

Joint inspection of services to protect children and young people in the East Renfrewshire Council area

March 2008

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

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?*'.¹

The inspection team included Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

¹ '*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 children² in the East Renfrewshire Council area took place between October and November 2007. It covered the range of services and staff working in the area who 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.

East Renfrewshire is a compact Council area covering 174 square kilometres with the tenth highest population density of all councils. It lies to the south of Glasgow. The main centres of population are the towns of Barrhead and Neilston in the west and the areas of Newton Mearns, Giffnock, Clarkston, Thornliebank and Busby in the east. There are also a number of small villages.

The population is around 89,290 of whom approximately 23% are aged 18 and under. This is higher than the national average. East Renfrewshire is one of the least deprived local authority areas in Scotland. However, certain areas within the Council face the challenges associated with unemployment, high crime levels, poor housing and health issues. It has one of the most ethnically diverse populations in Scotland, the proportion of citizens from minority ethnic communities is between two and three times the national average. The number of children on the Child Protection Register (CPR) in 2006 was 1.4 per thousand; this was lower than the average rate for comparator authorities³ and Scotland. There is a lower rate of single parent families and of reported incidents of domestic abuse than for comparator authorities and for Scotland as a whole.

² 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).

³ Comparator Authorities include East Dunbartonshire, East Lothian, Stirling, Aberdeenshire and Midlothian

2. Key strengths

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

- Collaborative approaches to keeping children safe, particularly Joint Support Teams in schools.
- The very effective therapeutic services available within schools.
- Public awareness of how to keep children safe.
- The wide range of policies and procedures to guide staff in keeping children safe.
- High quality planning processes to develop services to protect children.
- The high quality and easy accessibility of child protection training, particularly the multi-agency programme.
- The visionary leadership of Elected Members, Chief Officers and senior managers and the Child Protection Committee (CPC).
- The Council's innovative approach to the Corporate Parenting of Looked After and Accommodated young people.

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

Adults were very alert to the signs that children and young people may need help. They worked hard to make sure that this was given quickly. The Council had a strong focus on early intervention and services worked very well together to develop approaches to ensure that children knew how to keep safe. Children were encouraged to express their views through a variety of means. They were aware of adults to whom they could turn for help or advice. A wide range of very effective specialist services to support children was available locally.

Being listened to and respected

The overall quality of communications among staff, children and families was excellent. Staff placed very strong emphasis on establishing rapport and trust with young people. Children and their families were carefully listened to by professionals who understood their concerns. Staff had very good knowledge of children, their specific circumstances and needs, and maintained very regular contact with them. There were very positive long-standing relationships between families and social workers. In schools, teachers listened to pupils and took them seriously, and acted upon their concerns appropriately. A number of services used mobile phone text messages to keep in contact with children and families. Children were encouraged and helped to express their views through a variety of means, including suggestion boxes, e-mail and via pupil council representatives. Staff communicated very successfully with children with learning or communication difficulties. Very effective arrangements were in place to communicate with children and their families for whom English was spoken as an additional language.

At children's hearings, panel members were highly skilled at putting young people at ease and making sure that they were given the chance to express their views fully. Young people were encouraged to give their views on their personal circumstances and their own wishes for future support. They were helped to do this both in writing and in person at case conferences or hearings. The development of 'Viewpoint' software enabled children to express their views via the internet. Children had very good knowledge of the contents of their care plans, the reasons for them and the strategies being employed to support them. Social workers were very flexible in making arrangements to work with children. They worked very well with families, including those who found it hard to stay involved. As a result, social workers were able to keep in touch with families for longer and to continue to provide high levels of support.

Being helped to keep safe

Overall, the approaches used to help keep children and young people safe were very good. There were helpful procedures to ensure that agencies worked together to provide appropriate support for vulnerable families. All services had a strong focus on early intervention. There were well-established strategies to assist children with learning, developmental and emotional difficulties. High levels of support continued to be provided for young people and their families after they had been removed from the CPR. Very good arrangements for referrals to specialist services helped ensure continuing appropriate help for children. Social workers responded very promptly when circumstances demanded. They often worked with young people to raise self-esteem or help them to understand and cope with changing family circumstances. A very wide range of complementary services provided help to children and

their families. Health staff provided valuable assistance to vulnerable children and also helped to identify additional support needs. Voluntary agencies provided valuable specialist help to children coping with substance abuse, mental health issues, disability and poor parenting. They very helpfully worked with children well in advance of crisis. Some school age children did not have access to the school nursing service.

