going 'yippee!'. I genuinely think that people are saying 'how can we as a multi-agency group make it better for children?' (*PA*)

## CHILD PROTECTION SUMMITS

Respondents made very little mention of the two child protection summits, although policy leads did discuss the role of the first summit in informing the development of the work plan for the CPRP. There were comments about the diversity of agencies and organisations that were represented and the calibre of professionals who attended both summits. The second summit was described as having been successful, particularly in terms of the positive response to the Framework for Standards which was launched at this event.

## PUBLIC AWARENESS

Those who discussed the pilot media campaign considered it to have been moderately successful. However, it was very clear that a few people viewed it as a missed opportunity. Some individuals felt the pilot should have been developed on a larger scale and that there should have been a national media awareness raising campaign on child protection. Moreover, people considered that any media campaign on child protection should be on a par with that of, for example, domestic abuse:

I think the best way of effectively raising public awareness was to advertise on TV, like they did with the domestic abuse. I certainly think that that would be the best way of raising public awareness, because everybody watches TV, not everyone reads local newspapers, or picks up leaflets or visits libraries. (*Member of the training subgroup*)

Although people considered that public awareness had increased, some attributed this to negative and sensationalist media reporting of child deaths and cases of serious harm to children, rather than the work of the reform programme. Therefore, respondents suggested that a large scale, high profile public education campaign on child protection issues was still needed.

## 24 HOUR HELPLINE

Although it was felt to have been a good idea, the 24 hour helpline was considered to have had the potential to have been more successful and to have had more of an impact than it actually did. Some people considered that a 24 hour helpline needed to be tied into a national media campaign and that its profile needed to be raised.

I think that The Executive need to put that onto a higher status (*PA*)

Generally speaking those who commented on the 24 hour helpline seem to have been of the opinion that, akin to the media campaign, it was a bit of a missed opportunity.

## LETTERS OF ASSURANCE

We were frequently told that the first letter of assurance (from the First Minister) had not been well received within agencies and organisations. Specifically respondents said it had caused widespread alarm, concern and anxiety within agencies and organisations, stemming from:

- a lack of understanding about the purpose of the letter of assurance;
- a lack of clarity on what the letter of assurance was asking agencies to do;
- a degree of perplexity about why the letter of assurance had been circulated;
- confusion about how agencies and organisations were to respond to the letter of assurance.

However, despite this it was also considered to have had a huge impact upon placing child protection on the agenda at the most senior levels within agencies and organisations such as:

- Chief Constables of Police Authorities

- Chief Executives in local authorities
- NHS Chief Executives.

One PA commented:

...if there was one positive thing that came out of that for me it focused Chief Officer's attention. People had to start going into their own organisations and asking these questions, to get the answers for the Letters...As I say, the one positive thing was it focused people's attention.

The first letter of assurance was, therefore, considered to have prompted those within senior levels in relevant organisations to focus upon and begin to prioritise areas such as:

- the quality of the services that they were delivering, including the quality of professional practice;
- what services they were delivering and where there were gaps in provision;
- improving and developing the services that they were delivering;
- their relationships with other agencies and issues associated with multi-agency practice, collaboration and information sharing;
- quality assurance and the processes of quality assurance.

There was less commentary on the second letter of assurance, although it was suggested that it had caused some frustration and confusion. Respondents noted, however, that once clarification had been provided, it was clearer, more articulate and more prescriptive in what it was asking agencies to do than the first.

## SIGNIFICANT CASE REVIEW

At the time this process review was conducted the strand of work relating to significant incidents and child death guidance was unfinished. Whilst people

were critical of this having not been delivered within the three years they were, for the most part, quite satisfied that the outputs related to this strand of work were pending.

#### CHILD PROTECTION STRATEGIC TRAINING GROUP

The strategic training subgroup developed a framework for training that sets out the type and level of training required for any professional working either directly or indirectly with children. At the time that we conducted this process review the group was in the process of developing a national suite of training materials and creating a webspace that would allow easy access to these materials.

Agencies were waiting with some anticipation for this strand of work to produce accessible training tools.

I think the training material has got a long way to go, and I think that the key to improvement is training. I think that, perhaps, should have had a higher profile and, again it's simply because of what we were trying to do, what we've been involved in, I think that one of the difficulties with the training work is it's a long way off being a national resource, fit for purpose, where a whole host of materials are. I think that's a much longer term project, but, I think training's the key. (PA)

However, it was made very clear to us that the work of the training group, and the reform programme at large, had had a significant impact upon the stimulation of training activity in the field. Respondents who discussed training told us of the enormous efforts they had put into the development and delivery of training programmes for professionals at all levels in a range of different agencies – whether lollipop person or chief executive:

So we have a whole programme of training - for multi-agencies, and health in particular, have also got a huge programme that they have undertaken and completed and they have done a lot of

training like 1,000 or 1,400 staff or something like that - single agency training. We have also done training across the area...

*(CPC member)*

CPCs appeared to have been instrumental in co-ordinating and stimulating training activity in their respective areas. However, many people also mentioned the efforts that agencies, organisations and individual professionals were making on their own to meet training needs and address gaps in the provision of training. We were told that health and the police had made particular efforts in this respect.

However, it was also highlighted to us that the task of developing and delivering training was enormous given the sheer volume of staff within Scotland for whom training in child protection is now viewed as necessary, and the sheer scale of diversity of training need that is required.

#### INTEGRATED ASSESSMENT

The development of integrated assessment was not identified as a sub-project of the CPRP for this study, but it was commented upon by several respondents. When respondents talked about integrated assessment they mostly communicated a degree of frustration that this work stream was not yet complete, but also their enthusiasm about the idea of integrated assessment. This is summed up by the following statements:

I think the Integrated Assessment Framework, which became part of the GIRFEC Programme, should have been delivered earlier.

*(PA)*

Well, we're still waiting for the integrated assessment...The integrated assessment to allow multi-agency assessment of children at risk...And we've been waiting on that for a very long

time...I think everyone would welcome it so that we were all working from the same framework. (*Member of the training subgroup*)

*What is the evidence for success?*

Evaluating the impact of the CPRP, and its key outputs upon outcomes for children, has been identified as inherently problematic. Most individuals who discussed the possibility of evaluation considered that it would be extremely difficult to capture whether changes or improvements were or were not directly related to the CPRP. Furthermore, it was considered that it would not be possible to conduct such an evaluation until agencies and organisations had been given a suitable amount of time to embed the outputs of the CPRP, with some respondents suggesting that it may not be appropriate to embark on such a project for some ten years. Other suggestions for evaluating the impact of the CPRP included a further national audit and review of child protection and continuing evaluation through longitudinal research:

I was looking for them to try and establish a research base for the reform programme from an early stage...I mean at the end of the day what we should have been doing at the end of the three years, or whatever it is now, was actually produce some benchmark data, baseline data from three years ago... and to show whether there has been any improvement or not ...so I think [that was] a missed opportunity there (*CPSG member*)

*What Difference has the CPRP made to vulnerable children in Scotland today?*

In order to harness what impact the CPRP had had, in terms of improving child protection services and outcomes for children, we asked people what difference they thought the CPRP had made to vulnerable children in Scotland today. The majority of people who responded to this question considered that the CPRP had

made a real difference to vulnerable children. They felt that as a consequence of the reform programme children were more likely to:

- get the help they need;
- receive a better quality of service;
- be identified as being in need of protection;
- be identified as being in need of protection *earlier*;
- be referred to child protection services, relevant agencies and professionals;
- access help themselves.

Most crucially, people related these impacts to the projects of the CPRP:

I think, for me, I think, we've made things better for children. We have a Charter, and, a lot of work was done with children after it was published, we've got a Framework for Standards, we've got better Child Protection Committee's now...I think inspections as well have got a place to play. (*PA*)

Many people considered that the differences to vulnerable children were attributable to the difference that the CPRP had made to professional practice:

I would expect the level of consciousness for front line workers, to know where there is significant risk, to be now better than it was previously, and, to be at a level where you would expect them to universally, to intervene. And I would expect a higher level of understanding of the respective roles of different agencies in that process, so to know who to go to, and who to consult, who to expect to help, and, in due course, and maybe already, I would expect people to have a more explicit understanding of what constitutes quality practice. (*CPC chair*)

### *Summary of Strand A*

- The professional advisors, members of the CPSG and policy makers within the Scottish Executive viewed the sub-projects of the CPRP as having been influential, particularly the Framework for Standards and the guidance for CPC's.
- Overall the findings from Strand A show that those who participated in it perceived the CPRP to have been successful in meeting its key aims and objectives. They felt it to have been successful in increasing professionals' awareness of children's needs for care and protection, in increasing public awareness, and in having lead to improvements at a national and local level. They attributed this success to the extensive work and commitment put in by staff, at all levels in all the key agencies, in taking the national policy agenda forward locally.

## **Strand B: The impact of the CPRP on policy and practice**

### *Introduction*

The aim of this strand was to find out whether the CPRP has influenced local and national policy and changed practice amongst relevant professionals. The data was collected through a questionnaire and focus groups.

### *Survey*

The respondents provided a considerable amount of information about their views on child care and protection. Responses in all professions came from a range of staff including those at the frontline, managers, trainers, and staff in specialist settings. Although 373 people returned questionnaires, not all questions were answered in all questionnaires. The breakdown of responses by profession, along with abbreviations used for quotes, is shown in table 1.

Table 1: Details of numbers of questionnaire responses and code of abbreviations.

<b>Profession</b>	<b>Abbreviation</b>	<b>N of respondents</b>
Education	<i>e</i>	170
Health – nursing	<i>n</i>	43
Health – medical	<i>m</i>	21
Police	<i>p</i>	15
Reporters	<i>r</i>	14
Social Workers	<i>s</i>	95
Voluntary agency	<i>v</i>	15

Detailed statistical analysis is not appropriate because the samples cannot be assumed to be representative, and the sample sizes vary considerably. Any apparent differences should be viewed only as tendencies. We have chosen to show the findings in different ways according to the question. For example, on some occasions we give percentages of the full sample size. Other questions

were only answered if a previous question had been answered in the affirmative – in these cases the percentages are given as a proportion of the number who ‘qualified’ to answer the follow-on. For one key set of questions we have weighted percentages to give equal weight to each profession. Fuller details from the survey are given in appendices.

## ROLE AND RESPONSIBILITIES

One of the survey questions asked respondents for descriptions of their perceived roles and responsibilities for child care and protection. These ranged from very brief restatements of the job title, such as, ‘Front line Child Protection’ (s) to much fuller details about their roles, e.g. ‘Assessing risk, prevention, communicating with other agencies, supporting families, acting on risk assessment to protect children’ (n).

The education staff provided the widest range of interpretations of their roles. Some focused primarily on the teaching role, with some considering teaching itself to be child care and protection because of the importance of education for the wellbeing of children and young people. Some stressed issues of health and safety. Many demonstrated considerable awareness of the need to be alert to children’s wellbeing and to pass on concerns:

To ensure that they learn to the best of their abilities and to provide the best environment I can in which the education of the child can take place. (e)

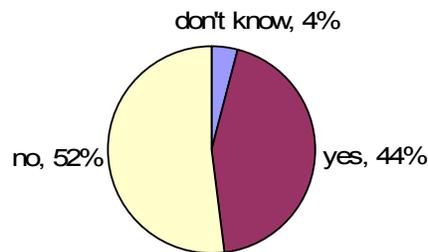
To be vigilant in the welfare of all children in class from a social, emotional and physical point of view. (e)

Supporting young people to achieve their full potential. (e)

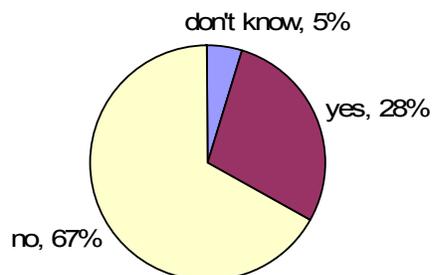
Support all children at all times to promote their safety and wellbeing. (e)

When asked about this in the survey, the majority of respondents did not feel that their *understanding* and *interpretation* of their role for the welfare and protection of children had changed over the previous year (see chart 1). 313 stated that they had a clear understanding of their agency's and their own professional role, with 41 saying they did 'to some extent' and only 4 saying they did not.

All sectors: Has your understanding and interpretation of your role and responsibilities with regard to the welfare of children changed over the last year?



