

**Joint inspection of services to protect children and  
young people in the South Lanarkshire Council area**

**September 2008**

<b>Contents</b>	<b>Page</b>
<b>Introduction</b>	<b>1</b>
<b>1. Background</b>	<b>2</b>
<b>2. Key strengths</b>	<b>3</b>
<b>3. How effective is the help children get when they need it?</b>	<b>4</b>
<b>4. How well do services promote public awareness of child protection?</b>	<b>7</b>
<b>5. How good is the delivery of key processes?</b>	<b>8</b>
<b>6. How good is operational management in protecting children and meeting their needs?</b>	<b>12</b>
<b>7. How good is individual and collective leadership?</b>	<b>14</b>
<b>8. How well are children and young people protected and their needs met?</b>	<b>17</b>
<b>9. What happens next?</b>	<b>18</b>
<b>Appendix 1 Indicators of quality</b>	<b>19</b>
<b>How can you contact us?</b>	<b>20</b>

## Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, '*How well are children and young people protected and their needs met?*'.<sup>1</sup>

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

---

<sup>1</sup> '*How well are children and young people protected and their needs met?*'. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

## 1. Background

The inspection of services to protect children<sup>2</sup> in the South Lanarkshire Council area took place in February and March 2008. It covered the range of services and staff working in the area that had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

South Lanarkshire covers 1,772 square kilometres and is the fifth largest local authority in Scotland. It is located in the central belt and is made up of a diverse mix of urban and rural communities. The main urban centres lie in the north of the Council area and include East Kilbride, Hamilton, Cambuslang and Rutherglen. Large rural areas are situated mainly to the east and south.

South Lanarkshire has a total population of 307,670. The percentage of children under 18 years is 21.4%, compared to the national average of 20.5%. At 2.8%, the unemployment rate is slightly lower than that for Scotland. Twenty-four per cent of families are headed by a single parent, compared to 25% nationally. The percentage of children with guardians who are dependent on key benefits (24%) is broadly in line with comparator authorities<sup>3</sup>. In the year ending March 2007, 2,395 children under 16 years were referred to the Children's Reporter on care and protection grounds. This is an increase of 15.4% on the previous year, compared to an increase of 9% in Scotland as a whole.

---

<sup>2</sup> Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

<sup>3</sup> Comparator Authorities include Fife, Falkirk, West Lothian, Clackmannanshire and North Lanarkshire.

## 2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in South Lanarkshire.

- Consistent and trusting relationships between staff and children, which helped all children communicate their views.
- Very effective support programmes in pre-school centres, schools and the community to help keep children safe.
- The effectiveness of approaches used to raise public awareness of child protection, coordinated by the Child Protection Committee (CPC).
- Action taken to involve children in developing the Integrated Children's Services Plan (ICSP).
- The ownership of a shared vision, values and aims by staff at all levels.
- Partnership working to protect children and meet their needs.

### **3. How effective is the help children get when they need it?**

*Children and families had regular contact with staff who knew them well. Staff took time to ensure they understood the views and needs of children with communication difficulties. Children and families benefited from a range of flexible support services. Very effective work had been done in pre-school centres, schools and in the community to help children keep themselves safe. Staff were alert to children's needs and overall, responded quickly and effectively when they needed help. Professionals quickly identified and met short term needs through effective joint working. Some children had to wait too long for help to recover from the impact of abuse and neglect.*

#### **Being listened to and respected**

The extent to which children were listened to, understood and respected was very good. Staff showed a high level of understanding of the needs of children. Children and families had valuable and regular contact with staff who knew them well. This was usually at a place and time which was convenient for the family. Children had warm and trusting relationships with their workers. Staff took time to get to know them and listened carefully to what they had to say. Children with communication difficulties were given very effective support to make sure that their views were taken into account. Those children for whom English was an additional language were given appropriate specialist help to give their views. Very young children were closely monitored for signs that they needed help. For a few families too many changes of workers meant that they were not known well enough.

