

Services for children and young people in South Lanarkshire

23 February 2015

Report of a joint inspection

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1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from South Lanarkshire Council, NHS Lanarkshire, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors are also included on inspection teams. These are staff and managers from services in another Community Planning Partnership area.

A draft framework of quality indicators was published by the Care Inspectorate in October 2012. The indicators in *How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators* are used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-

point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we inspected

The joint inspection of services for children and young people in the South Lanarkshire Community Planning Partnership area took place between June and August 2014. It covered the range of services in the area that have a role in providing services for children, young people and families.

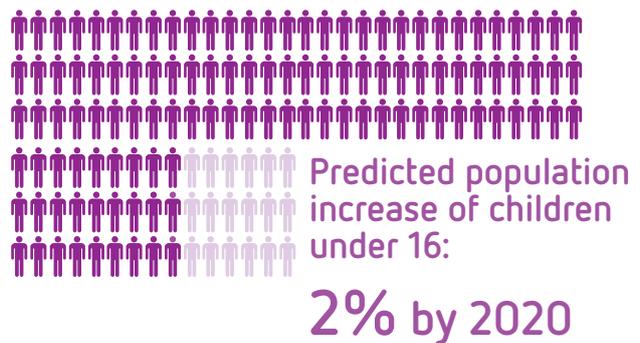
We reviewed a wide range of documents and analysed inspections findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records of a representative sample of the most vulnerable children and young people, taking into account different ages, gender, ethnicity, disability, postcode and legal status. In total we read the records of 107 children and young people. We met with 146 children and young people and 77 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by South Lanarkshire Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the South Lanarkshire Council area published by Her Majesty's Inspectorate of Education in December 2010, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at www.educationscotland.gov.uk

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

3. The Community Planning Partnership and context for the delivery of services to children, young people and families

The South Lanarkshire Community Planning Partnership serves a population of 313,900 people spread across 1,772 square kilometres in the central belt of Scotland. Families live in diverse rural, agricultural and urban communities necessitating different approaches to service delivery. The 2012 Scottish Index of Multiple Deprivation shows that 53 areas in South Lanarkshire are in the most deprived 15% of areas in Scotland. Eighteen percent of the population are under the age of 16 years. The child population under the age of 16 is expected to increase by 2% by 2020. Over the same period, the child population for Scotland as a whole is expected to increase by 5%. Services for children are organised around four localities: Cambuslang and Rutherglen, Clydesdale and Larkhall, East Kilbride and Strathaven and Hamilton and Blantyre. The main administrative centre is Hamilton.



In September 2013, the South Lanarkshire Community Planning Partnership published their second Single Outcome Agreement (SOA) setting out objectives and priorities for the partnership over the next ten year period. The agreement reflects national priorities. Those most relevant to services for children are early years and early intervention, health inequality and physical activity, community safety and employment. These are underpinned by improvement plans which contain detailed actions, performance measures and priority outcomes. An additional partnership priority is to tackle poverty and inequalities. This includes actions to reduce the impact of child poverty. The work of the Getting it Right for South Lanarkshire's Children Board and Youth Partnership are aligned to the work of the community planning partnership.

A first annual progress report for 2012/13 has been published in relation to the integrated children's services plan for 2012-2018 Getting it Right for South Lanarkshire's children and families. In 2010, South Lanarkshire Council, in partnership with North Lanarkshire Council and NHS Lanarkshire became a Getting it Right for Every Child Learning Partner. They have been supported by the Scottish Government to build on the work of pathfinders in taking forward the implementation of this approach.

4. Summary of our findings

How well are the lives of children and young people improving?

Improving the wellbeing of children and young people

The improvements in outcomes that Community Planning Partners have achieved in three themes: improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was **good**. Individual services provided evidence of some improving trends through prevention and early intervention. However, as a partnership, there was still some way to go to demonstrate effectiveness in intervening early to tackle inequalities and close outcome gaps. There were encouraging improving trends in health and education outcomes for many children and young people, but overall, partners were not able to demonstrate sufficiently well improvements in the life chances of vulnerable children. This included children in need of protection, looked after children and young people and care leavers.

Impact on children and young people

How well children and young people are helped to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in South Lanarkshire was **good** over all. A broad range of services were helping to ensure they get the best possible start in life and enhancing their lives and life opportunities. Children and young people were benefitting from some outstanding learning opportunities, programmes, initiatives, projects and events, many of which have won national awards in recognition of their success. There were major strengths in promoting responsible citizenship amongst children and young people. Vulnerable children and young people had more mixed experiences of services. Some benefited greatly from individual support, group work and the removal of barriers to inclusion in mainstream activities. However, others did not get the right help at the right time. Care leavers in particular, needed a more consistent approach to improving their wellbeing.

Impact on families

How much family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. Parental confidence and the extent to which earlier help and support has a positive effect on family life.

Impact on families was **good**. A diverse range of support services, leisure facilities, and events in local communities were available to families and helped to strengthen their wellbeing. Many parents of young children were helped in becoming more confident in their parenting through helpful advice from staff and participation in support groups. However, parenting programmes were not sufficiently well co-ordinated and prioritised. Some families got appropriate and timely help when they needed it but vulnerable families often required more intensive and flexible help than was provided.

How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

How well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provide help and support at an early stage was evaluated as **adequate**. There were strengths in the recognition, information sharing and response to concerns at an early stage. Nevertheless, the overall effectiveness of early intervention was constrained by the need for partners to develop a more flexible and consistent approach and further integrate family support services.

Assessing and responding to risks and needs

The quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies* to identify significant events in a child's life and the quality of assessments.

Assessment of risks and needs was **adequate**. Joint processes in response to concerns about the safety and wellbeing of children and young people were not well established or executed, with the exception of concerns about vulnerable unborn babies, where there were a number of examples of good practice. Practice in using chronologies of significant events in a child's life as a tool to inform assessment and the quality of assessments of risks and needs was too variable.

*Chronologies are recorded timelines of key events in a child's life.

Planning for individual children and young people

The quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was evaluated as **adequate**. The quality and effectiveness of plans and planning for individual children and young people was highly variable. Staff urgently required an improved format to better support them in formulating SMART (Specific, Measurable, Achievable, Relevant and Time-bound) outcome focused plans.

Planning and improving services

The rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. How well partners identify and manage risks to vulnerable groups of children and young people.

We found joint planning and improving of services to be **adequate**. Planning in individual services was clearly delivering improvements in the wellbeing of children and young people. However, there was limited evidence of partners working collectively to identify needs and agree shared priorities, implement shared plans to meet these needs and review the extent to which their efforts were successful. The potential to deliver greater efficiency and more seamless and effective services through integrated planning was being missed. Partners did not yet have a robust system in place to manage and mitigate emerging risks to groups of children and young people.

Participation of children, young people, families and other stakeholders

The extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The extent of participation by children, young people, families and other stakeholders was **very good**. There were major strengths in the involvement of children, young people and families in policy, planning and service development. Consultation with children and young people was very well supported enabling them to make a meaningful contribution to improving services. Ensuring that children, young people and families receive regular feedback on what they said and how this influenced what partners do will further strengthen strong performance in this area of work.

How good is the leadership and direction of services for children and young people?

The leadership and direction of services for children and young people

How well collaborative leadership is improving outcomes for children, young people and families. The effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. How well leaders are driving forward improvement and change.

Leadership of improvement and change was evaluated as **good**. We found partners to be genuinely committed to a shared vision for improving the lives of children, young people and families and tackling child poverty. However, collaborative leadership, joint strategies and better integrated services to realise this vision were not sufficiently well developed. Much service development was initiated from the bottom up but it was clear that staff need better support and direction to improve the quality and consistency of their work on joint processes. The energy and enthusiasm of staff in localities needs to be more effectively harnessed to ensure their work is more clearly aligned to strategic priorities. Outcomes for many children were good but community planning partners had not yet developed their collective identity as corporate parents to be as effective as they need to be in improving outcomes for looked after children and young people and care leavers.