All sectors: Understanding of role, each profession given equal weight



163 people ticked a number of factors they saw to have influenced their understanding of their role; the percentages of those saying this are given after each response category:

- Policy guidelines (69%)
- Internal training (60%)
- Advice from colleagues from own agency (60%)

- Practice guidelines (53%)
- Advice from manager (47%)
- Advice from other agencies (45%)
- External training (44%)
- Internal policy documents (43%)
- Inter-agency training (35%)
- Death/abuse reports and inquiries (32%)
- Self-directed learning (32%)
- External policy documents (27%)
- Media (25%)
- Professional journals (21%)
- University (17%).

The most common responses that people gave as having influenced their role were: policy guidelines, internal training and advice from colleagues from their own agency. The least popular responses were: the media, professional journals and university.

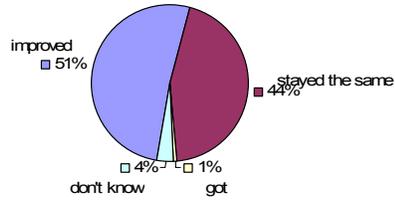
Over half said they had a good understanding of the roles and responsibilities of other agencies and professions and most of the rest said they did 'to some extent'. Training and liaison/networking were identified as the best ways to increase understanding of others' roles.

#### CHANGES IN POLICY AND PRACTICE

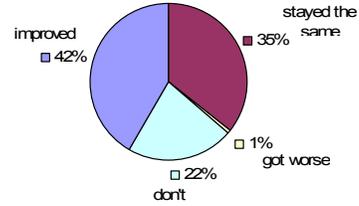
Although understanding of roles may not have changed in the last year, the majority of respondents indicated changes in their own practice, the practice of their colleagues, and the practice of other agencies and professionals (see chart 2 – and appendix 4).

Chart 2: Showing the views of all professionals about their own and others' practice as percentages of the total sample (373).

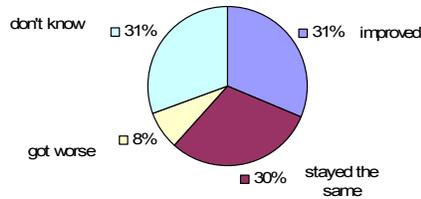
All sectors, Q17 a: In the last year, my own practice has..



All sectors, Q17b: My colleagues' practice has..



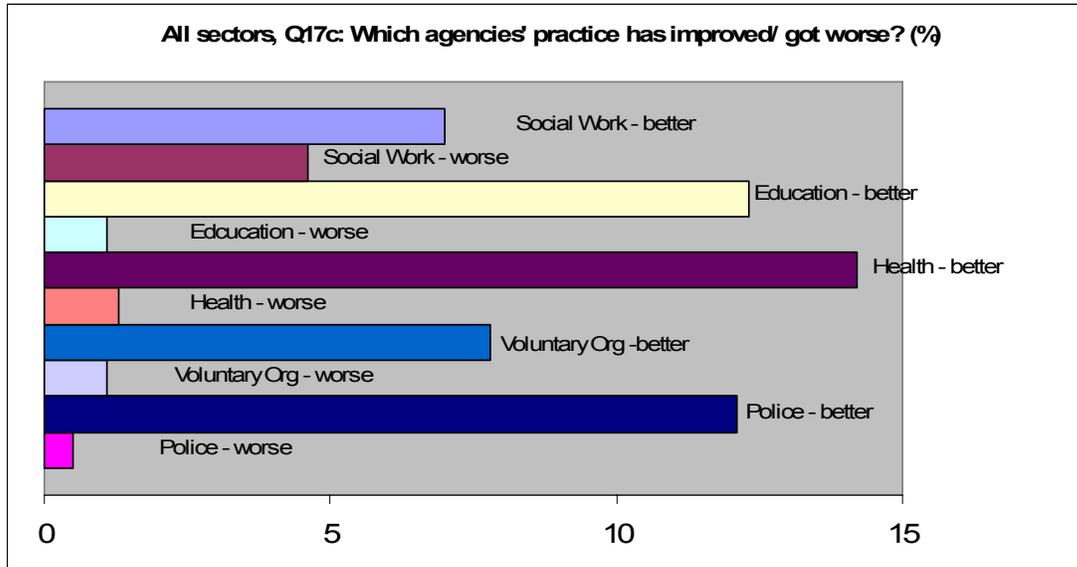
All sectors, Q17c: Other agencies' practice has..



There were differences between professions - social workers, nurses and police were all of the majority view that their own practice, and that of their colleagues, had improved. Those of health-medical, voluntary agency staff and reporters tended to think that it had stayed the same.

When commenting on the practice of other agencies many replied 'don't know', but social workers and police were most likely to say that it had improved. Whilst health, education and voluntary agency staff tended to say it had stayed the same, the Reporters tended to state that the practice of education and health had got better, but that that of social workers had got worse. Chart 3 shows the perceived changes for all professions.

Chart 3: Showing how each profession is perceived to have changed by others. (please put the titles at the top of the charts throughout the report)

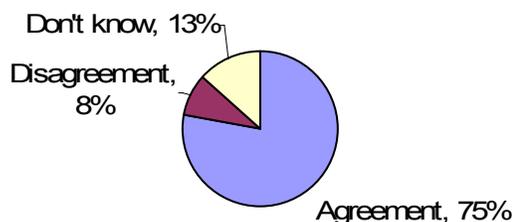


As shown in chart 4 (see also appendix 7) The majority of respondents agreed with the more global assertions that:

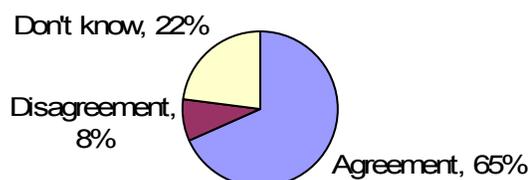
- practice and policy to safeguard the welfare of children has *improved*;
- for children the changes to practice and policy have been for the *better* (see chart 4 and appendix 7).

Chart 4: Showing the views on the changes to as percentages of the total numbers of professionals – will not add up to 100% because of missing responses and rounding.

All sectors: Policy to safeguard the welfare of children has improved (%)



All sectors: For children changes to policy have been for the better (%)



The different professions had different views about the detail of the changes. Some of the professional specific views are presented below.

*Education:* Respondents from education mainly attributed changes in their *own* practice to the following reasons (in order of importance):

- training, increased knowledge and awareness;
- more experience in this area;
- multi-agency working;
- guidelines.

It has made staff aware that it doesn't just happen to 'someone else, somewhere else', but it can happen anywhere to anyone. (e)

Reasons given for the change in *others* were very varied but tended to highlight joint working and multi-agency guidelines:

I believe agencies are working more closely together now, not seeing the other agencies as 'the enemy', but as part of the whole picture. (e)

There were some qualifications:

Would be even better with improved input from Social Work and Children's Panel. (e)

Overall, however, the response was positive:

Much better since the new guidance/policy and publications have come into force. (e)

*Health – nursing*: Reasons for improvement in their own practice and that of their colleagues fell mainly into the categories:

- training, increased knowledge and increased awareness;
- partnership and shared responsibility;
- more experience in this area.

Have more of an understanding and acceptance of the shared responsibility held by all agencies – 'It's everybody's job'. (n)

One nurse thought their practice had got worse, citing the impact upon the relationship with the family if child protection concerns are raised with social work:

There is a problem ... in child protection whilst doing ongoing work for a family - then social work leave the situation and the relationship with the family is then difficult to maintain. n

Comments on changes in the practice of other agencies were split. Some expressed concerns about problems in the social work response:

Poor resource in social work. Children and Family Teams always underplay children's experience, [it's] very frustrating, case conference minutes take up to four months to be produced. (*n*)

However, there were also favourable observations of improved communication and networks, Respondents described a cycle whereby increased awareness of the importance of multi-agency working was associated with more partnership working which, in turn, increased knowledge and awareness:

The participation with partners in managing Child Protection issues has improved my knowledge and confidence in these areas. (*n*)

Overall, most agreed that the situation had improved, although some tempered this with concerns about delivery:

A great deal of investment has been made in research and evaluative work. As a result there has been a proliferation of positive policy change and a positive shift in agency priorities towards protecting children. The result is [a] tremendous increase of expectation. People at the frontline have] been working at, and beyond, full capacity for many years. Until these capacity issues are resolved, I, and many of my colleagues, feel that strategic and policy improvements will largely fail to make any significant positive impact. (*n*)

*Health – medical:* The medical profession did not tend to observe changes in their own or colleagues' practice, although a few mentioned the positive influence of guidance, training and procedures on their practice and that of their colleagues:

The more you do it the better you get. Inter-agency working is constantly improving (*m*)

One person felt practice had got worse:

...political correctness seems to take precedence over real welfare concerns. Vulnerable children are left at risk. We're left feeling impotent, frustrated & helpless. (*m*)

Medical practitioners felt that the practice of other agencies had stayed the same or improved and a few comments tended to pinpoint clear policy, guidelines and training as being influential:

Inter-agency working and better communication. Ability to pass on information. (*m*)

They were unwilling to make strong statements about overall changes without seeing more evidence.

*Police:* A range of reasons for changes in their own practice were made that did not cluster into specific categories, they included comments on training, greater awareness of local sex offenders and role awareness.

Child Protection given Higher Priority by the Force ... resulted in increased awareness across the Force and better inter-agency working. Formalisation of the Child Protection Committee structure has also improved inter-agency relations. (*p*)

Of those who commented on the practice of other agencies, one person was sceptical:

Basically all other agencies appear to have been told that if they are having problems dealing with their responsibilities, they should inform police and they will deal with it. [It] appears to be accepted practice now that if you tell police, the problem is no longer yours. (*p*)

However, the majority commented favourably on the improved multi-agency working:

Co-location [i.e. several relevant professions being sited in the same space] allows for necessary information to be shared more effectively, allowing for issues to be debated, decisions made and more importantly managerial critical review of such decisions and actions, leading to clear accountability of managers and support to staff. (p)

Most did not qualify their judgements about the overall situation with extra comments, but one summed up the situation thus:

Policy appears to be offering improvements, but the changes in practice alone do not ensure improvement unless there is a real increase in resources. (p)

*Reporter's Administration:* Many of the questions were left unanswered in the Reporter's questionnaires and they tended not to respond to questions about changes in others' practice, but of those who added comments, five commented on problems with social work resources:

[In] social work chronic and significant shortage of staff has meant that assessments are not being carried out when they should be and cases not allocated. (r)

Whilst one commented on improvements:

...better awareness at Social Work Department, School. And Health Visitors are more aware of things. (r)

Comments on overall practice and policy to safeguard children and whether things were better for children, picked up again on the issues of social work practice:

Although I think things are improving in general at the very high end of children at risk, I am particularly concerned about the lack of support and supervision afforded to children subject to statutory measures and the

almost complete lack of preventative work by agencies such as social work. (r)

*Social Work:* Most of the reasons given for changes in practice fell into the following categories:

- training, increased knowledge and increased awareness;
- more experience in this area;
- partnership and shared responsibility;
- supervision.

For example, two social workers said:

I can identify problems more readily and act on them more confidently. I communicate regularly with my colleagues. (s)

More experienced, increased knowledge of procedures and policies, clearer theoretical understanding of issues. (s)

A few social workers were concerned about the practice of other agencies:

Other agencies don't always take on their own responsibilities and try to always pass on to Social Work. (s)

They rarely do any assessment themselves but pass everything to Social Work, 'fear factor' [of] Social Work being overloaded. (s)

However, many more identified improvements in inter-agency working, communication and sharing of information - drug agencies and housing staff were spontaneously added as having improved.