At most meetings where decisions were made about children, their opinions were taken into account. They were given helpful assistance to prepare for meetings and often filled in a form to record their views. They were helped to complete this if necessary. Adults at meetings were interested in discussing what children had written and in finding out more about their circumstances and what they would like to happen. At Children's Hearings, panel members worked hard to ensure that even very young children had opportunities to be involved. When older children found it difficult to give their views, they were given support and encouragement to do so. In most cases, children and their families knew the reasons for decisions taken, even if they did not agree with them. At a few meetings, families were not fully involved in the discussion and their views were overlooked.

#### **Being helped to keep safe**

The help given to children and families to keep safe was very good. Risks to children were reduced by careful and attentive monitoring by staff who knew them well. Families were able to get help to keep children safe from a number of services. Extensive practical and emotional support to young families was provided by public health nurses, family support workers and homecare workers. Staff in pre-school centres gave very effective help to keep children safe. This was provided locally and was very easy to access. Parents and children benefited from a range of support groups, including drop in playgroups, respite sessions and alternative therapies. They also had access to staff for advice on specific areas of concern, such as domestic abuse and debt. Very helpful parenting programmes and advice were provided to those families in most need. These were available locally and without delay. Families who were homeless or at risk of losing their homes were given valuable assistance by skilled specialist support workers. Very attractive booklets providing sound advice on

parenting, produced by the CPC, were readily available for families who needed them. A few families who needed help did not receive it early enough.

Children received a wide range of very effective support programmes in pre-school centres, schools and in the community to help keep them safe. These were presented in interesting and creative ways and, as a result, children remembered the key messages very well. They were able to identify a variety of possible dangers, including those associated with the internet and chat rooms. They were very well aware of how to keep themselves safe. Most children were confident that they had someone to talk to if they needed help. They named a range of adults outwith their families that they could speak to. This included teachers, health staff and police. Children educated at home were visited regularly by staff from Education Resources. Those who were too ill to attend school were given teaching support at home. Education Resources staff took appropriate and timely action to track children missing from education.

Children showed a very good understanding of how to keep themselves safe. They felt safe in school and were aware of areas in the community which were less safe. They knew how to seek the help of a trusted adult if they felt they were in danger. Most knew about ChildLine and how to contact it. Helpfully, they had been given a pocket sized card with contact numbers to help them keep safe.

Some examples of what children said about keeping themselves safe.

*“You could phone domestic abuse if your mum and dad were arguing.”*

*“You don’t give out information about yourself, like where you live.”*

*“If you feel scared, tell someone you trust.”*

*“All children have the right to feel safe.”*

### **Immediate response to concerns**

The immediate response to concerns was good. Across services, staff were aware of their responsibilities to protect children and be alert to signs that they might be at risk. When children needed help, most staff immediately listened carefully and took their concerns seriously. They took prompt action to ensure children got the help they needed. Effective systems were in place to respond to concerns coming to the attention of staff at NHS 24. In most cases, social work and police officers investigated concerns appropriately and took necessary steps to ensure children’s safety. Where children were unable to remain at home, suitable accommodation was found for them. Social workers were available to take action outside normal office hours, through the West of Scotland Standby Service (WSSS). Initial action taken by WSSS was followed up promptly by local staff. Social workers gave feedback about action taken to people who referred concerns, but practice was inconsistent. Most children and families were supported well during initial investigations but they were not

always kept informed about why decisions were being taken and what the implications were for them. In a few cases, education staff had not passed on concerns about children quickly enough.

### **Meeting needs**

Overall, the impact of services in meeting children's needs was satisfactory. Short term needs were mostly identified quickly and appropriate support provided. Children and families were supported by staff during child protection investigations and meetings. Support and counselling services were available for children and families locally. Staff in services worked well together to help parents strengthen relationships with their children and to meet their immediate and short term needs. However, identifying and meeting longer term needs was less successful. Some children who had experienced abuse had to wait too long for specialist services.

Specialist staff provided effective support to vulnerable children in pre-school centres and schools. Services effectively worked together to make arrangements for education and care, ensuring that the individual needs of vulnerable children were met appropriately. However, delays in agreeing and providing suitable educational placements meant that some children were out of school for too long. As a result, their educational needs were not met. Children who were looked after away from home by the local authority benefited from attractive modern children's houses and appropriate foster placements. Befriending services offered effective help to meet children's social and emotional needs. There were significant delays in referring some children to specialist services. Families who needed such services were not always given the practical help and encouragement they needed to attend appointments. As a result, their children did not always receive the consistent help they needed.