Conclusion, particular strengths and areas for improvement

Inspectors are confident that the lives of many children and young people growing up in South Lanarkshire are improving as a result of the services delivered to them by the Community Planning Partnership. However, the life chances of some vulnerable children and young people are not improving sufficiently well. Partners now need to demonstrate a stronger integrated approach to drive forward practice change which will help to close outcome gaps more successfully. They should pay particular attention to improving support for care leavers. They need to further strengthen their work towards prevention and early intervention, ensuring that priorities are informed by a robust and transparent needs assessment across the whole partnership area.

5. How well are the lives of children and young people improving?

Key performance outcomes

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was good. Individual services provided evidence of some improving trends through prevention and early intervention. However, as a partnership, there was still some way to go to demonstrate effectiveness in intervening early to tackle inequalities and close outcome gaps. There were encouraging improving trends in health and education outcomes for many children and young people, but overall, partners were not able to demonstrate sufficiently well improvements in the life chances of vulnerable children. This included children in need of protection, looked after children and young people and care leavers.

How well are trends improving through prevention and early intervention?

Early intervention by the Fire and Rescue Service was successfully reducing the numbers of house fires affecting children and deliberate fire raising incidents by young people. There were some notable successes in tackling health inequalities for vulnerable pregnant women and children. There were for example, positive trends in the numbers of children achieving a healthy weight through the Fit for School programme, exceptionally high uptake of fluoride varnishing and reducing numbers of children having teeth extracted due to decay. There was strong evidence of improving trends in promoting citizenship and successfully diverting young people away from anti-social and offending behaviour. The challenge now facing partners is to decrease repeat incidents of domestic abuse concerning the same victim. Repeated exposure to domestic abuse has adverse consequences for children's and young people's wellbeing. Preventative approaches had significantly reduced the number of children and young people affected by homelessness. Commendable work by partners to tackle child poverty was showing early indications of improvements in the lives of children and young people growing up in South Lanarkshire. This included an increasing trend in the uptake of free school meals and the highest junior membership of Credit Unions in Scotland.

How well are outcomes improving for children and young people?

Some important outcome indicators for child and maternal health were improving. Of note were improving trends above the national average in the numbers of emergency hospital admissions for pre-school aged children due to accidents and the high uptake of immunisation and fluoride varnishing. Breast feeding had remained low compared to the national average and relatively unchanged over the years. Closer working relationships between young first time mothers and Family Nurse Partnership staff was starting to have a positive influence on breast feeding. The 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) indicates a reducing trend in the proportion of young people aged 13-15 years reporting smoking, drinking alcohol or taking drugs. There were improving trends in performance relating to children's education. This included school attendance and exclusions, attainment and positive and sustained school leaver destinations. Results were now largely consistent with the national average and further work was taking place to ensure all nurseries, primary and special school provision came up to the standards and quality of learning experiences of the majority of educational establishments in South Lanarkshire. The results of biennial school surveys of children and young people showed the growing importance they placed on gaining qualifications and positive learning experiences. Increasing numbers of children and young people were volunteering and achieving accredited awards.

How well are the life chances of vulnerable children and young people improving?

There was insufficient evidence of improvement in tackling health inequalities for looked after children, young people and care leavers. While the school attendance of looked after children was improving, this remained below the national average and well below the average attendance for children in the council area as a whole. School exclusion rates for looked after children were higher than the national average for both children looked after at home and for those looked after away from home. The attainment of looked after children leaving school was significantly lower compared to school leavers in the council area as a whole but was consistent with the national average; a contributing factor was the proportion of looked after children continuing to leave school at sixteen. Educational outcomes for looked after children were improving in line with the national average. Trends in positive school leaver destinations for looked after young people were similar with the national average while trends for sustaining these destinations were better. The Child Protection Committee collected a wide range of quantitative and qualitative data about children and young people in need of protection. This information could be used more effectively to demonstrate improving performance over time in key processes, impact and outcomes. Partners have yet to agree a set of shared outcome indicators and set stretching targets to demonstrate as corporate parents, improving trends in the life chances of looked after children, young people and care leavers.

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are helped to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in South Lanarkshire was good over all. A broad range of services were helping to ensure they get the best possible start in life and enhancing their lives and life opportunities. Children and young people were benefitting from some outstanding learning opportunities, programmes, initiatives, projects and events, many of which have won national awards in recognition of their success. There were major strengths in promoting responsible citizenship amongst children and young people. Vulnerable children and young people had more mixed experiences of services. Some benefited greatly from individual support, group work and the removal of barriers to inclusion in mainstream activities. However, others did not get the right help at the right time. Care leavers in particular, needed a more consistent approach to improving their wellbeing.

How well are children and young people helped to keep safe?

An extensive range of multi-agency approaches were very successfully increasing children and young people's knowledge and skills about how to keep themselves safe at home, in schools and colleges and in their communities, when using mobile phones and on-line. **Safe and Sound** was an outstanding example of a participative and effective approach to delivering safety messages including risks associated with child sexual exploitation. Children and young people learned more about their right to be safe through staff delivering the Child Exploitation and On-line Protection (CEOP) **Think U Know** and the **Rights Respecting School** programmes.

Children reported very positively on measures in primary schools to address bullying and were highly confident about speaking to staff about their worries. They were well informed about how to prevent accidents in the home, road safety and accessing first aid. For example, **Crucial Crew**, a universal community safety programme, was an annual event for primary school aged children. Young people were highly positive about the role of campus cops and felt they provided a reassuring presence in school. They were agreed, significantly more so than most of their peers across Scotland, that their teachers dealt well with bullying. Young people reported that bullying was recognised and dealt with effectively by residential staff in children's houses. Children living in kinship and foster care placements whom we met during the course of the inspection told us they felt safe with their carers.

Children's and young people's awareness of fire hazards was being raised successfully by interactive programmes delivered by the Fire and Rescue service. An effective range of universal and targeted approaches helped them to appreciate the dangers associated with fire and water. Peer education and DVDs with accompanying materials were used effectively to promote the safety and wellbeing of young people. For example, **The Street** provided young people with virtual experiences of potential conflict and safety issues in the community. Many young people had an increased awareness of the dangers of carrying knives and were more reluctant to do so as a result of the **Ditch a knife** save a life programme.

Some vulnerable children and young people were helped to keep themselves safe through effective direct work, for example to address sexualised behaviour and to verbally express their feelings rather than acting these out in an unsafe way. However, not all who needed this opportunity got it. For example, staff from **Children Experiencing Domestic Abuse Recovery (CEDAR)** supported a small number of children and young people very well but could help only a small proportion of children in the area affected by domestic abuse. There was very little evidence of alternative approaches being employed. Those vulnerable children and young people who were at increased risk required more one-to-one help and support from a range of staff to learn how to keep themselves safe, including on line.

The redesigned Child Protection Committee website provided a user friendly point of contact for children and young people seeking to report concerns about their safety. **Operation Dash**, a multi-agency approach led by Police Scotland to identify those at risk of child sexual exploitation was operating successfully across South Lanarkshire. Increasing efforts were made by staff to engage with young runaways once they had been found and to ensure they had not been victims of exploitation.

At risk babies were being cared for safely on discharge from hospital through effective pre-birth preparation by staff working alongside vulnerable expectant parents. Some children and young people in need of protection were helped by staff working effectively together to reduce the risks of significant harm. However, a few children and young people had continued to live in unsafe households for too long when staff did not act quickly enough to stop them experiencing emotional and physical neglect associated with compromised parenting.

Good progress had been made in reducing the number of children affected by homelessness and in providing more suitable accommodation if they become homeless. We found some positive examples of care leavers being helped to make safe and sustained moves to independent living through helpful preparation, the provision of suitable housing and appropriate levels of support and guidance. However, safe living arrangements needed to be sustained more consistently for young people after leaving care. Flexible housing and support options did not always continue to be provided to ensure they had enough chances to succeed.