More multi-agency working/checking out rather than the expectation being the issue is solely social work's responsibility. (s)

Inter-agency training and more awareness of 'Its Everybody's Job'... More communication between professions; less protective re sharing information if it is Child Protection. (s)

The majority of the social workers were generally positive about the overall position, again with some reservations:

Inadequate resources in social work and excessive workloads obstruct progress. (s)

I think there could be more efficient and effective ways of responding to a child's needs and a lot of time is wasted in red tape. (s)

Integrated services have improved services to children. (s)

*Voluntary agency:* Voluntary agency staff did not identify significant levels of change in their own or others' practice. There were some comments about training, increased awareness and policies:

More awareness training, more challenging by professionals with each other (appropriately). (v)

Voluntary organisations [are] now more aware of Child Protection and how to deal with issues, partly due to the mandatory Disclosure Checks for all new volunteers. (v)

Despite their overall judgement that the situation had improved, they identified some residual concerns:

Children are still being failed within the systems that are used. Children are still subjected to huge amounts of changes of accommodation when in care. Their views are rarely sought in major decisions. (v)

I would have some concern that some young people may lose the opportunity to take appropriate risks. (v)

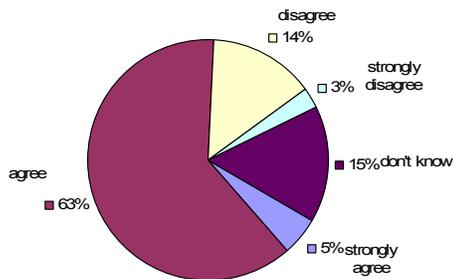
*Influence of different professions:* As can be seen from appendix 5, the different professions had different levels of agreement with the statements. In order to check that the overall findings were not being skewed by the views of the professions with the greatest sample sizes, we equalised the influence of each profession. The results which can be seen in chart 5 show that the agreement with the statements still holds.<sup>2</sup>

Chart 5: Showing the extent of disagreement and agreement giving equal weight to each professions' views.

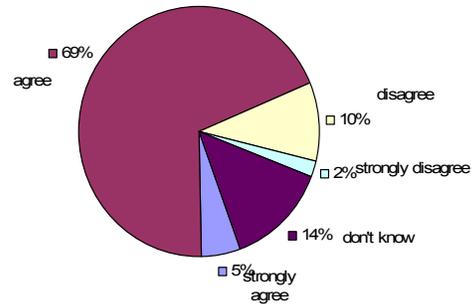
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<sup>2</sup> To equalise the contribution of each sector to the chart, each of the 7 sectors' actual responses were scaled to represent 14% of the whole, thus preventing the professions with the largest sample sizes skewing the findings.

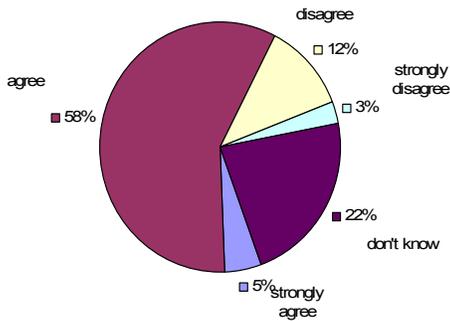
**All sectors: Practice to safeguard the welfare of children has improved**



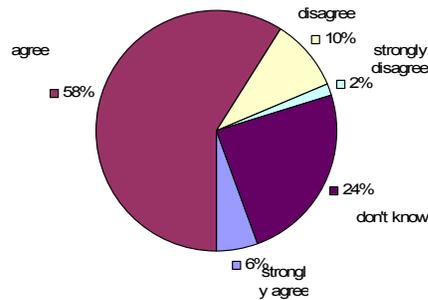
**All sectors: Policy to safeguard the welfare of children has improved**



**All sectors: For children the changes to practice have been for the better**



**All sectors: For children the changes to policy have been for the better**



## CHILD PROTECTION REFORM PROGRAMME

166 (45%) of respondents said that they had heard of the CPRP, and of these, 65% understood the aims, and nearly 80% thought it had built on good practice.

Ways in which respondents had heard about it, ranked in order, were:

- Internal training (60%)
- Information/advice from colleagues in own agency (43%)
- Policy guidelines (43%)
- Internal policy guidelines (34%)
- Inquiry reports (31%)
- Practice guidelines (31%)
- Inter-agency training (29%)
- Media (28%)

- External training (28%)
- Information/advice from manager/supervisors (28%)
- External policy documents (25%)
- Information/advice from colleagues in other agencies (24%)
- Self-directed learning (22%)
- Journals (14%)
- Actual or expected inspection (11%)
- University training (10%).

## KEY CHANGES THAT WOULD LEAD TO AN IMPROVEMENT IN PROFESSIONAL RESPONSE

Box 3 shows the main suggestions for change.

### BOX 3: SUGGESTIONS FOR KEY CHANGES TO IMPROVE THE PROFESSIONAL RESPONSE TO CHILDREN

#### **Improved inter-agency communication and working:**

Strong links with other agencies to allow sharing of information, so that everyone can see 'the bigger picture', and what may appear to be minor concerns emerge as a pattern of neglect or abuse on a much larger scale. (e)

All professionals taking responsibility for child protection and recognising that they can implement measures to protect children. (n)

A 'one stop shop' for those agencies working with children. An example of this would be perhaps a building attached to schools where workers from police, education, community involvement workers, social workers and health could be located together. (s)

#### **More resources – especially for social work**

... increased time and personnel available within social services so that events are dealt with more quickly and the follow up support is put in place much more immediately. (e)

More social workers. I have recently referred a child who is suffering emotional abuse but he is yet to be allocated a worker. Because this form of abuse is not life-threatening it is not seen as being as urgent as other cases - the result being that the child is still suffering. (e)

Proper resourcing of agencies involved. We all appear to be badly under resourced in terms of personnel and are battling just to keep our heads above water. (p)

Additional resources to provide an accessible, child-friendly, local service for information, advice and counselling for children. (s)

More resources, particularly aimed on early intervention (not pre-five but early on when problems begin). Parents continually feed back to us 'if only I had had this support earlier'. (v)

### **More training**

Standard of training provided for all who work with children or young people. (e)

More training: multi-agency. (n)

### **Other**

In addition to these main suggestions there were a range of other suggestions from different professions, including:

A better bullying strategy. (e)

Increased opportunity for teaching staff to build relationships with young people - staff would then be more aware of occasions when a young person's safety may be endangered. (e)

Talk to the kids more! (e)

Raising the level of what is considered 'good enough' parenting. (n)

For there to be clear criteria against which we can judge if parenting is good enough. (m)

Safeguard paediatricians and professionals involved in child protection from harassment. More support from legal advisors for child protection teams. (m)

Less administration focus and more emphasis on working directly with children. (r)

...reduction in poverty levels in inner city areas would be likely to reduce criminal behaviour perpetrated by (not only) young people. Measures have to be taken to address the endemic drug problem that has antecedent effects on children of all ages. ...changes to community attitudes towards young people and children... (r)

Acknowledgement that child protection is everyone's responsibility as citizens and parents, not just the province of social work. (s)

## **Strand B**

### *Focus Groups*

Views from the focus groups meshed with those from the survey, and shed further light on some of the perceived advantages and pitfalls of the changes.

WHAT ASPECTS, IF ANY, OF LOCAL POLICY DO YOU OBSERVE TO HAVE BEEN INFLUENCED BY THE CPRP?

Most of the responses to this question focused on policies aimed at improving inter-agency working:

We've already been down the road of integrated working, and now it's a duty, we have to do it, and we've taken it on board ... big time. (e)

In one area children's services had been co-located as a part of a policy of improving inter-agency working and this was seen to have advantages, but also to have led to a loss of some local knowledge. All areas had multi-agency strategic groups that were welcomed:

As far as policy goes, I am actually extremely happy with it. (e)

There was some concern that there were perhaps too many different groups and that they sometimes lacked a connection with practice:

No link between those meetings and what's actually happening on the ground. (s)

In one of the three focus group sites, participants described an integrated children's service group that was informed by a policy of prevention and could allocate resources to enable support for the families.

Participants were aware of a police policy to refer children living in households where there is domestic abuse. They also highlighted changes to child protection committees:

They've got more movers and shakers on the child protection committee.  
(s)

There was some discussion about the ways in which local policy was driven by national policy:

We're just out there doing it, we don't really get involved in policy and it doesn't really get fed down to our level particularly. (s)

A few also observed that policy was not communicated well to parents. Staff in education, in particular, noted that parents were not really aware of teachers' responsibilities for child protection:

If the referral has come from someone at the school, the parents don't seem to comprehend that you're following your procedures. (e)

#### WHAT ASPECTS OF THE PRACTICE OF YOUR PROFESSION HAVE BEEN INFLUENCED BY THE CPRP?

It is perhaps a reflection of the impact of policy to increase multi-agency working that participants found it very difficult to talk about changes in their own profession's practice without reference to other professions. Most of the answers to this question focused on the advantages and problems of joint working, and on training and raised awareness. Some of the specific changes described were:

- Use of core groups, as an effective way to share information and carry out joint planning:
  - Often parents are involved in core group meetings...putting users in the centre definitely helps. (e)
  
- Education staff:
  - trying to do as much as they could to support children before referring them to social work
  - having better contact with the reporter
  - providing training across the board:

The training is sharper, it's more to the point, we don't just tell them how to refer any longer, we actually take them through scenario cases. (e)

- Staff in nursery settings receiving information from the police about domestic abuse incidents, and checking the child is ok:

Good practice from the police is helping, it's making me more aware - when the child comes in...perhaps a bit unkempt, or quieter than normal, or rowdier than normal - the weekend has not been a good one for them. (e)

- Social work:

- receiving more referrals from community safety wardens, the general public:

...they're identifying themselves as neighbours, as friends, as family members. (s)

- compiling and keeping chronologies:

it shows us the journey that the family's been on before we became involved. (s)

- making more of an effort to work meaningfully with other agencies.

- Police doing more sifting before referring to social work, but also sharing a lot more information:

Before, we were keeping our information very much to ourselves thinking that we weren't allowed to share that information...but I notice a huge difference in that now. (p)

Although these changes were generally described as for the better, some reservations were expressed. Health visitors were concerned that they were holding cases much longer and were acting, at times, like social work assistants. They, and other professions, were worried that the changes introduced by Hall4

(5) would cut across the child care and protection improvements. Social workers felt that the changes had lead to an increased workload:

There has been a slight change, and it's called 'panic'. (s)

#### WHAT ASPECTS OF THE PRACTICE OF OTHER PROFESSIONS HAVE BEEN INFLUENCED BY THE CPRP?

All participants in all groups could identify changes in the practice of other agencies. Participants observed an increase in the rate of referrals to social work and the Reporter. Much of this increase was attributed to police referral of children living in households where there is domestic abuse, but respondents believed there had also been more referrals from health and education. By the same token, social workers observed that education and health staff were 'holding onto' cases longer and providing direct support to children and families. The reporter noted that the quality of recording from all professions could still be improved.

There was overwhelming agreement that the amount of information-sharing had rocketed. Access to information was observed to be freer and the quality of information had improved. Some of the examples cited include:

- Education staff obtaining information from health visitors and social workers about the family environment:

From education it [had] often felt as if it was a one-way street, as if we were being asked for information, and we were giving all the time and getting nothing coming the other direction...the other lane is beginning to open...(e)

- Police passing on information about domestic abuse to the Reporter, social work, and in one area the nursery sector.

- Drug services now being prepared to provide information on adult circumstances.
- School nurses providing information for education staff, especially about children with special needs.
- Health staff providing information to social work:
 

It's not open to interpretation, it can be hard fact about a child's weight, about a child's development, about dental appointments...it's hard evidence. (s)
- A view that, whilst psychiatrists, CPNs and GPs might not spontaneously provide information, and that GPs did not attend case conferences, other agencies felt more prepared to ask for information:
 

Increased confidence to ring a GP and say 'please can you tell me about this person' and they'll say, 'no, it's confidential' and I'll say 'I need this information for child protection' and I certainly feel on much sturdier ground than I would before. (s)

...and you just have to mention the magic word and you get a very different response. (s)

The observed downside to this information-sharing was the danger of social work, in particular, being swamped:

The police are dumping information on the duty team. (s)

At times we're absolutely bombarded with information...'need to know' becomes completely over the top. (s)

This view was not shared by a Reporter, who felt that it was not possible to have too much information.

Participants in all areas noted a significant change in the amount of joint working. All observed that a range of professionals were prepared to come to planning meetings, although in 2 focus group areas 2 social workers, 2 education staff and 2 nurses expressed frustration that GPs did not attend meetings and that it was hard to obtain information from them. The practical reasons why GPs may not be able to attend meetings were not explored.