In schools, there were very well planned programmes for personal, social and health education. These provided pupils with helpful information on how to avoid harm and keep safe. Children were aware of a range of potential dangers, including those associated with the internet and mobile technology. Police and fire services, community nurses and voluntary groups had contributed to successful safety programmes in schools. Children and young people were aware of a range of adults to whom they could turn for help if the need arose. Education staff used very effective procedures to monitor and support those children whose parents had chosen to educate them at home. Pupils who had been excluded or were absent on long-term illness were helped to continue their learning. Very effective procedures were in place to track pupils missing from education.

Children and parents who responded to school inspection questionnaires felt that staff knew children well and showed concern for their care and welfare. Pupils knew well which areas within the community were least safe. Almost all knew about ChildLine and how to make contact with the helpline. Pupils had also been provided with a helpful list of contact numbers by the Council.

Some examples of what children and young people said about keeping themselves safe.

'Guidance teachers are really good at counselling pupils if they are going through a crisis.'

'You can talk to your class teacher or the head teacher.'

'Police and firemen and the lollipop lady help to keep you safe.'

'Apart from my own house, the school is the safest place for me to be.'

Immediate response to concerns

The immediate response to concerns about children was very good. Staff were alert to signs that children may need help and took prompt action to protect them. Staff, including those from cultural services and housing, were very clear about their responsibility to protect children. Newborn babies were protected by effective pre-birth planning arrangements. Police responded to domestic incidents well and were alert to the risks to children in these situations. Children were supported through child protection investigations by suitably trained police and social workers. When a child protection investigation was carried out, children and their families were kept informed about what was going to happen. They were given very helpful written information to remind them of what they had been told and contact numbers in case they needed more information. Child Protection Orders and Place of Safety Warrants were used effectively to protect children. Police officers used emergency powers

when necessary to protect children until social workers were able to ensure they had a safe place to stay. Family centres offered places at short notice to help keep very young children safe. On a few occasions staff did not see children quickly enough when concerns were raised about them.

Meeting needs

Overall, services were very good at meeting children's needs. Children were protected from harm by the actions taken by professionals. Staff responded well to children at immediate risk as well as those about whom there were less serious concerns. There was a very effective range of flexible services to meet the needs of children and families. In most cases, children's lives improved in the longer term because of the action taken by adults to help them. A few children affected by neglect and poor parenting experienced delays before decisions were made about how best to meet their longer term needs. Children and their families were helped by very accessible support services. These services worked well together to give coordinated assistance that took account of changing circumstances. Staff worked very effectively with children to meet their social and emotional needs. Children in education were helped by an innovative variety of services to support their social and emotional development. These included Circle of Friends, Seasons for Growth, FRIENDS and play therapy. Youth counselling provided an important service to young people of secondary school age. Services were usually available without delay and continued for as long as required. In some cases, they were provided for children who no longer lived within the area. Voluntary organisations gave valuable support to children and families in community and school based projects.

The Looked After Children's Health Care Team ensured that the short and long term health needs of children looked after away from home were met well. Social workers working with adults co-operated with social workers for children to meet the needs of children affected by parental substance misuse. Child and Adolescent Mental Health Services (CAMHS) provided effective support to young people with psychological and psychiatric needs. Decisions to purchase specialist or independent services for individual young people were made promptly and children received these services without delay. Women's Aid had employed children's outreach workers who provided effective support to children and young people affected by domestic abuse. Access to some health services was uneven.

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

Services had promoted public awareness of child protection very successfully through a broad range of high quality publicity materials. The Child Protection Committee (CPC) had run very effective and sustained campaigns to ensure that children, adults and the community were aware of their responsibilities and how to raise concerns about children.