How well are children and young people helped to be healthy?

Earlier and more effective interventions were helping new born babies to get a better start in life. Pregnant women were accessing antenatal care at an earlier stage and were actively encouraged to maintain healthier lifestyles. Babies born to young first time mothers were benefiting from intensive support provided by health staff through **Family Nurse Partnerships**. Very young children received effective support from midwives and health visitors who carefully monitored their health and took increasingly effective action to help them reach their developmental milestones. Children and young people were well protected by very high immunisation rates and good dental care. Some vulnerable children and young people did not have their health needs met well due to missing health appointments and consequently having their names removed from waiting lists. Looked after children, young people and care leavers did not benefit sufficiently from approaches by staff to support their physical, mental and emotional wellbeing and to help them make healthy lifestyle choices. In particular, children looked after at home, in kinship care and care leavers had not fared well due to insufficient investment in tackling the health inequalities they experienced.

Children were learning about eating healthily from an early age. School aged children and their parents received helpful advice and support from school nurses, community children's nurses and allied health professionals who attended to developmental needs and helped them to manage long term health conditions better. Young carers had opportunities to learn how to prepare and cook healthy food and from emotional support to handle their caring responsibilities.

Children and young people were benefiting from effective support to improve their mental and emotional wellbeing through counselling, including support provided by staff from the Youth Counselling Service and primary mental health workers. Many children and young people experienced helpful interventions by educational psychologists and staff from child and adolescent mental health services (CAMHS). Children and young people were being seen more quickly by CAMHS staff due to improved waiting times following a referral. A few looked after and accommodated children and young people received valuable support from specialist mental health workers. However, many more were in need of skilled support to help them recover from early childhood trauma, abuse and neglect. Vulnerable 16-18 year old young people placing themselves at risk through substance misuse and self harming behaviour needed more flexible health services to meet their needs.

Children of all ages were supported by a broad range of approaches to health promotion. These encouraged them to make positive lifestyle choices and strengthened resilience and mental attitudes. Young people at risk from tobacco, alcohol and drug misuse were helped by staff recognising when they had a problem and intervening appropriately for example, using smoking prevention programmes and counselling such as **Alcohol Brief Interventions**. Young people were being supported better by strengthened sexual health

services which continue to focus on the need to reduce teenage pregnancies. Looked after and accommodated children and young people received significant encouragement from kinship carers, foster carers and residential staff to develop healthier lifestyles. Young people reported feeling increasingly positive about their own health.

How well are children and young people helped to achieve?

Children and young people were performing well in response to the learning and teaching opportunities provided in nurseries and schools. They were growing in confidence as a result of staff building on their strengths and helping them to achieve. Children's learning and development was facilitated by more effective distribution of pre-school provision across the council area. The provision of nursery places was making a significant difference to the care and learning experiences of some vulnerable pre-school aged children. Children were helped by staff working in early years services to experience a wide range of indoor and outdoor play activities. They received help to promote their literacy skills through services provided by library staff, in particular the **Book Bug** programme.

Children were well supported to make successful transitions from nursery to primary school and from primary to secondary school. Children and young people's learning was being enhanced by staff strengthening relationships between home and school and the positive impact of home school link workers. The learning of vulnerable children and young people, including some children looked after at home and those referred back from the children's reporter for support on a voluntary basis, were adversely affected by poor attendance and regular late coming at nursery and school. This was not always tackled early or effectively enough to prevent a concerning pattern from becoming established. Expectations by education staff about school attendance were being raised with the aim of tackling this problem more rigorously. Some looked after children and young people were provided with additional support for learning. However, it was not always clear what specific measures staff planned to put in place to improve the literacy and numeracy of children in need of protection and looked after children.

The majority of young people leaving school were equipped with the skills they needed and supported effectively to take advantage of higher and further education, training and employment opportunities. Young people leaving school at sixteen benefited from a menu of routes to employment, training and further education co-ordinated by the **Opportunities for All Partnership** which was also helpfully tracking these young people's progress. A few looked after young people gained valuable experience through places on the modern apprenticeship scheme. **Activity Agreements** were helping a growing number of young people disaffected by school based learning to re-engage constructively in training and further education. Some looked after and accommodated young people benefited from additional help to prepare for their exams. They were helped to overcome barriers to realising their potential through participation in the

Columba 1400 leadership programme. Not all care leavers received the level of support they needed over a long enough period to sustain further education, training and employment opportunities, including those returning from out of authority placements.

Children and young people were frequently helped by staff to further individual interests and develop their talents. There were many positive examples of staff actively encouraging them to improve their social skills and peer relationships. Children and young people were strongly encouraged to acquire a diverse range of accredited awards for example, first aid, **Duke of Edinburgh**, sports and dance leadership, **Dynamic Youth** and **Youth Achievement** awards. These were helping young people to gain entrance to further education and to become more employable. Children and young people in need of protection benefited from encouragement from staff in school. Looked after and accommodated children and young people often experienced improvements in their attainment and achievements due to the importance kinship and foster carers placed on learning and rewarding a positive work ethic. However, both groups of young people would be assisted further by a stronger focus on supporting them to accomplish recognised awards and learn new skills as a means of increasing their aspirations, self-confidence and employability.

How well are children and young people helped to experience nurturing care?

Very young children were supported by staff to develop secure attachments to their parents and carers; for example through **Mellow parents, Mellow babies** and baby massage. Children and young people found staff to be generally well-attuned to their needs and committed to forming trusting relationships with them. Some staff were beginning to use the **Framework for Assessment and Intervention for Attachment and Resilience (FAIAR)** to promote secure attachments. Children and young people formed close relationships with staff in nurseries and schools. They experienced a welcoming and caring ethos in educational establishments and other centres in the community where services were delivered. The Cambuslang Family Centre was a particularly nurturing environment for young children and their families. Children were helped to thrive emotionally through staff providing highly valued nurture groups in the communities served by primary schools. Children living with autism and their families were receiving a more personalised service through the provision of a local residential respite resource.

Children in need of protection were helped by staff supporting their parents to develop secure attachments and involving extended family members to strengthen their networks of support. However, they did not always continue to receive intensive and well-coordinated help for as long as they needed it. Looked after children and young people frequently experienced supportive relationships with kinship and foster carers. Some looked after and accommodated children and young people lived with uncertainty only for a short period of time before being placed in permanent new families. However,

many continued to wait for too long. Young people living in children's houses experienced supportive relationships with highly committed residential staff. They frequently stayed well past their sixteenth birthday until they felt ready to move on. Those who had left care placements did not always continue to have meaningful relationships with staff who could provide the level of support they needed to help them maintain a stable lifestyle.

Some vulnerable children enjoyed more positive relationships with their parents as a result of individual parenting support and parenting programmes. However, practical support enabling children and young people to experience improved routines and care at home was not readily available, including in the evenings and at weekends. Children and young people looked after at home and those referred back from the children's reporter for support on a voluntary basis experienced a variable quality of support. Many required closer attention by staff than they got to alleviate the impact of family stresses on their day to day lives. Sensitive supervision of contact visits by staff helped some looked after and accommodated children and young people experience more positive relationships with their parents and other family members. However, for others such arrangements were not as purposeful or well suited to meeting their individual needs. Brothers and sisters accommodated away from home in separate placements did not always experience the level of contact they needed to maintain close relationships with one other.

The **Give Us a Break** approach was very successful in helping children and young people to cope better when they experienced separation and loss. Some young carers enjoyed supportive peer relationships and felt able to confide in their group workers. A number of vulnerable young people were benefiting from establishing supportive relationships with befrienders either on a one-to-one basis or in groups organised by **Community Volunteers Enabling Youth (COVEY)**. Opportunities for looked after children and care leavers to benefit from one-to-one planned sessions with their social worker, including understanding and coming to terms with significant past events, were too limited.

How well are children and young people helped to be active?