Not all sharing was brokered by social work – participants described liaison between health and education staff; the police and health; the police and education; health nursing and health medical; education or health professionals and the Reporter, and consultant paediatricians and the police:

Grass-roots, coal face staff are contacting [us]...the beat bobby, the health visitor, [saying] 'let's do joint visits'. (s)

It's obvious that there's been quite a lot of training around. (s)

There's a clarity of different roles and a respect for everybody...people are happy for other people to take the lead...a shared professionalism. (e)

#### HAS THE CPRP BUILT ON EXISTING GOOD PRACTICE?

The participants in the focus groups mainly agreed that the changes had built on good practice:

'it's taking forward existing good practice, it's sharpening minds and it's identifying areas that we could do better'. (e)

There was some anxiety that existing good health visiting practice was being undermined by the impact of Hall4 which is understood by many at the front line to indicate a shift away from universal provision to targeted provision. There was also a suggestion that previous bad practice had become good as a result of the CPRP:

'...I think the practice was bad, it is now changing with more communication, with earlier intervention...we are moving in the right direction'. (r)

The respondents in all focus groups were keen to describe practice that had already been good, especially attempts to work on a multi-disciplinary basis. The CPRP was clearly seen to be building on an existing momentum:

'good practice is better able to be encouraged now because there are more partners involved....' (s)

#### ARE THERE INDICATIONS THAT THE CHANGES WILL LEAD TO BETTER OUTCOMES FOR CHILDREN?

There was a mixed response to this question, and some of the reservations expressed earlier were expanded. Overall, the view was that the changes had led to an increased awareness by education, police and health professionals of the needs of children for support and protection. Education and health professionals were providing support to children and families and this was putting a strain on their ability to deliver all of their services effectively. At the same time all participants described an increase in referrals to social work. These referrals were considered to be appropriate because they were not perceived to have been then filtered out of the system – instead the social workers and other professions identified a capacity problem to respond appropriately and a shortage of resources, such as foster carers. There was also some frustration that preventive work was still being marginalised, and that children that were not classified as 'child protection cases' were missing out on much-needed support.

It's like a double-edged sword, the higher the expectation, the higher [the] expectation we have of ourselves. (s)

...a problem shared is a problem halved [but] just because we've told everyone about it and everyone's aware, it doesn't get it to go away. (e)

We're making people more aware, we're raising awareness, we're passing on the workload, but there's no resources to allocate it, and that sometimes makes it worse, because if you train people [to alert others]...and nothing ever happens, they're going to stop doing it. (e)

Rapid, massive increase in workload...an exponential amount of referrals.  
(s)

#### WHAT ONE KEY CHANGE WOULD LEAD TO THE BIGGEST IMPROVEMENT IN THE PROFESSIONAL RESPONSE TO CHILDREN IN NEED AND IN NEED OF PROTECTION?

Suggestions fell into a number of categories, mainly focused on allocation of resources. There were no specific suggestions for radical change to the fundamental principles of the system. There was some resentment about a perceived political suggestion that lack of resources was not a real issue, rather how the resources were used:

We can't work 'cleverer' ...we're talking about people who've had to be flexible and innovative in practice...it's a capacity issue. (s)

- Resources:
  - for more social workers
  - to tackle substance misuse
  - for severely disabled children
  - for more foster carers
  - directly accessible by health visitors.
- Early intervention:
  - more support for under threes
  - a swifter response to identified emerging problems.
- Family support:

- more localised family support centres and services
- rewards for extended family members who care for children
- more parent education and support.
- Empowering children
  - to educate children about the need to speak out
  - more information displayed for children about how to seek help.
- Public education:
  - more information for parents about the role of education for protecting children
  - more information for the general public about the role of the reporter
  - more explanation about the role of social workers.

### *Summary of Strand B*

Taken together, the findings from strand b show a massive rise in awareness of children's needs, including their needs for protection; and a rise in a sense of shared responsibility for not only identifying unmet needs but for helping to meet those needs. Whether professionals had specifically heard of the CPRP or not, they were clearly aware of changes in policy and practice and were largely in support of the direction of change.

The professionals' view was that this heightened awareness had widened the net of concern and identified more children in need of support and/or protection. However, there was widespread concern that the gains made as a result of the policy and practice changes were in danger of being undermined by a system that is not perceived to have the capacity to meet all of these children's needs, even with increased joint working and a sharing of responsibility.

## **DISCUSSION**

### **How the CPRP was planned and implemented**

The CPRP was planned and implemented in a structured way with the establishment of a steering group and reform team and recruitment of professional advisors who were linked with child protection committees. Documentary analysis evidenced the extent to which all key professions were involved in the CPRP.

There was evidence of a striking level of engagement with the spirit of the CPRP programme across all agencies and of a vast commitment to improving the child protection system. Even when respondents expressed reservations about aspects of the CPRP, they did not question the need for reform, and there was evidence of professionals investing tremendous amounts of energy, time, resources and creativity.

The complexity of the programme was such that it was divided into a number of sub-projects. Overall, there was broad agreement from respondents in Strand A that this was an appropriate approach, even though there were differences of view about the details of the sub-projects and the impact of the tight timescales. The aim of breaking the process into sub-projects was not questioned by respondents even if they may have chosen different projects or carried them out in a different way. Overall there was evidence from Strand B that the different sub-projects were not especially salient for practitioners – instead they had been influenced by the overall impetus for change.

Throughout the programme there was a commitment to extensive consultation and the majority of respondents in Strand A viewed themselves as helping to shape implementation. Respondents in Strand B appeared to have less information about how the CPRP was planned and implemented. The findings

suggest that practitioners in the field tend to perceive themselves to be at the receiving end of policy, and to have little, or no, opportunity to contribute to policy development. Although we did not gather direct evidence from service users, some respondents from both strands were of the opinion that children, families and the community should be given more information about policy developments. Interestingly, no-one specifically suggested that the general public should contribute to policy development.

The Charter, Framework for Standards and associated performance indicators, and the inspection programme were key elements of the CPRP from the very early stages. The approach has been innovative, and, despite initial reservations there appears to be evidence of a general acceptance of their value, especially with the emergence of Quality Indicators. Our data showed that respondents were very clear that the aim of all sub-projects, especially the inspection framework, was to improve outcomes for children. The emergent consensus was that we do not yet have a consistent approach to measuring outcomes for children and that it is too soon to know whether outcomes will be improved. These issues are important, especially because the evidence to support the expectation that inspection leads to improvements in outcomes is still scant (6).

The evidence suggested that there was some confusion about the aim of recruiting Professional Advisors. It was very clear that participants felt that they played a crucial role, especially in their linkage with child protection committees, but their role was clearly a complex one. Batten *et. al* (7) suggest that there is a '...basic contradiction between the power of specialised knowledge and the subordination of the expert.' They found that lawyers working for local authorities were most likely to have given policy advice if they had more political contacts and less specialism. Lawyers were more likely to rise in local government if they lost their specialism. Professional Advisors, seconded to the Scottish Executive, are required to gain more general knowledge about levers of change - to do this may require them to move aside, to an extent, from their profession or

specialism. There was no evidence to suggest that Professional Advisors would not be helpful to future projects, rather the indications were that more clarity was required for the Advisors themselves and for the stakeholders with whom they engaged.

### **The aims in planning the programme in this particular way**

Policy making is ‘the process by which governments translate their political vision into programmes and actions to deliver ‘outcomes’ – desired changes in the real world’ (8). The vision that the Scottish government wants to realise for children is for them to be safe, nurtured, healthy, achieving, active, respected and responsible and included. The CPRP is just one strand of a raft of policy developments that aim to further these outcomes for children. It has been driven by a combination of reactive and proactive drivers: reactive to issues such as child deaths, adult offending and parental substance misuse; proactive with regard to early intervention, support for parents and holistic approaches to children’s needs. In particular, recent policy developments across the whole of the UK have been influenced by calls for the child care and protection system to be ‘re-focused’, i.e. for there to be a to shift in emphasis towards prevention and early intervention and the improvement of outcomes for children. Axford and Little have described this shift in emphasis as involving refocusing:

- **from** separate services for children at risk of social, health and psychological problems **to** mainstreaming services so that they can support all children, including those at risk;
- **from** separate processes for child protection and family support **to** using family support (9).

The underlying principles for change are similar across the UK and are informed by an extensive body of theory and research about children’s developmental needs and factors that impact on parental capacity to meet them. Although there has not been a fundamental challenge to the investigative-forensic aspect of the

system the reforms are underpinned by an increased emphasis upon the responsibility of the universal services for the welfare of children by:

- the provision of direct services to all children, including those with needs for extra support;
- acting as part of a multi-disciplinary protective network for children who are at risk of suffering harm.

In the Scottish CPRP this is reflected in the Children's Charter, which is written from children's rather than organisational perspectives. It was clear from our data that the Charter was effective in setting the agenda firmly around the needs of children. It is also reflected in the significant expectation, that the first agency to identify that a child needs help should consider whether they need the help of other agencies, but that:

'Before referral to another service, agencies should take responsibility and do all they can, with the help of others, to support the child. The child should not automatically be passed to another agency' (10).

The CPRP had an ambitious scope, especially because it was attempting both to:

- set a national agenda that will be translated at a local level – a 'vertical' approach;
- and work across a number of organisations, each of which can address different dimensions of the issue – a 'horizontal' approach (11).

The stated aims of the CPRP were clear, although the theoretical underpinnings were not necessarily rendered overt. As a result different interpretations of the CPRP emerged, relating to where it was considered to be located on the spectrum **from**:

- improving the operation of the statutory investigative system through **to**
- the provision of universal support for children and parents.

One member of the CPRP team told us that the espousal of the ‘universal support’ perspective of the reform programme was reflected through the adoption of the language of ‘protecting children and young people’ as opposed to ‘child protection’. While the former encompasses both narrow statutory investigative systems as well as the wider provision of universal support, the latter refers only to statutory investigative systems. It would appear, however, that this understanding was not clearly conveyed to people outside of the CPRP team.

Overall the evidence suggests that there is still a need for further debate about the place of the protection of children from specific risks within the context of universal support for children. This tension is not unique to Scotland. For example, there has been criticism of the Department of Health assessment framework (12) on the grounds that the focus on children’s needs deflected attention from risk factors (13). Whilst developmental theory would suggest that most risk to children flows from unmet need, including need for protection – agencies nevertheless seek ideological clarity when planning and resourcing services. A few respondents expressed concern about the dangers inherent in losing a clear focus on the needs of children currently experiencing, (or facing significant risks of), physical and sexual abuse and physical and emotional neglect.

This challenge and complexity was compounded by the fact that other policy developments were taking place at the same time as the CPRP and there were differences of interpretation about how the CPRP related to other developments such as:

- implementation of the recommendations of *‘It’s everyone’s job to make sure I’m alright’* (4);
- taking forward *Getting our priorities right* (14) and *Hidden Harm – Next Steps* (15);
- the proposals set out in *Getting it right for every child* (10);
- policies emerging in relation to the Bichard recommendations.

In an analysis of the Climbié report Masson suggests that there is an ‘inherently adversarial’ relationship between central and local government and that ‘Local agencies cannot be expected to give priority to safeguarding children when central government sets them quite different priorities...’ (16). Whilst there was a significant amount of engagement by local government, police forces and health boards there were indications that the policy agenda was not always perceived to be consistent. For example, *Changing Lives* talks of ‘reserved functions’ that only social workers can carry out – a concept that will need careful articulation with expectations of a multi-disciplinary approach to child care and protection (2). Members of the nursing profession pointed to a tension between the increased emphasis on targeting driven by ‘Hall4’ (5), and the emphasis on universal provision in the CPRP and *Getting it Right for Every Child*. The impending developments towards a generic approach to community nursing were also seen to cut across the expectation that health visitors would increasingly use their specialist skills to support vulnerable children and families (17). For staff in Education there were questions about how the aims of the CPRP articulated with the Education (Additional Support for Learning) (Scotland) Act 2004. A few number of the respondents expressed concern that the momentum and principles of the CPRP were in danger of being deflected and compromised by the apparent policy developments in response to the media coverage of incidents involving substance misusing carers. Similarly, although there is documentary evidence of attempts to keep links with developments to tackle adult offending, there was some concern that, at times, the policy developments were on parallel, and sometimes diverging paths.

### **Whether or not the process was successful**

Overall the evidence is clear that the CPRP has been successful to date. There was more evidence on views about some sub-projects than others, and different projects had reached different stages at the time of study:

*Children’s Charter* – there was evidence of widespread knowledge of the Charter amongst professionals and acceptance of its principles. From the media analysis

and other contextual studies the evidence suggests that the general public is less aware of the charter.

*The Framework for Standards* – many respondents suggested that they had had considerable reservations at the early stages of this project, especially about how the standards could be measured. However, they conceded that more latterly they were beginning to see their value.