Effective services were available for young carers, children affected by drugs and alcohol, and some children whose parents had mental health difficulties. Young people displaying sexually harmful behaviour were offered skilled help. Some children who had experienced abuse and neglect were helped by counselling and play therapy but the Child and Adolescent Mental Health Service (CAMHS) offered limited support. Many children had to wait too long for their services. For a few children who were looked after by foster carers or family members, there was confusion about which health board was responsible for providing support services. There was no nursing service specifically designed to meet the health needs of looked after children.

#### **4. How well do services promote public awareness of child protection?**

*Services promoted public awareness of child protection successfully through a wide range of publicity materials. Posters and leaflets were displayed prominently in public spaces. The Child Protection Committee (CPC) and services worked together to increase parents' and children's knowledge of dangers and provide useful information and advice on keeping safe.*

##### **Being aware of protecting children**

Promotion of public awareness about child protection was very good. The CPC had produced and distributed a wide range of materials to raise awareness, including cards, leaflets and bookmarks. All materials included contact details for anyone wishing to report a concern. Helpful handbooks for parents with information about keeping children safe had been distributed through pre-school centres and schools. Strathclyde Police and South Lanarkshire Council had worked together effectively to provide advice on internet safety to parents and children across the whole authority area. Over the last year, the impressive *Artsnet* child safety programme had raised the awareness of over 6,000 children and reached a wide public audience. Helpful information on keeping safe, including sexual health, was available on the websites of all the main services. Those sites provided direct links to the CPC website. The CPC had yet to evaluate the effectiveness of its awareness raising campaigns.

Members of the public, including extended family members and neighbours, contacted services when they were concerned about children. This included reporting incidents of domestic abuse and parental alcohol and drug misuse. Overall, concerns were dealt with appropriately. Staff took anonymous referrals seriously. Local social workers and dedicated police officers from the Family Protection Unit (FPU) responded to concerns on weekdays, during normal office hours. At other times, concerns were effectively dealt with by the WSSS and front line police officers. The WSSS had access to information held on social work resources' recording systems to help them respond appropriately. Police officers were able to quickly gain information about households with vulnerable children when required. Delays in getting full information to help staff respond appropriately in emergencies had prompted senior managers to develop a local service to deal with out-of-hours enquiries. Work on this was progressing well.

## **5. How good is the delivery of key processes?**

*Most children and their families were involved appropriately in decision-making about their well being and safety. They were encouraged to attend meetings and supported to express their views. Staff recognised the need to share information to keep children safe and were helped in doing so by formal agreements. However, information was not always well understood or appropriately used when making decisions. Key people were absent from some important meetings. Decisions were not always recorded. Appropriate plans were made for children, but in some cases, agreed actions were not progressed quickly enough. Alternative plans were not always made when intervention proved ineffective or when risk increased.*

### **Involving children and their families**

Arrangements for involving children and families in key processes were good. Older children and their parents were routinely invited to child protection case conferences, core group meetings and Children's Hearings. An easy to read information leaflet for children and families involved in child protection processes provided them with useful information. In most cases, staff shared information provided for meetings with families beforehand. Social workers, family support workers, public health nurses and voluntary sector staff provided effective support to children and their families to ensure they attended key meetings. They helped them to participate and express their views. They encouraged the participation of extended family members to ensure families' full involvement. Chairs of case conferences and core groups generally took time before meetings to explain proceedings to children and parents. They checked for understanding, clarified points for them during meetings and sought their views on key issues and decisions. However, practice was inconsistent. In a few cases, children and families were not made fully aware of all of the relevant information before meetings took place and sometimes reports arrived too late for families to give them proper consideration. *Having Your Say* forms were routinely sent to all children attending Children's Hearings. Many children who were looked after, or who attended child protection meetings, benefited from effective advocacy services provided by the Children's Rights Service and Who Cares? Scotland. Commendably, staff ensured that this included children living in placements outwith the local area. However, advocacy services were not routinely offered to all children who may have required such support. Family Group Conferencing had been effective in supporting families to take responsibility for their own decision-making.