Many new born babies and their mothers received help to access leisure facilities. Staff supported parents of very young vulnerable children to become more active, for example First Steps workers encouraged mothers to take young children out for walks more regularly. However, staff did not always ensure that children in need of protection and children looked after at home were active as a means of increasing their confidence and social skills. Additional support in the home was needed to help some vulnerable parents relate better to very young children through play. Others needed more support than they got to engage in family activities in their communities and adopt more child-centred lifestyles.

Almost all children attending primary schools participated in two hours of physical education per week in line with national recommendations. They thrived on a wide range of opportunities to be involved in clubs, indoor and outdoor play. A positive example of providing safe outdoor spaces for children to play was in Clydesdale where the community was involved in constructing a play park. Secondary school children could choose from taster sessions and participated in a range of activities in school, after school and in the community including football, dancing and skate boarding. Young ambassadors, building on the legacy of the Commonwealth Games, encouraged their peers to try out new sporting experiences. The majority of first to fourth year secondary school young people were experiencing the recommended two hours of physical education per week but overall performance in secondary schools was still well below the national average in this regard. Young people had many positive opportunities to engage in sport, art, leisure and cultural activities along with their peers from across the council area and beyond. As a result they were learning about the contribution they can make to effective team working.

Young people were very well engaged in sport, art, drama, recording studios and the recreational use of communication technology through **Universal Connections**, nine multi-purpose facilities spread across the council area. Staff working with young carers enabled them to join in activities with their peers. Children and young people affected by disabilities and those with additional support needs enjoyed participating in summer activity programmes, and opportunities to join weekend clubs and holidays through accessible and well supported provision.

Looked after children and young people placed in kinship and foster placements often had their talents and interests recognised and promoted by their carers. However, despite increases in resources for kinship carers, they did not always get the material and financial help they needed to provide a full range of experiences for children and young people in their care. Free leisure passes helpfully issued to young people living in children's houses may be useful in supporting other groups of looked after children to become more active. **Get Out There** champions in children's houses had a specific remit for promoting sport and other leisure activities and were able to purchase appropriate equipment. Care leavers did not always get the continued encouragement and practical help they needed to stay active. Too often interests developed within their care placement were not sustained.

How well are children and young people respected?

Children and young people engaged in promoting school charters and participating in the **Rights Respecting Schools** programme were better informed about their rights and responsibilities. These approaches were starting to make a positive difference to their behaviour and relationships with teachers. Children and young people were involved meaningfully in democratic processes through pupil councils in schools, the Youth Council and other communities of interest, for example young people with additional support needs; young carers; lesbian, gay, bisexual and transgender young people; looked after and accommodated children and care leavers. They were being empowered to make a meaningful contribution to decision making affecting important aspects of their lives.

While there were positive examples of looked after children and young people being supported well to use **Having Your Say** forms and **Viewpoint** to record their views, this was not consistent. Some decision-making meetings listened carefully to children and young people and considered their wishes and feelings fully. However, they were not always sufficiently well prepared to participate in decision-making meetings including child protection case conferences, child care reviews and children's hearings.

Carefully considered decisions by children's panel members to appoint a safeguarder enabled some children and young people to have their circumstances explored fully by an independent person. Young people accommodated in children's houses and those placed in residential and secure accommodation outside the council area were supported well by an independent advocacy service provided by Who Cares? Scotland. However, children in need of protection and those looked after at home, in kinship and foster care and care leavers were seldom provided with the opportunity to be supported by an independent person who could advocate on their behalf.

How well are children and young people helped to become responsible citizens?

Children and young people were successfully encouraged to become responsible citizens. Primary school-aged children were extremely proud of the awards they had achieved for their school as part of their efforts to challenge discrimination and protect the environment. For example, the gold award from **Nil by Mouth**, a charity promoting a society free of sectarianism and **Green Flag Eco** award supporting recycling. Young people increasingly gained positive experiences of taking on additional responsibilities through volunteering. This included fundraising activities for example for the Chinese cultural group, supporting vulnerable people such as the elderly and youth work in local communities. **Award Scheme Development and Accreditation Network (ASDAN)** volunteer awards provided tangible advantages for young people moving into further education, training or employment.

Children and young people were benefiting from learning skills in financial management as part of the **Curriculum for Excellence**. Impressive numbers of young people were now saving with credit unions as a result of school based promotion of the benefits and warnings about money lending. Young people were developing skills in citizenship through contributing to a wide range of approaches to community safety and crime prevention including the test purchasing of alcohol to young people. They were helped to make responsible decisions in relation to alcohol use through **Is it me?**, a drama project for secondary school young people and community based approaches such as Street Base. Young people were very well supported to make informed choices about anti-social behaviour and offending behaviour and to use their leisure time constructively to engage in alternative activities through schemes such as **Move the Goalposts**, **Particip8**, **the Street** and **RegenFX**; all of which had won awards in recognition of their innovation and effectiveness. Children and young people at increased levels of vulnerability during school summer holidays were provided with places on programmes, enabling staff to monitor their circumstances in an unobtrusive way.

Young people under eighteen years who commit offences were increasingly prevented from entering the adult justice system through a range of approaches to restorative justice. Only those who offend persistently were referred to the Youth Court. Looked after children and young people received effective advice and guidance from staff and carers which helped them to self-regulate their behaviour, acquire social skills, maintain boundaries and develop self-care skills. Some young people were helped to remain in their families during times of crisis through very flexible support provided by staff from the **Intensive Family Support Service**. Young people getting ready to leave care were helped to develop skills through tenancy preparation supported by **Loretto Care** and **Blue Triangle** staff and were provided with realistic opportunities to test out their independent living skills in a training flat. More looked after young people could be helped to assume increasing levels of responsibility for different aspects of their lives as they proceed on a pathway to independence.

How well are children and young people helped to feel included?

Vulnerable young children and their families were being helped to become less isolated through earlier provision of nursery placements including those whose first language is not English. Children and young people at risk of exclusion were supported increasingly well by the efforts of staff to maintain them in mainstream school. Many young people with challenging behaviours experienced supportive relationships with staff. Some vulnerable young people who disengaged from mainstream services were helped by staff at Barnardo's **Axis** to rebuild trusting relationships and support networks.

Positive steps were taken by staff to tackle discrimination experienced by children and young people on the basis of their religion, race and culture. Staff were strongly committed to creating inclusive cultures in schools and communities and encouraged

children and young people to value diversity. Gypsy Traveller children and young people were helped to join in activities by staff from **Universal Connections** visiting sites and engaging with them where they live. Children and young people with additional support needs were helped by staff to overcome barriers to participation. Some children and young people were helpfully enabled to join in activities through the provision of transport. However, for others transport difficulties and associated costs limited their participation. Young carers were increasingly confident about identifying themselves as a result of observing the supportive response from staff. Staff at **Universal Connections** provided very good support to lesbian, gay, bisexual and transgendered young people to enable them to meet together, share experiences and communicate their needs.

Looked after and accommodated young people and care leavers were helped to project a positive public image of themselves through participation in **Creative Identities**. This rewarding opportunity increased their skills in using different communication techniques. Like all young people, they particularly valued using social media sites to communicate with their peers. While young people in children's houses had internet access, not all looked after children, young people and care leavers had ready access to the wealth of information this provides.

Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

Impact on families was good. A diverse range of support services, leisure facilities, and events in local communities were available to families and helped to strengthen their wellbeing. Many parents of young children were assisted in becoming more confident in their parenting through helpful advice from staff and participation in support groups. However, parenting programmes were not sufficiently well co-ordinated and prioritised. Some families got appropriate and timely help when they needed it but vulnerable families often required more intensive and flexible help than was provided.

There were important strengths in family support services. Expectant parents benefited from practical and emotional support from midwives including help to maximise their income. Many families experienced positive encouragement and advice from staff they came into contact with in health centres, nurseries, schools and other community resources including **Universal Connections**. They valued the services available to them in libraries including **Book Bug** sessions for parents to share reading, songs and rhymes with young children and opportunities for parents to learn alongside their children. Many families were helped with budgeting and repayment plans by accessible money advice

services. Translation, interpreter and related services were readily available to meet the needs of families where members experience communication difficulties and those for whom English was not their first language. The provision of transport and crèche facilities was a significant factor in helping some families overcome barriers to participation. However, families were not sufficiently well informed about the availability of services and how to access them.