*Child Protection Committee model guidance* – the overall consensus was that the guidance was successful, necessary and helpful. There are those who would like guidance to be placed on a stronger legislative basis.

*Child Protection summits* – the evidence on the summits was slim, but overall it suggested that the summits helped to set the CPRP agenda.

*Public awareness* – our study did not collect information from the public about their level of awareness. The media coverage suggested that aspects of the CPRP had permeated into public consciousness to an extent, but our respondents were very clear that far more could be done to raise public awareness of how to obtain help on behalf of their own or others' children.

*24 hr helpline* – this project was under review at the time of our study and had been subject to an internal analysis. There was some coverage of it in the media, but there was very little consciousness of it amongst our respondents.

*Letters of assurance* – there were mixed views about the success of the letters. The second one in particular, appeared to generate some resentment. They were seen to have focused the minds of chief executives, but there was little evidence that they had contributed to significant local policy development.

*Significant case review* – the documentation made it clear that work was ongoing on this project, but the main consultation period fell outside the scope of this process review.

*Child Protection Strategic Training Group* – there was evidence that a massive training endeavour was being undertaken across all disciplines to raise awareness about child protection. There was evidence of attempts to align local training with the framework. However, there was a strong consensus that more

work was needed to develop a coherent national training programme that would meet the needs of all professions and all staff-groups.

Overall our study suggested that the most significant developments had been in the areas of heightened awareness and joint working. Flowing from these twin changes was a general concern about resources.

### *Heightened awareness*

There was an overwhelming consensus from all parts of the study that the CPRP had been instrumental in raising awareness of child protection. Again, there was a spectrum of interpretations of the definition of 'child protection' - **from** greater awareness of children at high risk, **towards** a widening of the net of concern to incorporate a range of factors that may impact to compromise a child's development. It would be helpful to carry out further research on the impact, but the indications are that there has been dual effect - both a greater focus on the efficacy of the statutory investigatory system, and a greater awareness of the factors that can impact upon children's development, such as domestic abuse and substance misuse.

There was evidence from both strands of the study of a perception of both an increase in workload for all professions, and an increase in referrals for more formal investigatory approaches. The consensus from each strand was that the increase did not represent an increase in inappropriate concerns, but rather an increased identification of genuine need.

### *Joint working*

There is a heavy emphasis throughout the CPRP and *Getting it Right for Every Child* upon the joint responsibility of all agencies and professions for the welfare and protection of children. We found overwhelming evidence that the principle of joint working was accepted, and that there were huge developments at all levels of the system towards more integrated approaches. There was evidence of a

change in the level of information-sharing – to the extent that some were concerned about a possible information overload.

However, respondents did suggest that the detail of how this joint responsibility should be exercised was not clear, and that a blueprint for multi-disciplinary practice is lacking. Despite the assumptions that more integrated approaches are more effective and more economical, the evidence base for this assumption is weak, and is based mainly on the fact that inquiries show integration to be poor when things go wrong (18). It was clear from the evidence that professionals would welcome more debate, clarity and guidance about how to develop an effective protective network. In particular, people wanted further clarification about accountability and the limits and extent of each agency's role and responsibility for the provision of protective action.

### *Resources*

Respondents indicated that the result of the improvements in identifying the needs of children and the associated rise in response had significant resource implications. There was a steady demand for more resources, especially, but not exclusively, for social work services and this was coupled with a concern about the impact of increased demand upon all professions. Certainly the figures show an increase in child protection referrals between 2004/05 and 2005/06 by 15% and an increase of 22% in the number of children placed on the child protection register. Similarly, the rates of referral to the Reporter rose by 9% compared with the previous year and for the first time the number referred on the grounds of 'lack of parental care' exceeded the numbers referred on offence grounds (19). And if, as people reported to us, a considerable amount of support is being offered to children who do not become subject to statutory child protection procedures these figure may represent the tip of an iceberg.

This issue was analysed in the Midwinter report commissioned by the Association of Directors of Social Work which identifies a funding shortfall

between Grant Aided Expenditure (GAE) provision and expenditure on core children's social work services due to a 'mismatch between policy and finance' (3). The Scottish Executive and the Coalition of Scottish Local Authorities have challenged this conclusion on the basis that GAE is not intended to support 100% of the costs of providing services and that additional funding has been provided aimed at helping vulnerable children and families. Nonetheless, we found clear evidence of concern about the system's capacity to effectively respond to the extent and range of children's needs that are being identified.

The evidence from this study shows that the CPRP has been successful in encouraging a multi-disciplinary approach to the protection of children. *Getting it Right for Every Child* emphasises the importance of pooling budgets across disciplines and agencies in order to maximise the use of resources for the benefit of children. However, it appears that there is an urgent need for a detailed analysis to examine of the real cost implications of the impact of the CPRP and the associated multi-agency working, especially as the assumption that joint working is more economical has not been fully tested (6).

## **Conclusion**

The establishment and implementation of the CPRP has unquestionably been viewed as a significant and important step forwards in the development, improvement, and progression of policy and services for children who are at risk from, or who experience, abuse and neglect in Scotland. We found a strong consensus view amongst professional respondents at the national, agency and practitioner level that the Child Protection Reform Programme has made a substantive contribution towards the improvement and delivery of child protection services in Scotland. At the same time the respondents identified a number of challenges arising from the process of driving forward such an ambitious and complex agenda.

The key issue now is to ensure that the momentum of the CPRP is retained and that it does not become a victim of its own success if the system becomes overwhelmed.

Key findings and points for consideration are set out in table 2.

Table 2: Setting out the key findings and points for consideration.

<b>Key findings</b>	<b>Points for consideration</b>
The CPRP was informed by a high level of consultation with stakeholders from all professions; the success of the CPRP to date has been largely due to the extensive work 'on the ground' by all key agencies.	Further work is required to develop opportunities for frontline professionals and the general public to contribute to policy development.
The CPRP was planned and implemented in a structured way; breaking it into sub-projects helped with such a complex project.	There needs to be careful assessment of the timescales and sense of direction required in order to keep so many sub-projects on schedule.
The 'Framework for Standards' and multi-disciplinary inspection process have retained a sharp focus on outcomes for children.	Further research will be needed to establish whether multi-disciplinary inspection is the most effective way to improve outcomes for children.
Professional Advisors were key to the operation of the CPRP, especially via their links with Child Protection Committees.	The role of Professional Advisors, and whether or not they are expected to 'represent' their profession, could be better clarified.
The CPRP was informed by developmental theory and was congruent with policy developments across the UK.	There was scope to provide more explicit reference to theory and research on children's needs, factors that impact upon development and the most effective way to support parental capacity.
The CPRP was successful in articulating the need for a more integrated approach to child care and protection.	Further debate is needed and professionals and agencies will require further clarification about how a focus on 'child protection' will be maintained within a context of broader approaches to child welfare.
The stated aims of the CPRP were clear.	To avoid the varying interpretations of aims it would be helpful to improve clarity about the aims of related policy developments.
The CRPR has been successful in raising awareness, across the board, of children's needs for support and protection.	Without the capacity for an effective response to the identified needs of children, raised awareness can be counter-productive.

<p>The CPRP has contributed to tremendous developments in multi-disciplinary initiatives at both strategic and practice levels.</p>	<p>There is a need for further debate and clarity about the role, responsibilities and accountability of each profession, for the promotion of children's welfare and their protection from harm.</p>
<p>The CPRP has lead to nursing and education staff both providing more direct help to children, and making more referrals to the police, social work, and the Reporter.</p>	<p>There is a need for very detailed analysis of the resource implications of the reported increase in referrals in response to children in need of further support.</p>
<p>The CRPR has developed a significant momentum for change.</p>	<p>As the CPRP comes to an end attention will need to be paid to ways to maintain the momentum.</p>

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**APPENDIX 1: LEAD OFFICER INTERVIEW SCHEDULE, STRAND A**  
**SECTION ONE**

**1. How the policy leads saw their role in taking forward the child protection reform programme and its key objectives**

- 1a. What was your role in taking forward the child protection reform programme?  
1b. What did you consider to be the key objectives of the reform programme?  
1c. Can you describe what you did to implement each of these key objectives?  
1d. Can you detail each project / sub-project you implemented?  
1e. Can you describe the methods you selected to implement each of these projects / sub-projects?  
1f. For each of these projects / sub-projects; can you tell us what informed your choice of method in each case?  
1g. For each of the project / sub-projects you have described did you consider any other methods or approaches? If so, can you describe them and outline the reasons you did not adopt the alternatives you considered?  
1h. In your opinion, do you feel that the projects / sub-projects you have discussed were effective? Yes† No†

Interviewer Prompt: If yes, go to question 1i

If no, go to question 1j

- 1i. Why do you consider that these projects / sub-projects were successful?

Interviewer Prompt: Go to Section Two

- 1j. Why do you consider that these projects / sub-projects were unsuccessful?

Interviewer Prompt: Go to question 1k

- 1k. In your opinion, what did you think should have been done instead and why?

**SECTION TWO**

**2. Whether the reform programme was an effective process by which to meet the original objectives agreed by the policy leads**

- 2a. In your opinion, do you feel that the reform programme has been successful in meeting its aims and objectives? Yes† No†

Interviewer Prompt: If yes go to question 2b.

If no go to question 2d.

2b. Why do you consider that the reform programme was successful in meeting its objectives?

Interviewer Prompt: Go to 2c

2c. What methods, if any, are you using to gauge the success of the reform programme?

Interviewer Prompt: Go to 2g.

2d. Why do you consider that the reform programme was unsuccessful in meeting its objectives?

Interviewer Prompt: Go to 2f.

2f. What methods, if any are you using to gauge the success or otherwise of the reform programme in meeting its objectives?

Interviewer Prompt: Go to 2g.

2g. During the reform process, have you changed your opinion over what the key objectives of the reform programme are or what they should have been?

Yes / No

Interviewer Prompt: If yes, go to question 2h.

If no, go to question 2i.

2h. What do you now consider to be the key objectives of the programme?

Interview Prompt: Go to question 2i

2i. If you were to begin the reform process again, would you do anything differently?

Yes † No †

Interviewer Prompt: If yes, go to question 2j.

If no, go to question 2k.

2j. Can you describe what you would do differently and why?

Interviewer Prompt: Go to Section Three

2k. Can you describe the reasons why you would not do anything differently?

### **SECTION THREE**

#### **3. How the makeup of the Child Protection Steering Group was established and the Professional Advisors Selected?**

3a. How did you decide on the type of people needed for the child protection steering group?

3b. How did you recruit the people on the child protection steering group? (e.g. internal, external, secondment, advertisement, discipline mix, grade - seniority etc)

3c. How did you decide on the type of people need for the role of professional advisor?

3d. How did you recruit the personal advisors? (e.g. internal, external, secondment, advertisement, discipline mix, grade - seniority etc)

### **SECTION FOUR**

#### **4. The success of the reform programme and its influence on policy and practice amongst relevant professionals.**

4a. On a scale of 1-10 (10 being very successful) can you rate the success of the reform programme?

1† 2† 3† 4† 5† 6† 7† 8† 9† 10†

4b. Overall, how do you think the process of reform has gone?

4c. Do you consider that the reform programme has influenced child protection policy and practice amongst relevant professionals? Yes † No †

Interviewer Prompt: If yes, go to question 4d.

If no, go to question 4e.

4d. In what ways do you consider that the reform programme has influenced child protection policy and practice amongst relevant professionals?

Interviewer Prompt: Go to question 4g.

4e. Can you state the reasons you consider the reform programme has not influenced child protection policy and practice amongst relevant professionals?

4g. Do you consider that awareness of child protection has been increased by the activities of the reform programme? Yes † No

Interviewer Prompt: If yes, go to question 4h.

If no, go to question 4i.

4h. In what ways do you consider awareness of child protection to have been increased by the activities of the reform programme?

Interviewer Prompt: Go to question 4j.

4i. Why do you consider that awareness of child protection has not been increased by the activities of the reform programme?

4j. Do you consider that policy and practice in child protection has been improved by the activities of the reform programme? Yes † No †

Interviewer Prompt: If yes, go to question 4k.

If no, go to question 4l.

4k. Why do you consider that policy and practice in child protection has been improved by the activities of the reform programme?

Interviewer Prompt: Go to Section Five

4l. Why do you consider that policy and practice in child protection has not been improved by the activities of the reform programme?

## **SECTION FIVE**

### **5. General questions.**

5a. Have you been involved in any other similar reform process? Yes / No

Interview Prompt? If yes, go to question 5b.