Being aware of protecting children

The promotion of public awareness of child protection by East Renfrewshire CPC and its key partners was very good. The CPC had achieved a very strong branding for child protection through the wide use of an eye-catching and colourful logo. This had become identified with the shared vision for protecting children and was recognised and understood by staff, parents and children. It was used to promote an extensive range of high quality publicity materials including posters, leaflets and advice cards. Plentiful supplies of these were widely distributed and prominently displayed across public areas and schools. Plasma screens showed information about child protection and gave advice to members of the public. Very helpful and comprehensive guidance was available for community groups. The Council website provided detailed and comprehensive information for members of the public. Strathclyde Police had developed a popular children's website and a glossy magazine called Spark which drew children's attention to personal safety. The CPC and education service had carried out substantial promotion of personal safety within schools. It had worked with young people to plan a children's website on child protection and this was in the advanced stages of development. Limited information about where to report concerns about children could be found at NHS Greater Glasgow and Clyde (NHSGGC) Health Board's website.

Points of contact for members of the public to report their concerns about children were widely publicised. Strathclyde Police, social workers and the West of Scotland Standby social work service ensured that services were able to respond to concerns at any time. These were used appropriately and there were good examples of members of the public, including neighbours and family members, reporting their concerns. Overall, the response to these concerns was prompt and ensured that children were protected. Feedback to members of the public was recorded by social workers. However, the time taken to respond to calls made to the West of Scotland Standby social work service was sometimes too long.

5. How good is the delivery of key processes?

Children young people and their families were involved in meetings and important decisions which would affect their lives. Overall, services shared information well with each other to help keep children safe. Assessment of children's needs was carried out effectively for most children. However, for a few children, some needs were not taken account of. Staff worked well together to plan for and meet children's needs. However, the absence of key partners meant that planning was less effective for some children.

Involving children and their families

Arrangements for involving children, young people and their families were very good. They were routinely invited to attend case conferences, core groups and review meetings. Staff actively encouraged them to participate in all meetings. Staff were very flexible in the ways in which they involved families and they worked hard to gain the trust of those who found it difficult to cooperate. Social work managers helpfully took time to speak to children and their families prior to meetings to ensure they understood what would happen and put them at ease. The views of children and their families were routinely obtained and were carefully recorded at all relevant meetings. The chair of child protection case conferences and reviews visited at home those parents who did not attend. This made sure that they were kept informed. However, in some cases where children or families did not attend meetings, their views were not fully shared among the staff in attendance. At Children's Hearings, panel members encouraged children to express their views and made sure that they knew their rights and what was going to happen. Most children completed 'Having Your Say' forms which helped them to express their views. However, not all children who were on supervision completed the forms. A fun, web based, user friendly system was being introduced to replace 'Having Your Say' forms. Colourful, easy to use questionnaires were used to obtain parents' views prior to child protection case conferences. A very helpful DVD had been produced to help families understand the child protection process and to explain who would be present at the meetings. In the DVD there was a strong emphasis on encouraging parents and children to attend. Children with disabilities were encouraged to give their views by using ways which best suited their communication needs. Bi-lingual support workers provided valuable assistance to children and their families for whom English was spoken as an additional language. This included translating and interpreting and allowed them to participate fully in meetings. Workers from voluntary organisations provided important support services to children and families involved in child protection processes.

Services had clear policies and very effective procedures for dealing with complaints. Prompt action was taken to deal with complaints in line with the policy of each service. Posters and leaflets advising how to make a complaint about a service were distributed widely. Families were clearly informed about what action they could take if they were dissatisfied about what was happening to them during child protection processes. A useful information pack given to families who were involved in these processes explained their right to appeal any decision. Social workers worked successfully to resolve disputes at a local level.

Sharing and recording information

Overall, arrangements for sharing information across services were good, with some elements very good. Most staff were aware of the importance of sharing information and did so confidently. There were effective procedures in place to support them with this.

Inter-agency child protection training had been very effective in developing informal information sharing networks amongst staff. Joint Support Teams in schools successfully promoted the sharing of information between services. GPs and school nurses did not always attend or provide a report to share information with child protection case conferences. Services accurately recorded information that they shared. However, information-sharing between police and social work in relation to domestic abuse cases was not always effective.

Particular features of information-sharing included the following:

- Effective information sharing between Women's Aid and social workers.
- NHS24 and Accident and Emergency Departments shared information on children who had been seen out-of-hours with health visitors, school nurses and GPs.
- The Police Family Protection Unit advised midwives when a pregnant woman was the subject of domestic abuse.
- Staff working with adults including criminal justice social workers routinely shared information with children's social workers.
- A standard child protection referral form had been introduced for the voluntary sector with an accompanying advice booklet.
- Information provided by families was effectively shared at child protection case conferences on a well designed form.
- The paper based system used by Strathclyde Police was not effective for retrieving some information promptly.
- Some vulnerable person reports sent by police officers to social workers contained incomplete information.