All services had written policies and procedures for dealing with complaints. Leaflets on making a complaint were available in many public offices, but not all. Information was made available on individual services' websites. Social work resources had produced a useful complaints leaflet for young people. Services took complaints seriously. Overall, these were dealt with on time and had satisfactory outcomes. Managers worked hard to find local solutions to expressions of dissatisfaction. Only a small number of complaints were unresolved. Services regularly reviewed, analysed and reported on the range and nature of complaints and used this information to make improvements to services.

### **Sharing and recording information**

Overall, the sharing and recording of information was good. There were positive working relationships between staff across services and a sound understanding of the importance of sharing information to keep children safe. Helpful systems were in place to share concerns

about vulnerable unborn babies. There were particularly good informal information-sharing processes between police officers in the FPU and social workers, and between social work staff and public health nurses. In a few cases, important information was not passed on to everyone who needed it or staff did not realise the full significance of information shared.

Particular features of information-sharing included the following:

- Appropriate systems were in place to enable formal information-sharing, supported by a helpful Pan-Lanarkshire data sharing agreement.
- There was effective information-sharing between housing, social work, education and health staff to support children in housing need.
- Staff working with parents with mental health and substance misuse problems routinely shared relevant information with staff responsible for children.
- Information was shared promptly between hospital and community health staff when children attended Accident and Emergency Units.
- An effective electronic system to alert staff to vulnerable children was in place in key community services and was being extended to hospital services.
- Good information-sharing among services within the Multi-Agency Public Protection Arrangements (MAPPA).
- The absence of key staff at planning meetings hindered a shared understanding of information in a few cases.
- Staff did not routinely record when they shared information and why.

The quality of recording in children's files was variable. Social work and health records contained comprehensive details of contact with children and families. Most services maintained an up-to-date record of information shared in case conferences and other planning meetings. A dated list of significant events had been compiled for most children in social work, education and health records, but some omitted important information. In a few cases, case records contained inaccurate or incomplete information, including personal details such as names, family members and ethnic origin. Decision-making was clearly recorded in most police and social work files.

Staff across services were confident about when to share information to protect children. They were assisted by a clear Pan-Lanarkshire information-sharing agreement and helpful guidance notes under Getting Our Priorities Right (GOPR) procedures. Overall, children and families understood what information was shared and reasons for this. Health staff, and some staff from other services, appropriately sought parents' and children's consent to share information. A helpful leaflet was being developed for this purpose. Written consent to share information about children and families' circumstances was not routinely obtained. Children and families were not always aware of the information recorded about them by staff across services.

Police Officers managing sex offenders were co-located with child protection and domestic abuse officers. They helpfully shared information and concerns about children on a daily basis. MAPPA were successfully established across the local authority to ensure that information about registered sex offenders was shared appropriately. Commendably, NHS staff were fully involved with police and local authority colleagues. The Violent and Sex Offender Register had enhanced the management and recording of information on sex offenders. Police officers diligently recorded intelligence to ensure that all relevant information was available about adults who might pose a risk to children.

## **Recognising and assessing risks and needs**

Assessment of risks and needs was satisfactory. Staff across services recognised risks to children. They had a good understanding of the impact of parents' problems on children. These included substance misuse, domestic abuse, homelessness and mental ill health. They monitored children's circumstances and behaviour closely and worked together effectively to respond appropriately. Most services had effective systems in place to help staff consider relevant information when making initial assessments of risks and needs. Public health nurses completed an initial profile for all children and identified those who were particularly vulnerable. In a few cases, staff had not taken important information into account when assessing risks to children at an early stage or when risks increased. Social workers and police officers jointly considered the most appropriate course of action when concerns were raised about children, but discussions were not always recorded. Plans to establish a single point of contact for health services for all initial discussions had not yet been implemented. At times, Children's Reporters did not seek information directly from all relevant sources when assessing risks and needs. The Children's Reporter received many domestic abuse referrals from the police, but there was no system for services to prioritise and assess referrals together.