Parenting advice and support was widely available to families including a range of parenting programmes recognised for their effectiveness. Approaches that were having a positive impact on parents' confidence and skills included First Steps, **Healthy Valleys**, **Family Nurse Partnerships** and the **Incredible Years** parenting programme. Parents were helped to improve the quality of their relationships with children of nursery and primary school age including some very effective work in nurture groups. Families experienced significant benefits through working alongside staff in Cambuslang and Burnbank Family Centres and two locality family support teams. Parenting work specifically aimed at fathers was being developed and there were encouraging early signs of the potential to improve the relationships between dads and their children. The Handling Teenage Behaviour parenting programme was helping some parents learn new skills in caring for adolescents. However a joint parenting strategy had yet to be implemented to ensure that help was well matched to needs across the localities. Overall, this diminished the effectiveness of parenting support. Some parents encountered a shortage of local provision even when staff had identified them as vulnerable. Suitable parenting programmes were not readily available for high priority families including parents whose children's names were on the Child Protection Register and those working towards their children being returned home from care placements.

The impact of help and support at an early stage on the wellbeing of vulnerable families was variable. Some families got the help they needed to cope better with significant stresses in their lives. Positive examples included packages of support tailored to meet the needs of families affected by disability and the **Doorways** Partnership multi-agency approach to meeting the needs of families affected by domestic abuse. However, families did not always benefit from appropriate help to prevent difficulties arising or getting worse. Some did not get a sufficient level of service, quickly enough or for long enough to achieve sustained improvement. In some instances, they reached crisis point before appropriate help was provided. In particular, vulnerable families with younger children experienced difficulty in getting the practical help and support they needed before and after school and at weekends. When support was provided in a more intensive and flexible way it often made a significant difference. For example, an increasing number of family breakdowns during the teenage years were being prevented by intervention from the **Intensive Family Support Service (IFSS)**. Foster carers experienced high quality support from staff in the family placement team. However, kinship carers needed more individual support to address the practical, emotional and material challenges they faced to improve the wellbeing of children and young people in their care.

6. How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provide help and support at an early stage was evaluated as adequate. There were strengths in the recognition, information sharing and response to concerns at an early stage. Nevertheless, the overall effectiveness of early intervention was constrained by the need for partners to develop a more flexible and consistent approach and further integrate family support services.

Staff were increasingly alert to concerns about the wellbeing of children, young people and families and had a growing understanding of the importance of early intervention. Timely recognition of concerns about the wellbeing of children and young people characterised the work of some staff though not all were as attentive in their approach. When visiting family homes, police officers looked out for the welfare of children and young people and raised concerns diligently. There were notable strengths in midwives identifying vulnerable pregnant women and in them being notified of concerns as the named person by other staff. Health visitors were using a 27-30 month assessment to get to know those children experiencing developmental delay. Uptake had increased since appointments started to be offered at evenings and weekends. Midwives and health visitors routinely made enquiries about domestic abuse. Staff had increased their understanding of the adverse impact of alcohol misuse on the lives of children and young people. Managers recognised that those working with adults in mental health services did not yet pay sufficient attention to the wellbeing of dependent children. Teachers were confident in identifying children and young people needing additional support for learning but did not tend to pick up as quickly on wider concerns about their wellbeing. Education services were identifying appropriately young people at risk of not achieving a positive school leaver destination and putting additional supports in place. However, young people aged 16 – 18 years who become vulnerable after leaving school were not always recognised and supported early enough to prevent any deterioration in their circumstances.

Sharing information within and across services in response to concerns about wellbeing had been strengthened by clear guidance, improvements in the use of electronic information systems and training. However, staff did not always agree a shared understanding of the significance of the information. In some instances, concerns were not explored further when they should have been. Recent information sharing

developments included publication by the Alcohol and Drug Partnership (ADP) of a very helpful and accessible practice manual **Promoting Wellbeing for Children and Young People Living with Substance Misuse** and related staff training. This aims to help staff working with adults who misuse substances apply the wellbeing indicators and share relevant information about any concerns for dependent children and young people. A number of multi-agency locality forums and Joint Assessment Teams (JATs) supported by a staged intervention approach in schools were enabling staff to bring together relevant information from across services and to intervene early when there are concerns about the wellbeing of children and young people.

The effectiveness of actions taken by staff at early stage to help vulnerable children, young people and families was variable. While some staff made a positive difference, others did not work in as planned and purposeful a way. Some specific services delivering prevention and early intervention were thoroughly evaluated and their effectiveness well proven. However, services to deliver early intervention were not co-ordinated well across the localities or matched to priority areas of need including family support and help with parenting. In particular, there was a significant gap in the availability of practical help and support for vulnerable families with young children out of office hours to work in tandem with the improved emergency social work service.

In the majority of cases, staff formed trusting relationships with children, young people and families and showed persistence in engaging with those who did not find it easy to accept help. They provided direct help to children, young people and families and connected them to appropriate services to get further advice and support. Health visitors worked alongside housing staff to better meet the needs of families affected by homelessness. Priorities for nursery places had been revised and targeted vulnerable children and families more effectively and transitions were generally managed well. However, staff did not always know what services were available or the eligibility criteria for making a referral. A comprehensive and accessible directory of services for children would assist them in doing so.

In our staff survey, most health and education staff agreed that they understood their role and responsibilities as named persons while the majority agreed that they understood their role as lead professionals. However, they encountered difficulties in carrying out these roles. They told us they did not feel they were facilitated or sufficiently equipped to be able to respond confidently to lower level concerns within a staged intervention framework. Teachers continued to make referrals about school attendance to the children's reporter without first involving staff from other services and ensuring alternatives had been explored fully. Clear arrangements had not been put in place to support staff from services other than social work to convene multi-agency meetings to consider how to respond to lower level concerns. Instead, these were still being passed on to social workers, detracting from their focus on more complex and high risk situations.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

Assessment of risks and needs was **adequate**. Practice in identifying and supporting vulnerable pregnant women and their new babies was notably strong, with examples of very good practice. Overall, however, joint processes in response to concerns about the safety and wellbeing of children and young people were not well established or executed. Practice in using chronologies of significant events in a child's life as a tool to inform assessment and the quality of assessments of risks and needs was too variable.

Initial responses to concerns about safety and wellbeing

The majority of staff recognised factors that may pose a risk to the safety and wellbeing of children and young people. They worked well together to ensure that risks to new born babies were clearly identified with decisions to manage and mitigate risks taken promptly. However, for other children and young people, a joint initial response to child protection concerns was not fully developed or implemented.

Recommendations to involve health staff more fully in responding to concerns about children in need of protection were made in two previous joint inspections in 2008 and 2010 but there had been limited progress in implementing a new way of working. A practice guide outlining expectations that appropriate representatives from social work, police and health should participate in a formal Notification of Child Protection Concern Discussion was issued in March 2014. The point of contact for responding to Notification of Child Protection Concerns within health had shifted recently from health visitors to, more realistically, child protection nurse advisors. Nevertheless, we found that decisions to proceed with a single agency response to child protection concerns were sometimes taken by social workers without consulting other agencies. When child protection nurse advisors were contacted by police and social workers following Notification of a Child Protection Concern, they were still often regarded as information providers rather than full partners in information sharing, joint initial risk assessment and decision making. Practice in gathering relevant information from education staff was inconsistent. Very helpfully, child protection nurse advisors were working more routinely with general practitioners ensure that relevant information about significant adults in a child's life was considered when investigating child protection concerns.

The role of paediatricians in making decisions about whether a child or young person requires a medical examination and if so, what kind of medical examination, should be strengthened to ensure children's health needs are fully considered, including children

who may have experienced neglect. Police and social workers should not continue to make decisions about the need for a medical examination on their own.