Useful summaries of significant events in children's lives had been introduced by almost all services. In most cases these were well constructed and contained appropriate information to help identify patterns of events. Concerns about children were clearly recorded. Plans to meet children's needs were clearly written and shared across relevant services. Staff attending child protection meetings shared information effectively. If they were unable to attend they would often submit a report to the chair. Police officers provided the chair with any current information which they held. Some files for members of the same family did not record the needs of individual children and the plans which had been agreed for them separately.

Services informed children and families of the need to share information for the protection of the child. Those working in adult services took time to explain to their clients the need to share relevant information. Almost all voluntary organisations had clear written agreements

for sharing information. Midwives in the Special Needs in Pregnancy team had developed positive and trusting relationships with the mothers they worked with. This ensured they were able to explain to the mothers the need to share information to plan for the birth and provide the necessary support.

There was good joint working between police officers who monitored sex offenders and criminal justice social work staff. They worked well together to assess risks. Regular meetings ensured that all sex offenders were discussed and both agencies had access to the national database. Multi-agency Public Protection Arrangements (MAPPA) had been completed for all registered sex offenders and this took full account of the need to protect children. Information was recorded on the police intelligence database at the start of a child protection enquiry. This ensured that Disclosure Scotland had access to information about individuals who may have committed offences but had not yet been convicted. There was a need to ensure that staff in all services were aware that when managing a sex offender case, full risk assessment should not be delayed until conviction.

Recognising and assessing risks and needs

Recognising and assessing risks and needs was good overall. Staff across services were alert to risks for children and took prompt action to refer to other services when needed. When children were referred to social work, staff ensured referrers were given appropriate feedback. Case discussions with staff from different services supported shared assessment. Social workers gathered information from different services for initial investigation and assessment. Good initial assessments of risk and need were completed by social workers following joint investigation with police for all children subject to a child protection case conference. These assessments informed decision-making. The West of Scotland Standby Service responded to concerns about children outside normal office hours. However, checks of the CPR by police officers were sometimes held up because of delays in the Standby Service replying to their calls. Social workers and police officers and their managers consistently worked very well together to assess the risk to children before an initial case conference was called. Guidance recommending three-way discussions among health, police and social work staff was not always followed. The NHSGGC Child Protection Unit 24-hour specialist child protection paediatric advisory service was not used consistently by police officers and social work staff when concerns were received about children.

Good attendance at initial child protection case conferences helped identify risks and needs for children. Following a child protection case conference and a child's name being placed on the register, there were further comprehensive assessments of risk and need. These assessments helped to identify risks for children whose parents were affected by mental health, domestic violence and substance misuse. Identified risks were monitored on an ongoing basis through regular core group meetings and through good levels of planned and unplanned contact with children and parents. Children looked after and accommodated away from home received regular and comprehensive medical assessments. However, the health needs of other children and the implications of these for their safety and future development were sometimes overlooked. For a few children, there was not enough assessment of the ability of their parents to provide them with adequate care. This meant that their long term needs were sometimes not taken into account.

Joint investigative interviews were carried out by trained and experienced staff. Staff in police and social work carefully planned joint investigations when there was concern about a

child. Opportunities for health staff to participate in the joint planning of investigations were more limited. The need for children to undergo medical examination was decided by police and social work staff. Sometimes this was done in consultation with a child medical examiner employed by the police. The health and welfare needs of children may have been overlooked when children were seen by doctors who did not have the appropriate training or experience. The approach to medical examinations was variable across East Renfrewshire, depending on where the child lived and the type of abuse suffered.

Staff across services had a high level of awareness of the risks posed to unborn babies and children by parental substance misuse. When staff were concerned, they quickly made appropriate referrals to children and families social workers. Staff working with parents who were misusing substances contributed to the overall assessment of risk and need for children. Most multi-agency pre-birth case discussions and child protection case conferences were held within appropriate timescales and were supported by good assessment of risk. Useful guidance had been introduced to help staff work consistently in this area.