Initial assessments completed by social work staff helpfully detailed risks and protective factors, and the impact of these on the child. Overall, social workers completed well structured and informative assessments of risks and needs. However, in some cases, too much weight had been given to whether or not parents appeared to be cooperating with services. At times, difficulties engaging with parents stopped children's needs being fully assessed. Most staff contributed to initial child protection case conferences, but subsequent reviews were less well attended. Police officers were absent from some key meetings where risk was considered. Where staff were unable to attend meetings, written reports were provided to the chair, but relevant information was not always shared with professionals at the meeting. In a few cases, there had been delays between initial investigations and a multi-agency meeting taking place, without children's safety being appropriately assessed in the intervening period. In some locations, assessments of vulnerable children had not been completed by public health nurses. Services were working together to develop a common assessment approach in a pilot project in East Kilbride. A useful new section had recently been added to child protection forms and minutes, to help staff focus on key areas of risk and desired outcomes for children.

Appropriately trained police officers and social workers jointly planned and carried out investigations. They had clear guidance to help them do this. However, in a few cases, one service had proceeded alone when a joint investigation would have been more appropriate. Paediatricians and Forensic Medical Examiners (FMEs) worked well together to meet children's needs. Advice from a paediatrician was available at all times. The lack of involvement by health staff in all initial planning meetings meant that the need for medical examination was usually decided by police or social work staff. As a result, there were delays in identifying and meeting the welfare needs of some children, such as those who had experienced neglect.

Staff across services contributed to assessments of children affected by parental substance misuse through either a shared GOPR process or NHS Greater Glasgow & Clyde's (NHSGGC) Vulnerable Infants' procedure. A dedicated development officer helped increase midwives' skills in assessing vulnerable families and improve information-sharing across

services. Staff were clear about what action to take if there was immediate risk to the child. GOPR guidance had recently been strengthened to ensure staff were clear on the most appropriate action when risks were regarded as lower. In some cases, parents and relevant staff had not been invited to multi-agency GOPR meetings.

### **Planning to meet needs**

Planning to meet needs was satisfactory. Staff met together in a variety of planning meetings to consider what actions were required and to put in place the help children needed. There was effective multi-agency planning for vulnerable children with additional support needs and those who were at risk through offending. Plans to reduce risk and to support children and families were not always based on a sufficiently thorough assessment of needs. While these plans were reviewed regularly, agreed actions were not always carried out. Staff shared new information appropriately, but in some cases, plans were not amended accordingly.

Most initial child protection case conferences were held promptly and reviews held regularly. A social worker was allocated to each child on the child protection register and a child protection plan drawn up. The quality of child protection plans varied. The best set clear objectives, identified the staff responsible for taking action and the timescale in which this was to be done. Others were vague and it was not clear how progress was being measured. Arrangements for chairing child protection case conferences did not always ensure that plans were progressed promptly. Conference chairs did not consistently recommend alternative action when plans proved ineffective at promoting positive change. Services placed a high priority on attending case conferences, but key staff were not always present at meetings when important decisions were made about risks and needs.

Relevant staff came together regularly to review the circumstances of children who were accommodated by the local authority. Staff, including children's rights officers, successfully helped looked after children to contribute to plans to meet both their short and long term needs. This included children in placements outside the local authority area. For a few children, there were delays in ensuring their longer term needs were met appropriately. Where appropriate, family group conferences had been used to involve extended family members in making plans, with positive outcomes for children. Staff worked very effectively together to plan for children moving in and out of the authority area.

Action taken by managers had been effective in widening the participation of staff in core groups. Overall, core groups worked well together, with parents, to implement the child protection plan. However, in a few cases, they did not take place regularly. Not all staff understood the purpose of core groups and how they differed from child protection case conferences. Case conference minutes with agreed actions were not always circulated in time to be used by the first core group meeting. A system to help managers monitor core group activity had been introduced recently.