The standard of recording of decision making in response to child protection concerns was poor. Debriefings did not take place routinely to ensure that actions were clearly communicated and followed through. The nurse consultant had recently started to monitor the involvement of child protection nurse advisors in Notification of Child Protection Concern Discussions and produce quarterly reports, which was a helpful development. However, no system had been put in place by the Child Protection Committee to jointly monitor the impact of the new arrangements on partnership working and decision-making.

A central screening hub to manage police child concerns more effectively was set up in March 2014. It was too early to assess the difference this approach is making to the safety and wellbeing of children and young people. Police child concerns were passed to either social workers or the child's named person when no social worker was involved. However there was no multi-agency consideration of higher level or accumulating concerns about domestic abuse and neglect which includes information known to health and education services. Practice was inconsistent in carrying out and recording that the necessary safety checks had been completed prior to placing children and young people in an emergency with friends and relatives.

The quality and use of chronologies

We found less than half the chronologies of significant events in children's records to be fit for purpose, despite a few positive examples of practice in the compiling of single agency chronologies in social work, health and education records. Chronologies of significant events frequently failed to differentiate between a dated list of agency involvements and significant events in a child's life. Events listed as significant did not focus sufficiently on the impact on the child or young person's wellbeing. There was very little evidence of chronologies being reviewed and revised regularly or of their being used as a tool to inform risk assessments. Integrated chronologies aimed at bringing together information to determine patterns and trends were at a very early stage of development, with partners yet to agree a shared approach. Some children and young people experienced domestic abuse and physical neglect for too long when incidents were treated in isolation without recognising serious patterns of accumulating concerns.

The quality of assessments

The quality of assessments of risks and needs was highly variable. While there were some examples of very good assessments, around one in five was evaluated as weak or unsatisfactory. Confusingly, there was a number of different assessment and planning formats in use in relation to individual children and young people.

Some risk assessments did not make it clear how parental attitudes or behaviours impacted on the safety and wellbeing of an individual child or young person. Many risk assessments identified lists of risk factors but then failed to give a weighting or priority to them. They did not evaluate the likelihood or severity of harm from identified risks. At times, staff were overly optimistic based on no further incidents being reported rather than on an analysis of triggers or signs that risks may still be present or escalating. In some cases, risk assessments remained static over time taking little account of changes in circumstances. Intervention was often too reactive when young people's behaviour posed a serious risk to themselves or others.

Many staff demonstrated a sound theoretical knowledge base when assessing the needs of children and young people. Assessments were much stronger when staff achieved a multi-agency voice using the **My World Triangle** assessment framework. Conversely, in some cases, assessments of the needs of brothers and sisters living in the same household were not sufficiently well individualised or staff were too focused on parents' needs. Although staff were guided by the wellbeing indicators in their assessments, they frequently used only a few of the eight indicators, leaving important areas of the young person's life unconsidered. Weaker assessments were too superficial or descriptive with very little analysis. Some staff did not demonstrate a sound understanding of the long term effects of physical and emotional neglect. Looked after children and young people and care leavers did not benefit from comprehensive health assessments to address their physical and mental health needs and promote healthy lifestyle choices. Practice in assessing risks and needs for some care leavers was particularly weak.

Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was evaluated as adequate. The quality and effectiveness of plans and planning for individual children and young people was highly variable. Staff urgently required an improved format to better support them in formulating SMART (Specific, Measurable, Achievable, Relevant and Time-bound) outcome focused plans.

The quality of children and young people's individual plans

Approximately a third of child's plans were evaluated as good or better at reducing risks and approximately a quarter of child's plans were evaluated as good or better in meeting needs. Stronger plans made clear the links between risks and needs identified in the assessment. They were well constructed, demonstrating a clear understanding of what was needed to improve outcomes for an individual child or young person. Staff who carefully considered all eight indicators and were specific about what actions were to

be taken by whom and by when to improve a child or young person's wellbeing created some of the best plans. Some plans were strongly child centred and helpfully took a whole child approach. These were used effectively to direct staff in their work. When necessary, they focused on priority areas of risk while at the same time seeking to improve wellbeing. Better quality plans made it clear to parents what was expected of them to reduce risks and improve the wellbeing of their children and what staff would do to help them to effect change and improvement.

While the majority of plans set out the desired outcomes for the child or young person, actions and timescales in most were too vague to be able to measure progress in reducing risks and meeting needs. This was particularly the case when the focus of the child's plan was about monitoring children's circumstances rather than bringing about change and improvement.

Promoting better educational and health outcomes was not given enough attention in children and young people's plans. Plans were not always kept up to date and contingency planning was not well developed. Staff needed to use more child-friendly language and involve children and young people more imaginatively in the development of their plans to give them with a stronger sense of ownership. Children and young people who lived together in sibling groups did not always have an individual plan as they should.

The quality and effectiveness of planning and reviewing

We found an appropriate level of partnership working in the majority of cases read. Multi-agency meetings were used effectively in some cases to explore risks and needs, undertake option appraisal and agree the best way forward to promote better outcomes for children and young people. Improving attendance at core group meetings was strengthening team working in the network of support around children or young person. Timescales for the submission of assessments to the children's reporter had improved significantly. However, hard won gains in the safety and wellbeing of children were not always sustained following deregistration from the child protection register due to core group meetings ceasing too quickly.

In a third of cases read, progress in implementing the child's plan was evaluated as weak or unsatisfactory. Practice in holding review meetings at the required intervals for children and young people looked after at home was inconsistent. Staff were significantly better at involving parents in planning and decision-making processes than children and young people. The potential benefits to a child or young person of an independent person to advocate on their behalf were not routinely considered at child protection case conferences and child care reviews. Staff did not always recognise the added value they can bring to decision-making.

There was evidence that planning was securing a caring and stable environment for the child or young person in around three quarters of cases. Kinship carers and foster carers provided safe environments for many children who could no longer be cared for by their parents. Some young people were supported to remain in their care placements into early adulthood. Progress was being made to shift the balance of care from residential placements, both in and out of authority, to increased use of more appropriate family placements. An intensive foster care scheme was under development to provide more placement options within the council area. There was a drive to improve permanency planning. As a result, significant inroads had been made to a very substantial backlog of children waiting for plans to be implemented. Managers were developing a team to strengthen parenting capacity assessments. Sustaining momentum will be necessary to avoid a similar backlog arising as more children move through the system.

Planning for care leavers stood out as weaker than for other children. The quality of pathway plans was generally poor and they were frequently out of date. Multi-agency meetings to review progress in relation to pathway plans were not held at appropriate intervals in accordance with the level of help and support each care leaver required. Some care leavers needed intensive support from a multi-agency team and regular review meetings if their life chances are to improve.

Quality assurance

The wide variation in the quality of assessment of risks and needs and plans for individual children prompted inspectors to take a closer look at quality assurance processes. We found that while processes were in place, these were not working as effectively as they could to improve the quality and consistency of joint working.

Managers in health and social work services had recognised the need to strengthen the supervision of staff. The role of child protection nurse advisors was being developed to provide supervision to health visitors responsible for child protection cases and in carrying out regular case file audits. Social work managers were working with the Centre for Excellence for Looked After Children in Scotland to strengthen the effectiveness of professional supervision of social workers.

Staff were not sufficiently clear about the standards they were expected to work to in the delivery of joint processes. A reflection and planning tool in social work records was not used consistently well. The quality of recording across social work, education and health records was highly variable. Some audit work concentrated too much on checking processes for compliance rather than evaluating the quality of outcomes and the impact of intervention.

Partners were seeking to assure themselves that the current model of chairing child protection case conferences and looked after children reviews was sufficiently independent and robust in terms of providing the necessary challenge and support to staff. A new approach to chairing meetings was currently being piloted in one locality.