Planning to meet needs

The effectiveness of planning to meet children's needs was good. Meetings took place very regularly and were conducted in line with local guidance and procedures. Actions identified were taken forward effectively by those responsible. Plans were reviewed and progress noted at subsequent meetings. In most cases there was good involvement of key agencies at the initial stages. However, that involvement did not always continue. In a few cases, there was no contingency plan to follow in the event of lack of progress.

Staff were knowledgeable and confident about child protection planning processes. Children on the CPR had a named social worker at all times and cover was arranged when staff were on holiday. At case conferences and core group meetings, plans were carefully agreed and recorded. Tasks were allocated and timescales set. Staff were clear about their roles and responsibilities in relation to the child protection plan. Parents and young people were given appropriate tasks which they clearly understood were their responsibility. Decisions about whether or not children's names should be placed on the CPR were made by the chair after consultation with others. However, it was not clear that these decisions were multi-agency. In most cases, risks and needs were carefully considered and resources put in place. The absence of health staff and police from some child protection case conferences and reviews resulted in decisions being made without all available information being considered.

Support plans were updated on a regular basis and staff took account of changing circumstances. Decisions on planning for permanency were often taken in good time. However, in some cases the longer term impact of risk to children was not addressed early enough. Children's hearings took place with the minimum of delay and were provided with good quality information to assist in decision-making. In some cases children continued to be helped by the planning process even when their family was no longer resident in East Renfrewshire.

Core group meetings were scheduled well in advance and were well run. They were effective in monitoring and reviewing support plans. In most cases they were well attended. However, decisions made at an early stage about membership of core groups were often not revisited. As a result, in some cases, all relevant agencies were not involved in planning to meet children's needs. Parents and young people were encouraged to attend and to contribute to

their plans. Information was shared and changing circumstances taken into account. Often, core groups continued to be held for children whose names were no longer on the CPR.

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

Services used very effective policies and procedures to protect children and keep them safe. These linked very clearly to the Integrated Children’s Services Plan (ICSP). Staff were knowledgeable about these and used them well to help them with their work. Services made good use of management information when planning for improvement in the protection of children. Most services had made arrangements for taking account of the views of users. There were opportunities for staff to access training in child protection. Practices in relation to safe recruitment and vetting took full account of legislation.

Aspect	Comments
Policies and procedures	Policies and procedures to protect children were very good. Individual services had very helpful procedures in place and there was a comprehensive range of inter agency policies. These included valuable guidance for voluntary, private and community groups. The CPC regularly reviewed existing policies and procedures and identified the need for new guidance. New policies and procedures, including the interim inter-agency guidelines, were very widely disseminated across services. Staff had a very high level of awareness of policies and procedures and used them well to guide their everyday work. They had very easy access to them on intranets and in offices.
Operational planning	Operational planning was excellent. The ICSP was very clearly set out and included specific and measurable outcomes for children. The plan informed the work of the CPC. It was being implemented very well to improve services for children. Staff and managers from different services had been closely involved in its development. Staff across services had an outstanding level of awareness of the plan and of its implications for their work. Management information was very readily available and was used to inform the further improvement of services. A rise in child protection casework had been quickly recognised by social work managers and four new posts created to ensure a high quality service to these children. New services had been carefully planned and developed to address identified needs, including youth counselling in schools, an advocacy service for children and campus police officers. The Substance Misuse Team recently carried out an internal audit into the number of children known to be affected by parental substance misuse.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	<p>The participation of children and families in policy development was very good. The Director of Education had an online Director's Dialogue for taking account of the views of children, and met regularly with members of Pupil Councils. The Council regularly sought the views of children through Dialogue Youth and Youth Outreach. The views of vulnerable children were successfully gathered with the help of voluntary services in imaginative ways using questionnaires, focus groups, drama and workshops. Children had contributed well and influenced the development of the ICSP. A pilot to involve children more in social work policy development was being introduced. A participation group had been established to identify ways to include children and young people in the development of services. This group was seeking the views of young people from East Renfrewshire through Penumbra, Barnardo's and Heads Up Scotland.</p>
Recruitment and retention of staff	<p>The recruitment and retention of staff was very good across all key agencies. There were robust practices on safe recruitment and vetting which took full account of current legislation. The local authority carried out pre-employment checks on teaching staff which went beyond the legal requirement. Joint workforce planning had assisted in the establishment of the Community Health and Care Partnership (CHCP). There were very good approaches to retain experienced staff. Services worked together to ensure that children were served by a range of staff to meet their additional support needs within schools. The number of school nurses was lower than recommended levels. All services had effective policies for investigating allegations of abuse against staff.</p>
Development of staff	<p>Staff development and training were very good. Services had very effective training programmes and materials were available for partner agencies to use. Multi-agency training had been delivered at three levels depending on the needs of staff. As a result staff were confident and competent to deal with child protection issues, whatever their role. The quality of service provided by most individual staff was assured by clear lines of supervision and support. However, Children's Reporters and some health staff did not have regular supervision in place. The Council had carried out a review and audit to develop strategies to deal with staff experiencing stress. A new occupational health department to assist with the prevention and management of staff absences has been introduced.</p>