## 6. How good is operational management in protecting children and meeting their needs?

*Across services, clear and appropriate guidance supported staff in their work. Staff were familiar with, and routinely referred to, inter-agency child protection guidance and agreements. The Integrated Children's Services Plan (ICSP) was used effectively to develop services and improve outcomes for vulnerable children. Children themselves had influenced the plan, contributing views in a range of imaginative ways. Managers had developed successful ways of recruiting and retaining staff and ensured safe recruitment policies were consistently applied. A range of training opportunities had increased staff confidence and competence. Work was required to measure the impact of training over time.*

Aspect	Comments
Policies and procedures	Policies and procedures were good. A useful range of single and multi-agency policies helped staff work consistently. Across agencies, policies clearly reflected a shared vision, values and aims. Staff were aware of ongoing work to update the West of Scotland inter-agency guidelines. Strathclyde Police had recently updated and improved their standard operating procedures. Recent revisions to the shared GOPR procedures made them clearer for staff and more effective. Procedures for joint investigation of concerns were not always applied consistently within the police and social work resources. Evaluation of the impact of policies and procedures on practice had yet to take place.
Operational planning	Operational planning was good. A multi-agency strategy team provided clear direction to implement the Integrated Children's Services Plan 2005-08 (ICSP). Helpful integrated children's services coordination groups, chaired by elected members, had been established. These put locally adapted versions of the ICSP into practice, in response to the needs of children growing up in different and diverse communities. Flexible delivery of public health nursing supported this approach. The ICSP was well understood by staff across services and had helped them work together effectively. Staff were able to identify local needs and develop solutions through closer partnership working. Progress reports were published annually and were beginning to focus more clearly on measuring outcomes for children. All services collected management information and used it to inform planning, within and across services. However, this was not yet sufficiently targeted at monitoring how well children's needs were met.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	The participation of children and families in policy development was very good. Services consulted widely with children, including vulnerable and disadvantaged children, through group work, internet surveys, questionnaires and interviews. Young people, including the Youth Council, had made a valuable contribution to identifying priorities in the ICSP. Children were able to influence decision-making within the Council through Youth Council representatives on the Corporate Connections Board. Children had helped to produce a version of the ICSP specifically for young people, in paper and DVD formats. Children and families' views were not systematically reviewed and analysed by the children's reporter.
Recruitment and retention of staff	There were very good arrangements to ensure effective recruitment and retention of staff. In almost all services, sufficient staff were available to provide an effective service. Senior staff made suitable arrangements to minimise the impact of any local staffing shortages on services for children and families. NHS managers were reviewing the number and distribution of public health nurses to meet increased demands. All services had developed positive approaches to retaining staff. Rigorous safe recruitment procedures were in place and were implemented consistently. There were clear and helpful policies to ensure that complaints and allegations against staff were dealt with fairly and thoroughly.
Development of staff	The arrangements for staff development and training were very good. Staff benefited from a wide range of learning opportunities within their own services, to meet their particular needs. A detailed programme of multi-agency training was provided for all relevant staff, including those in voluntary organisations. Basic training in child protection was mandatory for many staff. Very effective arrangements were in place to meet the learning needs of new employees. Feedback was taken after each learning event and work had been done to measure how training was increasing staff skills and confidence. Most staff received appropriate supervision and support in their work.

## 7. How good is individual and collective leadership?

*Staff at all levels across services shared a clear shared vision for protecting children and meeting their needs. Elected members, Chief Officers and senior managers strongly and consistently promoted a culture of close joint working. Protecting children was given high priority. Partnership working to protect children across Lanarkshire had been strengthened through co-locating staff in a multi-agency child protection office. The Child Protection Committee (CPC) had been successful in increasing awareness of children's safety and developing multi-agency training. Approaches to quality assurance and self-evaluation were not yet sufficiently focused on improving outcomes for children.*

### **Vision, values and aims**

Vision, values and aims were very good. Chief Officers and senior managers across services had developed a very clear vision for working together to protect children and meet their needs. This was communicated successfully to staff at all levels and influenced their work. Chief Officers and senior managers were committed to, and consistently emphasised, individual and collective responsibilities for keeping children safe.

- Elected members in the Council provided effective support to officers carrying out responsibilities for protecting children. The Council Chief Executive was clear about his accountability for child protection. He actively promoted collaboration between senior officers in the Council. Through his role as Chair of the Chief Officers' Group (COG), he consistently demonstrated commitment to effective partnership working across services.
- The Chief Executives and senior managers of NHS Lanarkshire (NHSL), NHSGGC and the State Hospital gave a high priority to protecting children. Through the Community Health Partnership (CHP), they demonstrated clear commitment to working with partners to improve services and ensure that the needs of children across South Lanarkshire were met. This had been communicated very effectively to staff across NHS services.
- Strathclyde Police had a strong vision for public protection. Child protection featured highly within policing priorities. The Divisional Commander was clear about his role in promoting this vision. This was understood by officers on the front line, who consistently demonstrated a high level of awareness of their role and responsibilities in keeping children safe.