Quarterly liaison meetings between the Children's Reporter, panel members and social work managers could be strengthened by involving all partners and adopting a much stronger quality assurance remit. Effective joint action could improve the preparation of children and young people for hearings, option appraisal in assessment reports and decision making around contact arrangements.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

We found joint planning and improving of services to be **adequate**. Planning in individual services was clearly delivering improvements in the wellbeing of children and young people. However, there was limited evidence of partners working collectively to identify needs and agree shared priorities, implement shared plans to meet these needs and review the extent to which their efforts were successful. The potential to deliver greater efficiency and more seamless and effective services through integrated planning was being missed. Partners did not yet have a robust system in place to manage and mitigate emerging risks to groups of children and young people.

The Integrated Children's Service Plan **Getting it right for South Lanarkshire's Children 2012-18** contained an ambitious statement of aspirations helpfully structured around the wellbeing indicators. However, the plan was not yet underpinned by a joint strategic assessment of the needs of children and young people growing up in South Lanarkshire. Managers claimed to know the needs of children and young people in each locality very well because they had worked in the area for a long time. However, their rationale for priorities was not written down nor were they able to articulate how these priorities were being influenced by the data collected. Partners now require to undertake a solid assessment of local needs as an essential foundation for effective future joint commissioning and decommissioning of services.

It was not clear how the stated aspirations of the Integrated Children's Services Plan are to be achieved. A next step for partners should be to identify the totality of the resource available - staff, finance and other assets - to deliver integrated children's services and to undertake a joint audit of existing services to ensure these are well matched to priority

areas of need. Strategies for integrated approaches to delivering services were limited, for example, there was no joint strategy for early intervention, corporate parenting or family support services.

While a helpful structure was in place for implementing the integrated children's services plan, work done by locality area co-ordination groups was not being harnessed well to deliver on priorities across the whole partnership area. In each of the four localities, managers from across services were sharing local intelligence and were committed to working together to meet local needs and deliver service improvements. However they were working largely on their own initiative and not to a clear direction set out in an overarching plan. Pockets of good practice could be shared more effectively between localities to benefit a greater number of children and families and to ensure there is valuable learning about initiatives which have been less successful. Council-wide groups such as the Corporate Parenting sub-group were not yet working to a single shared set of priorities emanating from the Integrated Children's Services Plan.

Partners were still at an early stage in developing key performance indicators from which to establish baseline measures and stretching targets. In the first year of the plan, partners therefore struggled to identify any measurable improvements in the wellbeing of children and young people through integrated children's services planning. Evidence of progress was focussed too closely on reporting the volume and frequency of service delivery and improvements in processes rather than on performance in improving outcomes.

While the Child Protection Committee had overseen a busy programme of activities, its annual report 2012-13 said little about actual improvements in the quality of services to protect children. The Committee had overseen successful efforts to improve attendance at core group meetings where children's names are on the Child Protection Register and more reflective practice by staff. Helpful consultation had been carried out with children, young people and parents to learn about their experiences of child protection services. The Committee's website had been refreshed and provided information about child protection resources and services which is easily accessible to all, including children and young people. A rolling programme of relevant multi-agency child protection training, over which the Committee maintained oversight, helpfully included the needs of staff working in voluntary and adult services.

Nonetheless, we found the CPC's priorities to be insufficiently informed by an accurate assessment of the quality of practice on the ground. Limited progress had been made in addressing an essential area of practice identified for improvement from the joint inspection of services to protect children in 2010, namely the involvement of health as full partners in initial responses to child protection concerns. Important weaknesses in practice more generally were identified through two case file audits. These were carried out by partners jointly, excepting police which was a significant loss to the process.

Findings were communicated through staff seminars. Responsibility for implementation of the resulting action plans was taken forward on a single agency basis with progress reported to the Self-Evaluation and Performance Improvement group (SEPI) and chief officers. Nonetheless, inspectors reading case records found the same weaknesses as identified earlier through the case file audits. Joint self-evaluation and review of practice in the protection of children had not delivered necessary improvements in the quality and consistency of key processes within acceptable timescales. The Child Protection Committee did not have a sufficiently strong focus on evaluating impact and outcomes.

Screening groups had been established to monitor out of authority placements and secure care accommodation. The NHS Board was operating a Risk Register which included controls to mitigate risks in the protection of children such as the provision of expert advice and supervision. Information was frequently shared about individual children and young people who present a risk to themselves and/or others, for example, between police and social work services. However, partners did not have a sufficiently systematic approach to jointly identifying and managing risks for some key groups of children and young people. They were not well placed to assure themselves that joint risk management plans are effectively managing and mitigating risk. The partnership needs to become more proactive in jointly scanning the environment for emerging areas of risk, such as young people returning from out of authority placements and secure accommodation.

Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development

The extent of participation by children, young people, families and other stakeholders was very good. There were major strengths in the involvement of children, young people and families in policy, planning and service development. Consultation with children and young people was very well supported enabling them to make a meaningful contribution to improving services. Ensuring that children, young people and families receive regular feedback on what they said and how this influenced what partners did will further strengthen strong performance in this area of work.

There was an outstanding commitment to participation and consultation with children, young people, families and other stakeholders. Over 5000 children and young people were actively engaged, with obvious energy and enthusiasm, in some form of consultation. A very well supported Youth Council provided a strong and genuine democratic structure. Members were empowered to participate through being helped to develop the range of skills needed to conduct their business effectively. Positive

examples of their work include consultation on the Bullying Policy, Sexual Health Strategy, the redesign of children's houses and a new health centre. Pupil councils within schools reflected the same strong ethos of participation at a local level. There were examples of high performing pupil councils actively involved in enriching the life of their schools and making a positive difference to the quality of life in their communities.

The Young Voices Group was made up of looked after and accommodated young people and care leavers, mostly with experiences of residential care. They participated in a wide range of planning forums, consultations and events. Children and young people were encouraged and supported well to participate in events at a national level, for example at the Young Carers Festival. Parents and carers were actively involved in consultations at a council-wide and locality level on a large variety of policy and planning issues that affected them and their families. Examples included consultations on home and school partnership working, the support needs of fathers and fostering services. Children, young people and families would benefit from more involvement in joint self-evaluation to secure improvements in services.

Children and young people were assisted to work imaginatively using different communication mediums to promote positive images about their lives and to deliver successful approaches to peer education. A recently published and exemplary South Lanarkshire Social Work Resources Participation and Involvement Strategy (2014-17) could readily form the basis of a joint strategy for participation enabling partners to become more effective and efficient in co-ordinating the involvement of children, young people, families and other stakeholders.

7. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was evaluated as good. We found partners to be genuinely committed to a shared vision for improving the lives of children, young people and families and tackling child poverty. However, collaborative leadership, joint strategies and better integrated services to realise this vision were not sufficiently well developed. Much service development was initiated from the bottom up but it was clear that staff need better support and direction to improve the quality and consistency of their work on joint processes. The energy and enthusiasm of staff in localities needs to be more effectively harnessed to ensure their work is more clearly aligned to strategic priorities. Outcomes for many children were good but community planning partners had not yet developed their collective identity as corporate parents to be as effective as they need to be in improving outcomes for looked after children and young people and care leavers.

Community Planning Partners were strongly committed to tackling poverty and inequalities. A clear vision to improve the lives of children, young people and families and child centred values underpinned the delivery of services for South Lanarkshire's children. Adopting the **Getting it right for every child** principles was supporting cultural change by providing a common language and shared purpose around the wellbeing of children and young people. Partners had communicated their vision and values effectively. Ownership of this vision and values was uniting staff in their endeavours. Community Planning Partners had not yet developed their collective identity as corporate parents to improve outcomes for looked after children, young people and care leavers. Far more could be done through activating the combined resources of police, health and council services to deliver tangible improvements in their life chances.