7. How good is individual and collective leadership?

The Child Protection Committee (CPC) and Chief Officers shared a very strong vision for Child Protection. This was very clearly set out in the Integrated Children's Services Plan (ICSP). The Chair of the Child Protection Committee, the Lead Officer and the Chief Officers Group provided influential leadership and direction in establishing partnerships and in promoting the protection of children in the area. Senior managers in all services were very clear about their responsibilities for keeping children safe. Key partners had pooled their resources well to develop services. Processes to ensure continuous improvement were very firmly established.

Vision, values and aims

Overall the vision, values and aims to protect children were excellent. Individual services clearly understood their role to protect children. Through the work of the CPC, a very strong collective vision had been agreed. Leaders of all services were fully committed to this and communicated it clearly to staff at all levels. There was a strong collective responsibility for the protection of children, with a clear commitment to promoting diversity and to ensuring equal opportunities for children in all parts of the Council.

- The Leader of the Council and the Elected Member who is the 'Children's Champion' showed outstanding awareness of and commitment to the need to protect children. The Chief Executive of the Council and other members of the corporate management team demonstrated an exceptional vision for the continuous improvement of services to protect children through working in partnership. Staff at all levels were highly aware of their role in keeping children safe.
- The Chief Executive of NHSGGC Health Board and the Director of the CHCP were very committed to ensuring that child protection was a priority for the Health Board and for the CHCP. They had ensured that staff at all levels were fully aware of the priority given by the Health Board and the CHCP to keeping children safe. As a result, staff at all levels were aware of their responsibilities.
- Strathclyde Police had expressed very clearly its vision to protect children. The high priority given to this was communicated to officers at all levels through regular briefings at divisional level. The Divisional Commander played an active role in the Chief Officers' Group and worked closely with others to ensure that officers at all levels were aware of their role in keeping children safe.

The ICSP had very clear links to the Community Plan and was well understood by staff at all levels. It outlined a clear shared vision for all children to be kept safe. The core planning group responsible for taking forward the ICSP included representatives from key agencies. The Lead Officer was Vice Chair of the 'Keeping Safe' subgroup which had specific responsibility for developing services related to protecting children.

Leadership and direction

The leadership and direction of services to protect children was very good. Elected Members, Chief Officers and senior managers were highly aware of the national context and were very clear about their own ultimate responsibility for children's safety. The Corporate Parenting Initiative which had been developed by the Council was a fine example of their

leadership in promoting the well-being of vulnerable children. Procedures for reporting on child protection matters were clear and well established. These were used very effectively by leaders to prioritise their use of resources and to identify any action needed to make further improvements to arrangements for keeping children safe.

The CPC was led very well by the Chair who was provided by very effective support from the Lead Officer. It demonstrated very effective leadership and had gained the confidence of staff in all services. It had representation from all appropriate agencies and had set up a number of very effective subgroups to take forward specific areas for development. The Chair and the Lead Officer worked hard to promote awareness of child protection amongst the public and professionals. They reported regularly to Chief Officers, the Council, the CHCP and the Community Planning Partnership. The CPC had established processes for evaluating the work of all partners and was using these evaluations very effectively to inform improvements in practice. Chief Officers and Elected Members expressed high levels of confidence in the work of the CPC.