The ICSP outlined a shared vision to keep children safe and meet their needs, and linked well to the Community Plan. Staff across services had been involved in drawing up the ICSP and had a very good understanding of how it influenced their day to day work. The Integrated Children's Services (ICS) steering group effectively directed and coordinated joint working to implement the ICSP.

## **Leadership and direction**

Collective leadership and direction of child protection services was very good. Elected members vigorously promoted a corporate approach to meeting the needs of disadvantaged children. Chief Officers had identified priorities for improving child protection services within their own organisations. These included taking action to improve information-sharing within child health services, increase the capacity of the FPU to meet growing demand and strengthen performance management within children and families' social work resources. There was good representation on the COG from all services. Trust and cooperation between services had been firmly established, supporting effective joint working to meet children's needs.

The CPC played a key role in promoting child protection. Its work helped to ensure keeping children safe was a high priority for elected members, managers and staff across services. It had successfully produced materials to raise public awareness, increased children's awareness of their personal safety and delivered detailed inter-agency training programmes. Chief Officers were kept informed of developments in practice through presentations of individual case studies to the COG. Helpful CPC reports were published annually. Shared priority objectives for protecting children were not detailed clearly enough in the CPC Business Plan.

Chief Officers gave high priority to resourcing child protection and services shared resources to meet children's needs effectively. South and North Lanarkshire CPCs had strengthened their relationship by co-locating staff and working together to develop policies and provide combined training. Joint subgroups had been established to take forward areas of work relevant to staff working across Lanarkshire, for example policy and procedures. Sound operational arrangements for these subgroups had been agreed and progress was regularly reported to the CPC. The chairs and vice chairs of the subgroups met quarterly to coordinate their work, but Strathclyde Police was not currently represented in either of these leadership roles.

## **Leadership of people and partnerships**

Leadership of people and partnerships to protect children was very good. A strong culture of partnership working had been established across statutory and voluntary sector services. Chief Officers and senior managers encouraged effective joint working to protect children and meet their needs. Integrated Children's Services teams, including staff from NHS, education and social work resources, worked well together to minimise harm to vulnerable children and families. Good communication through the CHP helped staff from both health boards cooperate in meeting the needs of children and families. Police worked very effectively with partners to ensure that the needs of children were prioritised when planning initiatives, such as major drug operations.

A high priority was placed on partnership working to implement GOPR. A maternity development officer post was jointly funded by South and North Lanarkshire Councils and the Alcohol and Drug Action Team. The officer was helpfully auditing the needs of vulnerable mothers and their partners to inform the development of pre-birth services to reduce risks to babies. The GIRFEC steering group was effectively leading the introduction of integrated assessments and joint decision-making forums to meet children's needs. Action

had yet to be agreed to implement a multi-agency system for risk assessment of incidents of domestic abuse.

A dedicated development officer post had been created to increase the voluntary sector's contribution to strategic planning. Helpfully, this officer was a member of both the CPC and ICSP steering group. There was effective liaison with a forum representing a range of voluntary organisations. Services had been developed to better meet the needs of looked after children, although this was not yet supported by a clear corporate parenting strategy. Continued partnership working was required to ensure that as many vulnerable young people as possible were able to attend their local school on a full time basis.

### **Leadership of change and improvement**

The leadership of change and improvement was satisfactory. Chief Officers and senior managers were committed to and actively promoted a culture of self-evaluation within partner agencies. The need to develop a systematic approach to self-evaluation and service improvement was understood well by staff at all levels. A useful exercise in inter-agency self-evaluation, informed by single-agency evaluations, had been carried out. It did not yet focus enough on outcomes for children and families. Child protection performance information was regularly considered by the CPC and Chief Officers. This information was not used sufficiently to prioritise activity to improve services.