If no, go question 5c.

4b. Can you describe which reform process you were involved in and how your approach to this reform process has been informed by your previous experience?

4c. Consider a vulnerable child in Scotland today. What would you now expect to be different about his or her experience of access to help as a result of the decisions and actions **you** have taken in this reform process?

4d. If you were in a position to design a child welfare and protection system from scratch what would be your vision?

## **END OF INTERVIEW**

### **APPENDIX 2: TOPIC GUIDE FOR FOCUS GROUPS, STRAND A**

The focus groups were guided by the questions:

- What do you consider to have been the main objective of the reform programme?
- How easy has it been to implement these objectives?
- What have been the key successes of the reform programme?
- What have been the shortcomings?
- What difference, if any, do you think the reform programme has made to
  - a) policy
  - b) practice
  - c) children?

## **APPENDIX 3: SURVEY QUESTIONNAIRE, STRAND B**

### **A Process Review of the Child Protection Reform Programme**

The Centre for Child Care and Protection, University of Dundee and Barnardo's Scotland have been commissioned by the Scottish Executive to conduct a Process Review of the Child Protection Reform Programme. As part of this Process Review the Scottish Executive wish to consult with key professionals and practitioners who have a remit for safeguarding the welfare of children and young people to assess the extent to which the reform programme has been successful in meeting its key aims and objectives. The views of professionals and practitioners on this issue are extremely important to informing the Review Process. It would be greatly appreciated if you would take the time to complete the questionnaire below and **return this to**

All responses will be treated in strict confidence and respondent details will remain anonymous.

Thank you for your participation.

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**Q1a. Please check the category which best describes the sector in which you work.**

- Statutory
- Private
- Voluntary
- Other (please specify)

**Q1b. Please indicate where in Scotland your organisation is located.**

**Q2. Please check the category which best describes your occupation (please check all that apply).**

- Social Work
- Health - medical
- Health - nursing
- Education
- Scottish Children's Reporter Staff
- Children's Panel Member
- Local Authority Staff
- Voluntary Organisation Staff
- Police
- Other (please specify)

Please tick if you are a member of a Child Protection Committee

- Q3. Please provide your formal job title (e.g. Children's Services Manager) and detail your area of specialism in the space provided below if applicable (e.g. children and families social work, health visitor, secondary school teacher etc.)**
- Q4. Please give a brief description of your key roles and responsibilities within your organisation in the space provided below.**
- Q5. Please give a brief description of your professional role and responsibilities with regard to the welfare and protection of children in the space provide below.**
- Q6. Has your understanding and interpretation of your role and responsibilities with regard to the welfare and protection of children changed over the last year (please check as appropriate)?**  
Yes / No / Don't Know

If you answered Yes, please go to Question 7.

If you answered No or Don't Know, please go to Question 10.

- Q7. Please rate the extent to which you consider your understanding and interpretation of your role and responsibilities has changed over the last year on a scale of 1 – 5 (1 being the lowest and 5 being the highest).**
- Q8. Which of the following factors do you consider has influenced your changing understanding and interpretation of your professional role and responsibilities over the last year (please check all that apply)?**  
Internal Training  
External Training  
Inter-agency Training  
University Accredited Training  
Self-directed Learning  
Policy Guidelines  
Practice Guidelines  
Media (newspapers, television, magazines, radio, internet)  
Professional Journals and Publications  
Internal Policy Documents  
External Policy Documents  
Child Abuse / Death Reports or Inquiries  
Information / advice from colleagues in my own agency  
Information / advice from colleagues in other agencies  
Information / advice from my manager / superiors  
Other (please specify)
- Q9. In which of the following areas has your understanding of your professional role and responsibilities changed (please check all that apply)?**  
Awareness of the signs of abuse and neglect  
Awareness of the impact of abuse and neglect on children

Recognising 'at risk' or 'vulnerable' children  
Procedures for reporting the signs of abuse and neglect  
My role in the assessment of children's needs  
Other professionals' roles in the assessment of children's needs  
Assessment procedure in child protection  
The role of my own agency for safeguarding the welfare of children  
The role of my own profession for safeguarding the welfare of children  
The role of other agencies and professions for safeguarding the welfare of children  
Awareness of general child protection issues  
Internal child protection policy within my own agency  
Local child protection policy  
National child protection policy  
Child Protection Law  
Other (please specify)

**Q10. Does your agency have an official child protection policy (please check as appropriate)?** Yes / No / Don't Know

**Q11. Has your agency given you clear guidance in respect to your agency's and your own professional role and responsibilities for safeguarding the welfare of children (please check as appropriate)?**  
Yes / No / Don't Know / To Some Extent

If you answered Yes or To Some Extent, please go to Question 12.  
If you answered No or Don't Know, please go to Question 13.

**Q12. Which of the following best describes the methods your agency has used to provide you with guidance about your agency's and your own professional role and responsibilities for safeguarding the welfare of children (please check all that apply)?**

Internal Training  
External Training  
Inter-agency Training  
Practice Guidelines  
Policy Guidelines  
Internal Documents  
External Documents  
Verbal Communication  
Other (please specify)

**Q13. Do you feel you have a clear understanding of your agency's and your own professional role and responsibilities for safeguarding the welfare of children?** Yes / No / Don't Know / To Some Extent

If you answered Yes, please go to Question 15.

If you answered No, Don't Know or To Some Extent, please go to Question 14.

**Q14. Which of the following would assist you with gaining a clearer understanding of your agency's and your own professional roles and responsibilities for safeguarding the welfare of children (please check all that apply)?**

Training  
Policy Guidelines  
Practice Guidelines  
Access to appropriate documents and literature  
Other (please specify)

**Q15. Do you have a clear understanding of the roles and responsibilities of other agencies and professionals in safeguarding the welfare of children? Yes / No / Don't Know / To Some Extent**

If you answered Yes, please go to Question 17.

If you answered No, Don't Know or To Some Extent, please go to Question 16.

**Q16. Which of the following would assist you with gaining a clearer understanding of other agencies' and professionals' roles and responsibilities for safeguarding the welfare of children (please check all that apply)?**

Training  
Policy Guidelines  
Practice Guidelines  
Access to appropriate documents and literature  
Liaising / Networking with other agencies / professionals  
Other (please specify)

**Q17. In your opinion, has practice in safeguarding the welfare of children changed over the last year and if so, how has it changed?**

**(a)**

**1. My own practice has ...**

Improved  
Stayed the same  
Got worse  
Don't Know

**2. If you consider that your own practice has changed, please explain briefly the reasons why in the space provided below.**

**(b)**

**1. My colleagues' practice has ...**

Improved

Stayed the same  
Got worse  
Don't Know

**2. If you consider that your colleagues' practice has changed, please explain briefly the reasons why in the space provided below.**

(c)

**1. Other agencies' and professionals' practice has ...**

Improved  
Stayed the same  
Got worse  
Don't Know

**2. If you consider other agencies' and professionals' practice has changed, please specify whose practice has changed (please check all that apply)**

Social Work  
Education  
Health  
Voluntary Organisations  
Police  
Other agency (please specify)  
Other profession (please specify)

**3. If you consider that the practice of other agencies or professionals has changed, please briefly describe how practice has changed and what you consider to be the reasons for the change in the space provided below.**

**Q18. Please rate your level of agreement with the following statements (please check as appropriate).**

**1. Practice to safeguard the welfare of children has improved.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**2. Policy to safeguard the welfare of children has improved.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**3. For children, the changes to practice have been for the better.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**4. For children, the changes to policy have been for the better.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**5. If you wish to explain your response to the above four statements, please use the space provided below.**

**Q19. In the space provided below, please describe briefly what you would do if ...**

**1. you suspect that a child's needs are not being met in some way.**

**2. you consider a child is in need of help or protection.**

**3. you suspect a child is at the risk of immediate harm.**

**Q20. Have you heard about the child protection reform process (please check as appropriate)? Yes / No**

If you answered Yes, please go to Question 21.

If you answered No, please go to Question 26.

**Q21. How do you know about the child protection reform process (please check all that apply)?**

Internal Training

External Training

University Accredited Training

Inter-agency Training

Self-directed Learning

Policy Guidelines

Practice Guidelines

Media (newspapers, television, magazines, radio, internet)

Professional Journals and Publications

Internal Policy Documents

External Policy Documents

Child Abuse / Death Reports or Inquiries

Information / advice from colleagues in my own agency

Information / advice from colleagues in other agencies

Information / advice from my manager / superiors

Actual or expected inspection

Other (please specify)

**Q22. Do you understand the aims and objectives of the child protection reform process (please check as appropriate)?**

Yes / No / To Some Extent

**Q23. Please rate the success of the child protection reform process so far in improving the likelihood that children's needs, including needs for protection will be met on a scale of 1 – 5 (1 being the lowest and 5 being the highest).**

Don't Know

**Q24. In your opinion, has the child protection reform process lead to changes in safeguarding the welfare of children (please check as appropriate)?**

**(a) Regarding my own practice, the child protection reform process has lead to ...**

Changes for the better

No changes

Changes for the worse  
Don't Know

**(b) Regarding my own agency's practice, the child protection reform process has lead to...**

Changes for the better  
No changes  
Changes for the worse  
Don't Know

**(c) Regarding other agencies' and professionals' practice, the child protection reform process has lead to...**

Changes for the better  
No changes  
Changes for the worse  
Don't Know

**(d) Regarding policy for safeguarding the welfare of children, the child protection reform process has lead to...**

Changes for the better  
No changes  
Changes for the worse  
Don't Know

**(e) Please briefly explain your response to questions 24 a-d in the space provided below (e.g. why you think there have been changes for the better/ no changes, what in particular has/ hasn't changed etc.)**

**Q25. (a) Please indicate your level of agreement as to whether the child protection reform process has built on good practice (please check as appropriate).**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**(b) Please indicate your level of agreement as to whether professionals have been sufficiently consulted in course of the child protection reform process.**

Strongly agree   Agree   Disagree   Strongly disagree   Don't Know

**(c) If you wish to explain your response to the above question, please use the space provided below.**

**Q26. In your opinion, what one key change would lead to the biggest improvement in the professional response to children in need and in need of protection (please use the space provided below)?**

**END OF QUESTIONNAIRE**

## **APPENDIX 4: TOPIC GUIDE FOR FOCUS GROUPS, STRAND B**

The prompt questions for the Strand B focus groups were:

- 1) What aspects, if any, of local policy do you observe to have been influenced by the CPRP?
- 2) What aspects of the practice of your profession have been influenced by the CPRP?
- 3) What aspects of the practice of other professions have been influenced by the CPRP:
  - i) health – nursing
  - ii) health – medical
  - iii) police
  - iv) education?
- 4) Has the CPRP built on good practice?
- 5) Are there indications that the changes will lead to better outcomes for children?
- 6) What one key change would lead to the biggest development in the professional response to children in need and in need of protection?

**APPENDIX 5: SHOWING THE THEMES AND CATEGORIES EMERGING FROM AN ANALYSIS OF MEDIA COVERAGE OF ‘CHILD PROTECTION’.**

<b>Themes relating to the CPRP</b>	<b>No of Items</b>
Conviction figures, individual conviction cases and offender legislation	53
Launch of new systems/arrangements/CPC arrangements/Charter	26
Substance Misuse	22
Release of statistics	12
Internet safety	10
Resources	9
Children’s Hearings system	6
Identity numbers in schools	6
Joint inspections	4
Child witnesses	4
Local child protection training schemes	3
Inspections of individual service providers	3
Information-sharing	3
Children displaying abusive behaviour	3
Scotland-wide child register	3
Recruitment for the Children’s Panel	2
24 hr helpline	2
Conferences	2
Changing Lives	1
Protection for children in sport	1
NHS Lothian introduces ‘welcome’ GP checks for all children	1
<b>Items relating to individual children</b>	
Danielle Reid	23
Britain’s ‘youngest mother’	7
11 year old – heroin overdose	6
Derek Doran	6

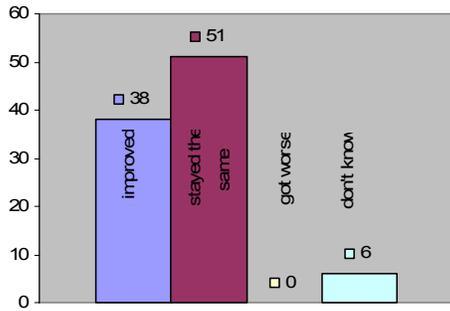
Colyn Evans	3
Rory Blackhall	2
Michael McGarrity	1
Carla Nicole Bone	1
Victoria Climbié	1
<b>More peripheral themes</b>	
'False Memory Syndrome'	3
Individual accounts of cases of neglect and emotional abuse	3
Orkney	2
Smacking	2
Expert witnesses	1
Individual campaign to set up a refuge from domestic abuse	1
Prediction of risk of offending at a young age	1
Kerelaw closing	1
<b>Total</b>	<b>240</b>

**APPENDIX 6: SHOWING EACH PROFESSIONS' RESPONSES TO  
QUESTION 17**

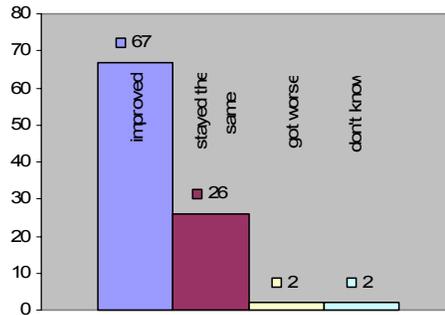
- a) My own practice has...
- b) My colleagues' practice...
- c) Other agencies' and professions' practice has...