The Council, the police and the health board had all made provision for child protection to be resourced appropriately. They successfully shared resources including shared posts to promote the protection of children. These included the Lead Officer's post and an inter-agency Child Protection Training Officer's post. A comprehensive inter-agency training programme had been developed and delivered widely. This was very highly rated by staff and allowed them to become more aware of the work of other departments in keeping children safe.

Leadership of people and partnerships

Leadership within and across services was very good. There was a well-established culture of very effective partnership working to keep children safe and to meet their needs. Elected Members, Chief Officers, senior managers and the CPC enjoyed mutually-supportive and trusting relationships. They saw themselves as working towards the same goals and were clear that they could achieve better outcomes for children by working very closely with each other. They had put in place very effective structures to promote collective leadership and joint working. The Community Planning Partnership's keen interest in child protection ensured that the responsibility for keeping children safe was shared by the wider community.

The ICSP core group included all key services. It was led very effectively and chaired by the Head of Children's Services who was also the chair of the CPC. Relationships between the members of the group were supportive and productive and this had resulted in the successful piloting of the Integrated Assessment Framework. The core group collectively managed the Changing Children's Services Fund budget and had funded six projects which made a significant contribution to keeping children safe. Each of these projects was run by a partner from the voluntary sector.

Very effective partnerships with the voluntary sector, private providers and community based services were well-established. The Lead Officer chaired a sub-committee of the CPC which had been set up to ensure representation of these groups. This had allowed them to be fully involved in the business of the CPC. As well as having access to the multi-agency training programme, a child protection training programme had been specifically developed for them. As a result of their high awareness of and commitment to child protection, members of the

sub-committee had been heavily involved in delivering training to other voluntary, private and community based services.

Leadership of change and improvement

The leadership of change and improvement across services was very good. There was a very high level of commitment to improving services for all children, including vulnerable groups. A very effective start had been made to ensure a rigorous and systematic approach to inter-agency self-evaluation. Collectively, services had undertaken comprehensive self-evaluation of how well they were protecting children. As a result, staff at all levels were engaged in identifying areas for improvement. All key partners had undertaken single service self-evaluation of their services to protect children. The capacity for improvement in services to protect children was very good.

There were very effective arrangements to monitor the performance of child protection processes within the local authority and within the CPC. The Lead Officer of the CPC and the Head of Children's Services monitored and reviewed all child protection work within the local authority. The CPC monitored trends in child protection statistics and took account of national developments and enquiries. The CPC reported outcomes to the Community Planning Partnership, the CHCP and the Chief Officers Group. The CPC had established a sub-group to lead on inter-agency self-evaluation and had carried out a number of inter-agency self-evaluation processes. The CPC carefully considered the lessons learned and had adopted clear action plans for service improvement. These action plans were closely monitored and had led to changes and improvements in practice in child protection services.

A wide range of single-service evaluations had taken place in the last year. The health service had carried out a detailed audit of services for children across the health board area. Strathclyde Police had completed a review of child protection work in the East Renfrewshire area. Social work managers had evaluated their service using quality indicators. These services had made a very good start to self-evaluation. However, this was not yet systematic. The education service operated a well-established self-evaluation process. This included thematic reviews of the support and protection of children in all schools. Senior managers valued this process and demonstrated a high level of commitment to systematic evaluation of practice. As a result staff at all levels were actively implementing actions for improvement.

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

Summary

Inspectors were very confident that children who needed protection were known to services and that the necessary action was taken to make sure they were safe. Children were very aware of how to keep themselves safe and had access to adults to help them. Children and families received help at an early stage and this was usually available locally and for as long as required. They were fully involved in key processes. Staff from key services needed to ensure that they took into account all available information when assessing risks and needs and when making plans to keep children safe.

The Chief Officers and the CPC have very effective structures in place to continuously improve services. In doing so they should take account of the need to:

- ensure the involvement of health and medical staff when there are child protection concerns and improve the arrangements for medical examinations; and
- improve planning to meet the individual needs of children and families.

9. What happens next?

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

Clare Lamont
HM Inspector
March 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.

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

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
Adequate	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

If you wish to comment about this inspection

Should you wish to comment on any aspect of education authority inspections you should write in the first instance to Neil McKechnie, HM Chief Inspector, 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. 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.

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. More information about the Ombudsman's office can be obtained from the website: 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.