The Council had carried out self-evaluation within education, social work and housing and technical services. The CPC's Quality Assurance and Good Practice subgroup was at an early stage in its development. Services had carried out useful case file audits and consultations with children and families. Significant case reviews supported the development of good practice but, on occasion, not all relevant services were involved. Quality assurance was not yet rigorous enough to ensure fully consistent and effective practice in key areas of work. This included core groups, risk assessment, care planning and the involvement of children and families.

Strathclyde Police, NHSL and SCRA had carried out useful single-agency self-evaluations but there was not yet sufficient focus on outcomes for children and families. The police reviewed child protection information on a regular basis and NHSL had helpfully audited child protection referrals made over the past year. Information collected by such activity had not always been effectively used to direct improvement. Joint inspection of child protection reports were used by the CPC and Chief Officers to compare performance and learn from best practice. A strategy to effectively disseminate this learning to staff across services had yet to be agreed.

## **8. How well are children and young people protected and their needs met?**

### **Summary**

Inspectors were confident that when children were identified as being at risk, action was taken to reduce the risks, meet their needs and improve their lives. Children were very aware of strategies to keep themselves safe and they had trusted adults to help them. Children and families benefited from effective support at an early stage, but some children had to wait too long for help to overcome the long term impact of abuse and neglect. Action was required to ensure that plans to meet children's needs were always based on sufficiently thorough assessments of risks and needs, and were progressed effectively.

Elected members, the CPC and Chief Officers have promoted a clear vision for working together to protect children. They are well placed to continue work to deliver improved outcomes for children. In doing so, they should take account of the need to:

- increase the availability of services to help children overcome the longer term effects of abuse and neglect;
- ensure the involvement of all relevant staff, including medical staff, in child protection processes;
- develop an effective system for prioritising child protection referrals where children are affected by domestic abuse;
- improve assessment and planning to meet the needs of children and families; and
- further develop self-evaluation to focus on outcomes for children and improve services.

## **9. What happens next?**

Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations in this report, and to share that plan with stakeholders. Within two years of the publication of this report, HM Inspectors will re-visit to assess and report on progress made in meeting these recommendations.

**Helen Happer**  
**Inspector**  
**September 2008**

## Appendix 1 Quality Indicators

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services to protect children and meet their needs.

<b>How effective is the help children get when they need it?</b>	
Children are listened to, understood and respected	Very Good
Children benefit from strategies to minimise harm	Very Good
Children are helped by the actions taken in immediate response to concerns	Good
Children's needs are met	Satisfactory
<b>How well do services promote public awareness of child protection?</b>	
Public awareness of the safety and protection of children	Very Good
<b>How good is the delivery of key processes?</b>	
Involving children and their families in key processes	Good
Information-sharing and recording	Good
Recognising and assessing risks and needs	Satisfactory
Effectiveness of planning to meet needs	Satisfactory
<b>How good is operational management in protecting children and meeting their needs?</b>	
Policies and procedures	Good
Operational planning	Good
Participation of children, families and other relevant people in policy development	Very Good
Recruitment and retention of staff	Very Good
Development of staff	Very Good
<b>How good is individual and collective leadership?</b>	
Vision, values and aims	Very Good
Leadership and direction	Very Good
Leadership of people and partnerships	Very Good
Leadership of change and improvement	Satisfactory

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
Satisfactory	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

## **How can you contact us?**

### **If you would like an additional copy of this report**

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website [www.hmie.gov.uk](http://www.hmie.gov.uk)

### **If you wish to comment about this inspection**

Should you wish to comment on child protection inspections you should write in the first instance to Neil McKechnie, HMCI, Directorate 6: Services for Children at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

### **Our complaints procedure**

If you have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston, EH54 6GA. You can also e-mail [HMIEComplaints@hmie.gsi.gov.uk](mailto:HMIEComplaints@hmie.gsi.gov.uk). A copy of our complaints procedure is available from this office, by telephoning 01506 600 200 or from our website at [www.hmie.gov.uk](http://www.hmie.gov.uk).

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail: [ask@spsso.org.uk](mailto:ask@spsso.org.uk). More information about the Ombudsman's office can be obtained from the website: [www.spsso.org.uk](http://www.spsso.org.uk).

Crown Copyright 2008

HM Inspectorate of Education

This report may be reproduced in whole or in part, except for commercial purposes or in connection with a prospectus or advertisement, provided that the source and date thereof are stated.