Improved  
Stayed the same  
Got worse  
Don't know

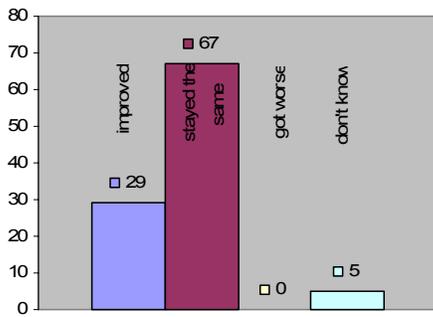
**Education, Q17a: Over the last year, my own practice has... (%)**



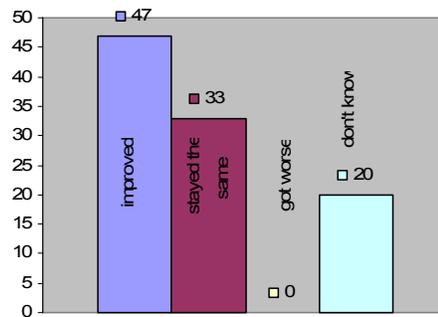
**Health - nursing: Over the last year, my own practice has... (%)**



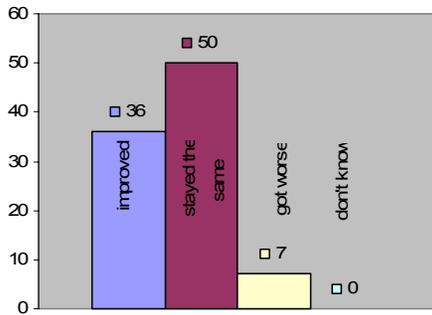
**Health - medical: Over the last year, my own practice has... (%)**



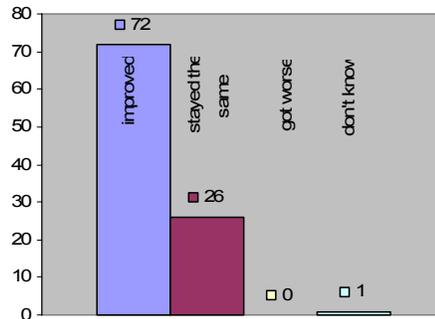
**Police: Over the last year, my own practice has... (%)**



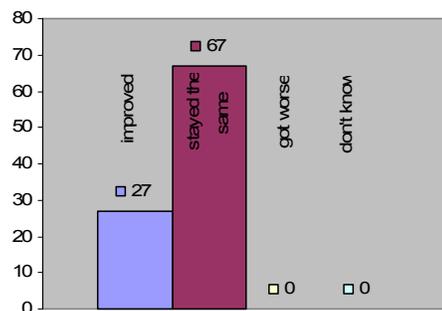
**Reporter: Over the last year, my own practice has... (%)**



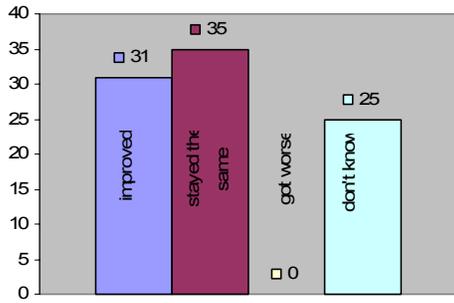
**Social Work: Over the last year, my own practice has... (%)**



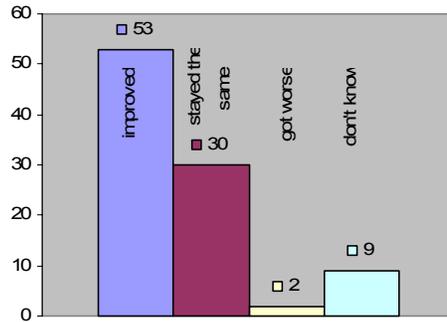
**Voluntary Organisations: Over the last year, my own practice has... (%)**



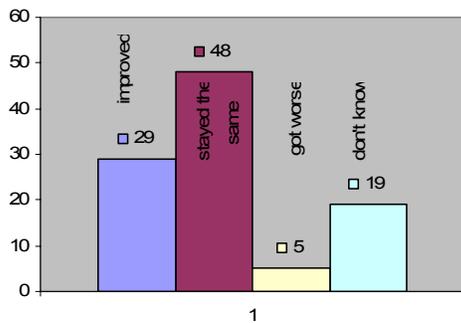
**Education, Q17b: Over the last year, my colleagues' practice has... (%)**



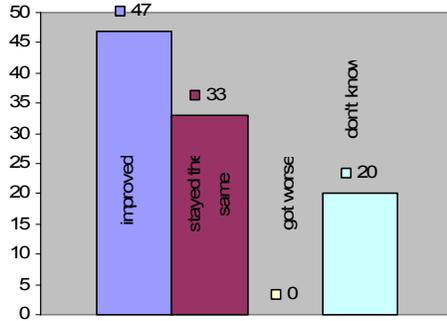
**Health - nursing, Q17b: Over the last year, my colleagues' practice has... (%)**



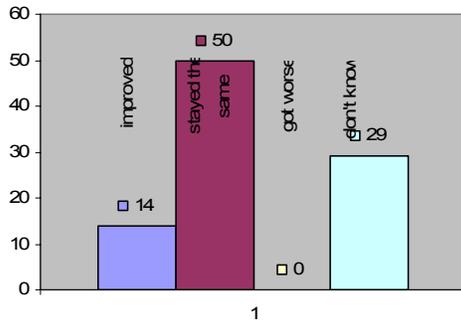
**Health - medical, Q17b: Over the last year, my colleagues' practice has... (%)**



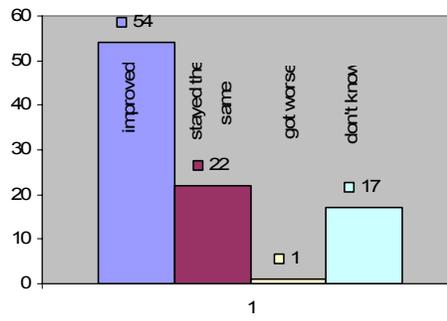
**Police, Q17b: Over the last year, my colleagues' practice has... (%)**



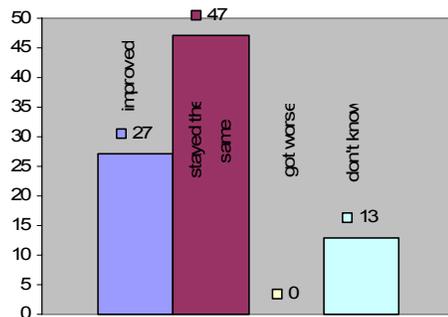
**Reporter, Q17b: Over the last year, my colleagues' practice has... (%)**



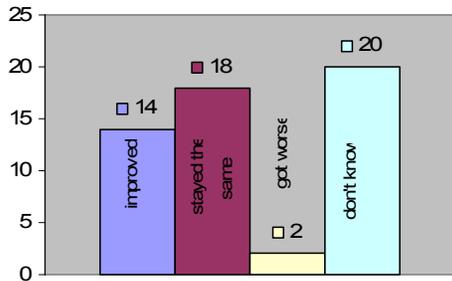
**Social Work, Q17b: Over the last year, my colleagues' practice has... (%)**



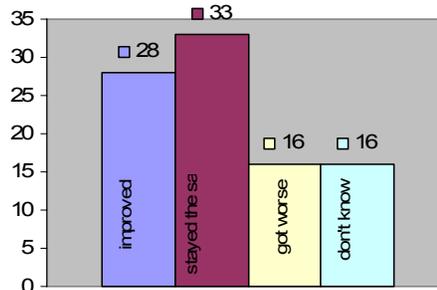
**Voluntary Organisations, Q17b: Over the last year, my colleagues' practice has... (%)**



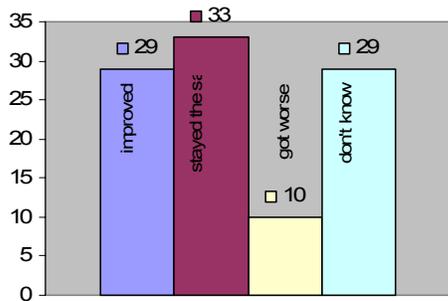
Education, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



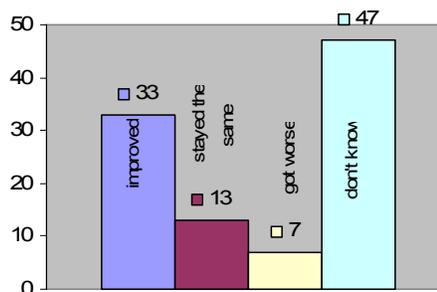
Health - nursing, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



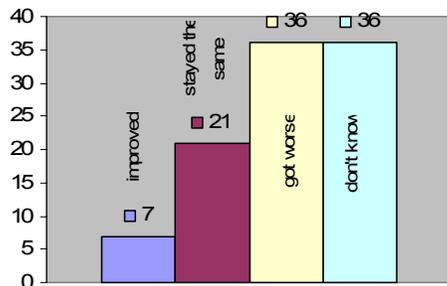
Health - medical, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



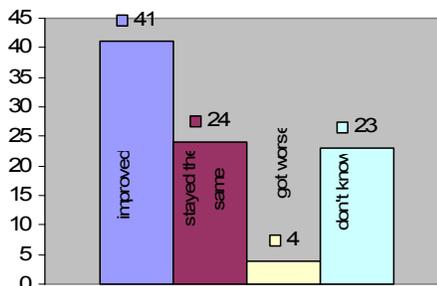
Police, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



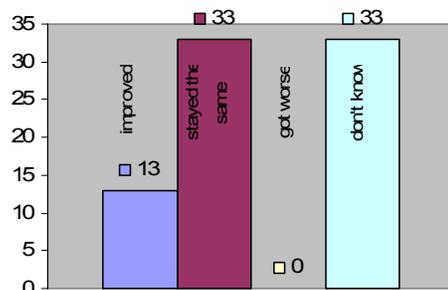
Reporter, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



Social Work, Q17c: Over the last year, other agencies' and professionals' practice has... (%)



Voluntary Organisations, Q17c: Over the last year, other agencies' and professionals' practice has... (%)

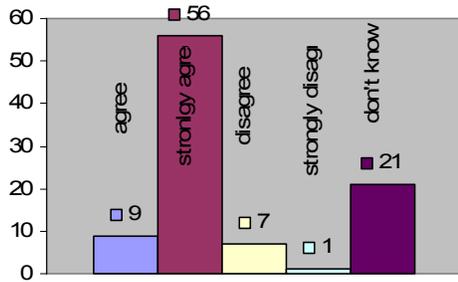


**APPENDIX 7: SHOWING EACH PROFESSIONS' RESPONSE TO QUESTION  
18**

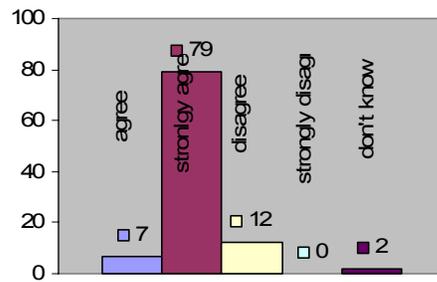
- a) Practice to safeguard the welfare of children has...
- b) Policy to safeguard the welfare of children has...
- c) For children, the changes to practice have been for the better...
- d) For children, the changes to policy have been for the better...

Strongly agree  
Agree  
Disagree  
Strongly disagree  
Don't know

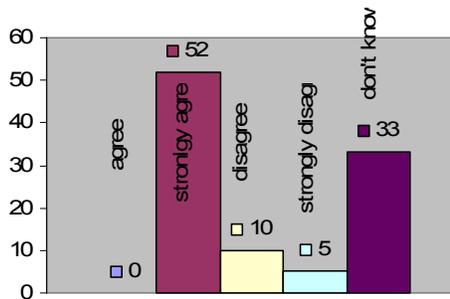
Education, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



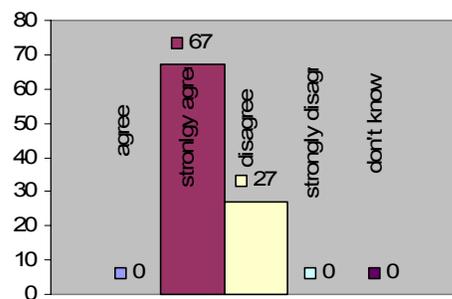
Health - nursing, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



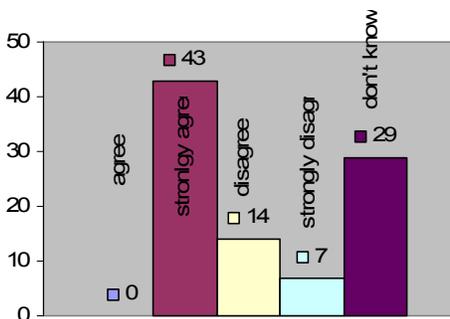
Health - medical, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



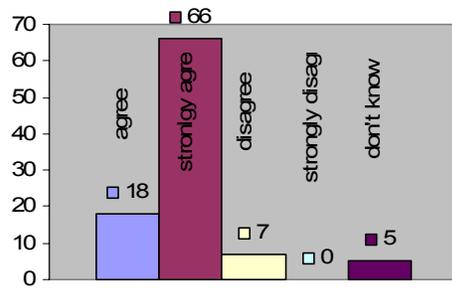
Police, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



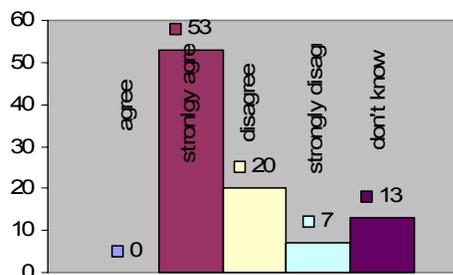
Reporter, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



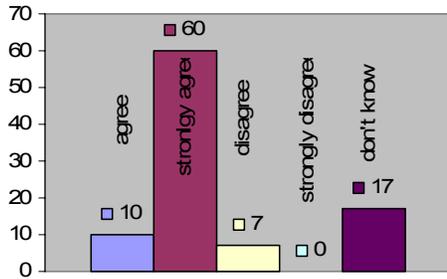
Social Work, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



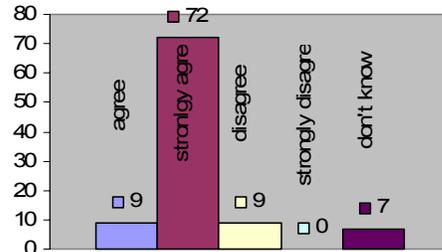
Voluntary Organisations, Q18a: Level of agreement, as to whether practice to safeguard the welfare of children has improved. (%)



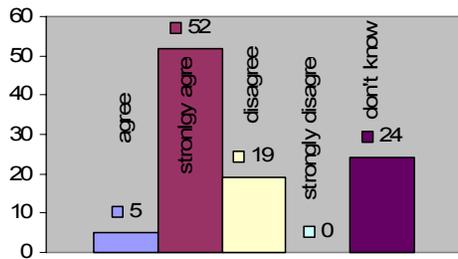
**Education, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



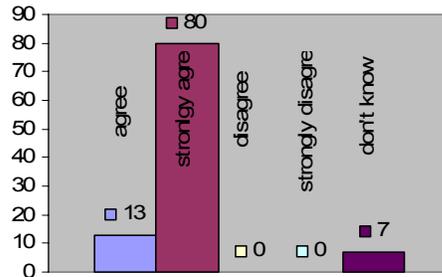
**Health - nursing, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



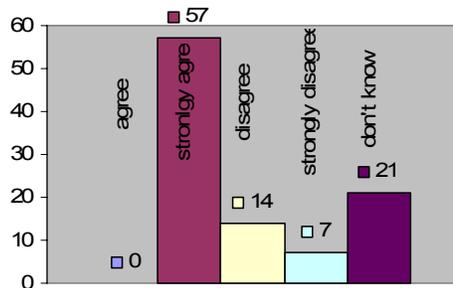
**Health - medical, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



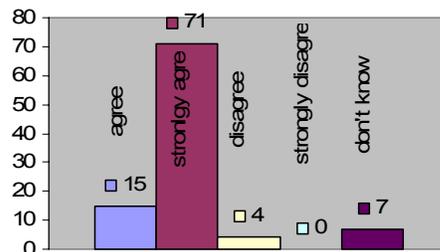
**Police, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



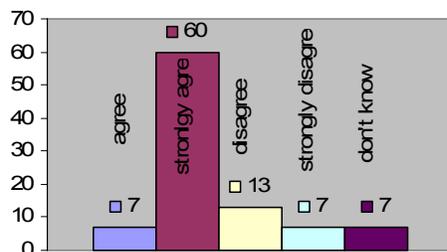
**Reporter, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



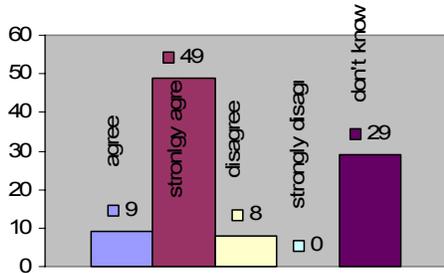
**Social Work, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



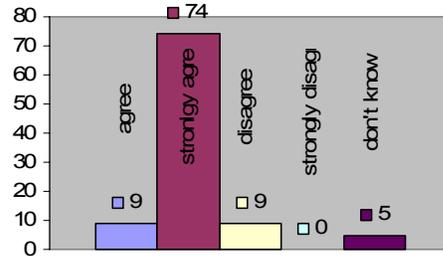
**Voluntary Organisations, Q18b: Level of agreement as to whether policy to safeguard the welfare of children has improved.**



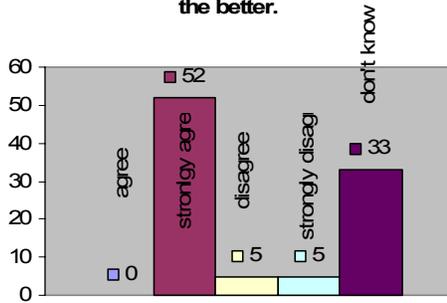
**Education, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



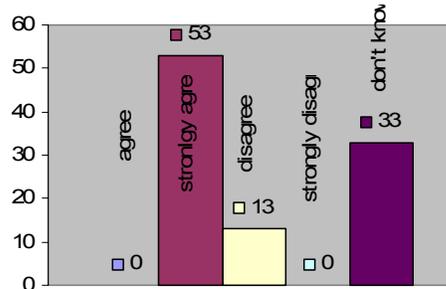
**Health - nursing, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



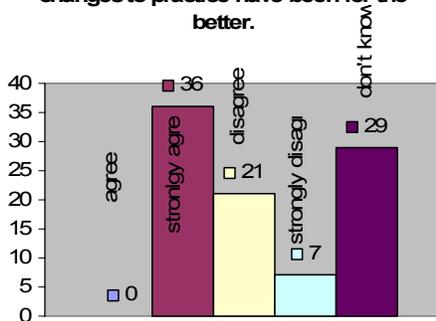
**Health - medical, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



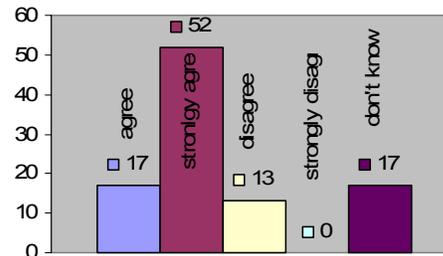
**Police, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



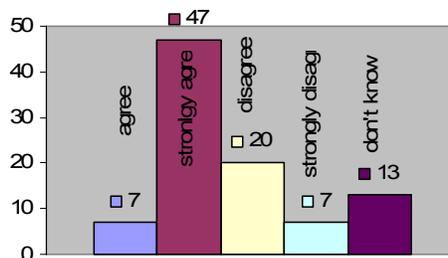
**Reporter, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



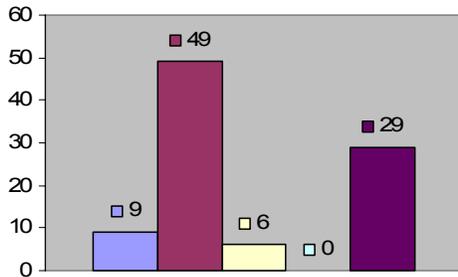
**Social Work, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



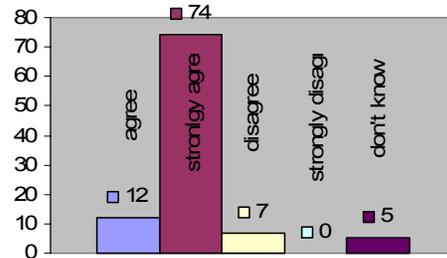
**Voluntary Organisations, Q18c: Level of agreement as to whether for children, the changes to practice have been for the better.**



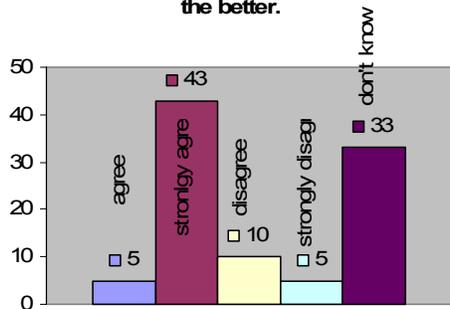
**Education, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



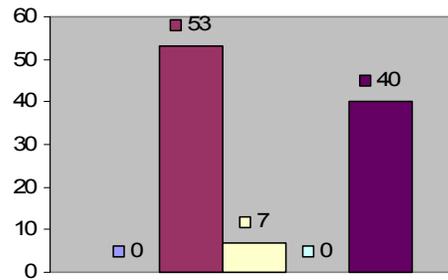
**Health - nursing, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



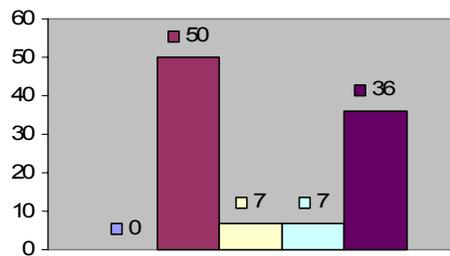
**Health -medical, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



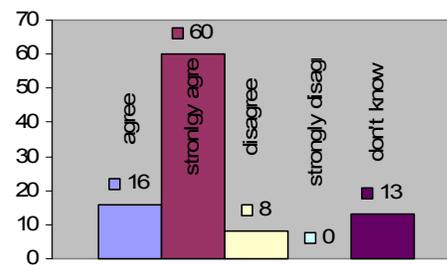
**Police, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



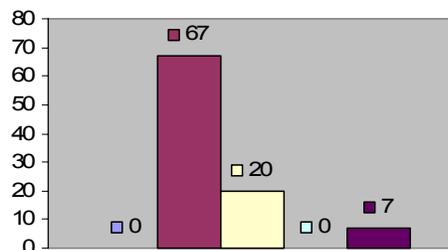
**Reporter, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



**Social work, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



**Voluntary Organisation, Q18d: Level of agreement as to whether for children, the changes to policy have been for the better.**



ISSN 0950 2254  
ISBN 978 0 7559 6507 6  
web only publication

[www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch)

RR Donnelley B50775 3/07



ISBN 978-0-7559-6507-6