Community Planning Partners were developing a very useful approach to outcome focused improvement planning in relation to key thematic areas contained in the Single Outcome Agreement. This approach has wider applicability to integrated children's services and locality planning although the foundation work to achieve this had not yet been done. Developments within the council to collate data zone information, PACE and IMPROVE, present new possibilities for integrated children's services planning. Opportunities exist to further strengthen integrated children's services planning through

recently reconfigured health services co-terminus with the council area and a more prominent role being given to the third sector as a strategic planning partner. There were positive examples of joint funding of posts and joint service delivery across Lanarkshire. Partners recognised the potential to further develop joint arrangements as a means of delivering savings while at the same time protecting front line services.

While partners had a shared vision for children's services and a joint commitment to the implementation of Getting it Right for every child, too often they continued to pursue single service solutions rather than benefiting from the added value of joint strategies and better integrated services. The integrated children's services plan did not place sufficient emphasis on early intervention. Partners had still to agree how to redirect an increasing amount of their resources year on year towards building community capacity and creating more sustainable services. Developing joint family support and parenting strategies should support partners in meeting the considerable challenges of delivering early and effective intervention. The implementation of Getting it right for every child to deliver real practice change and reduce bureaucracy now needs to be accelerated.

It was clear that the benefits of multi-agency and multi-disciplinary team working are well recognised at operational level. Health visitors had been redeployed on the basis of a needs assessment carried out by the NHS Board. However, partners have yet to develop a joint approach to workforce planning of services for children to ensure an appropriate skill mix of professionals, para-professionals and staff with practical and administrative skills. The **Best Possible Start** programme was equipping health staff working in maternal and child health services with evidence based knowledge and practice skills to deliver more effective prevention and early intervention. This innovative approach could helpfully be extended to support joint staff development across the children's services workforce. There was a wide range of effective mechanisms in place to facilitate regular communication by partners with staff. They were kept well informed by their operational managers. The creativity of staff was valued and encouraged with many positive examples of service developments being initiated by practitioners.

There was a clear commitment by partners to continuous improvement reflected in a range of supporting improvement groups and approaches to problem-solve, challenge and improve practice across the area. Success was being celebrated both internally through special events and externally with projects and initiatives regularly achieving national recognition. Multi-agency problem solving groups (PSGs) led by police in each locality helpfully targeted issues and worked together towards common goals around community safety and wellbeing. Through the work of the Early Years Collaborative, staff were increasingly appreciating the benefits of small tests of change as a helpful approach to continuous improvement.

The Self-Evaluation and Performance Improvement (SEPI) group in partnership with the four local area co-ordination groups had well established structures and systems in place to secure improvement through joint self-evaluation. Staff were familiar with using quality indicator frameworks to support self-evaluation. Members of SEPI were challenging and supporting joint self-evaluation by staff in the localities. A regular system of progress reporting to the SEPI group by themed and locality groups was in place. The SEPI group recognised it has more work to do to strengthen links between outputs, impact and outcomes. Although members of the SEPI group challenged the findings of joint self-evaluation in the localities, the supporting evidence was not sufficiently specific, well collated and triangulated to build rigour into the process. Chief officers and senior managers have not provided sufficient direction to secure improvement through joint self-evaluation, ensuring that resulting action and review are followed through to complete the cycle.

Strengthened collaborative leadership, drive and determination will be required to transform services through redesign and integration as a necessary response to the pressures of the current financial climate. There were positive examples of good practice being identified and adopted from elsewhere to support the development of new models of service delivery. However, initiatives led by staff are not harnessed effectively to ensure they align with priority objectives rather than reflecting areas of individual interest. Opportunities were being missed to take good practice examples developed in the different localities and embed these across the whole council area. Projects that had been well evidenced for their effectiveness were not always rolled out systematically to maximise the benefits for children and young people. Staff would benefit from a much stronger and more open culture of learning, including when there are near misses or critical incidents. Partners could benefit from more knowledge about how partnerships in other parts of the country are experiencing benefits and added value from adopting more integrated approaches to practice.

8. Conclusion, particular strengths and areas for improvement

Inspectors are confident that the lives of many children and young people growing up in South Lanarkshire are improving as a result of the services delivered to them by the Community Planning Partnership. All services are supporting the majority of children effectively and providing them with a positive start in life. However, the life chances of some of the most vulnerable children and young people are not improving sufficiently well. Partners now need to demonstrate a stronger integrated approach to drive forward practice change which will help to close outcome gaps more successfully. They should pay particular attention to improving support for care leavers. They need to further strengthen their work towards prevention and early intervention, ensuring that priorities are informed by a robust and transparent needs assessment across the whole partnership area.

In the course of the inspection we identified a number of **particular strengths** which were making a very positive difference for children and young people in the South Lanarkshire Community Partnership area. These were:

- ensuring new born babies get the best possible start in life, including those in need of protection
- valuing and promoting the contribution of children and young people as future citizens
- staff solving problems together to find creative ways to meet local needs
- the determination of partners to reduce the impact of poverty on the lives of children, young people and families.

We are confident that partners in South Lanarkshire will be able to make the necessary improvements in the light in the inspection findings. In doing so, South Lanarkshire Community Planning Partnership and Getting it Right for South Lanarkshire's Children Board should now:

- implement the **Getting it right for every child** approach at an accelerated pace focusing on practice change and reducing bureaucracy
- lead and direct further improvement in the initial response process of child protection concerns and ensuring collective responsibility by police, social work, health and education staff in information sharing, risk assessment and a single record of decision-making
- set standards for joint processes and ensure that more robust quality assurance leads to practice of a consistently high quality
- apply the Partnership Improvement Planning approach developed to support the Single Outcome Agreement to integrated children's services planning

-
- demonstrate improvements in the life chances of looked after children, young people and care leavers through jointly fulfilling responsibilities as corporate parents
 - identify priorities for improvement through joint self-evaluation and complete the cycle of action and review to achieve tangible and sustained improvements.

9. What happens next?

The Care Inspectorate requires a joint action plan to be provided which clearly details how the South Lanarkshire Community Planning Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will monitor the Partnership's progress in taking forward their action plan and will continue to offer support for improvement through their linking arrangements.

Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to Community Planning Partnerships across Scotland.

We commend the following examples.

Artsnet

Every year, children in primary schools participate in workshops using expressive arts to explore strategies they can employ to keep themselves safe. Children involved in the workshops then put on a performance attended by parents. The content of the workshops and the live show are agreed in consultation with the Child Protection Committee. This partnership approach to communicating important messages about keeping safe has been delivered successfully since 2000. In 2013, the content was revised to cover growing concerns about internet safety and child sexual exploitation. Children have become more aware of cyber bullying and the risks presented by adults posing as children online. Parents feel more confident about discussing safe use of social media sites with their children.

Give Us a Break

Give Us a Break commenced in 2009 offering a programme of support to groups of vulnerable young people affected by significant loss or bereavement. Over 400 young people have received help. Evaluation of the impact of Give Us a Break shows that young people acquire a greater understanding and ability to cope with the changes they are experiencing. Parents/carers and teachers report that young people's resilience increases as a result of completing the programme. Young people's own views confirm these positive outcomes.

The Youth Council

A well developed and highly effective youth council is a model of its type. Staff are hugely committed to skilling up and supporting members to carry out their roles and responsibilities. The Youth Council has a high profile in civic life. The voices of children and young people meeting at a local level and those coming together around a common cause shape the work of the Youth Council. It is at the heart of developing and delivering the Youth Strategy. The Youth Council is positively influencing a growing number of policy, planning and service developments which impact on the lives of children and young people.

Appendix 2: Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This document is available on the Care Inspectorate website.

The evaluations reached in this inspection are set out in the table below.

| | |
|--|------------------|
| How well are the lives of children and young people improving? | |
| Improving the wellbeing of children and young people (QI1.1) | Good |
| Impact on children and young people (QI 2.1) | Good |
| Impact on families (QI 2.2) | Good |
| How well are partners working together to improve the lives of children, young people and families? | |
| Providing help and support at an early stage (QI 5.1) | Adequate |
| Assessing and responding to risks and needs (QI 5.2) | Adequate |
| Planning for individual children (QI 5.3) | Adequate |
| Planning and improving services (QI 6.2) | Adequate |
| Participation of children, young people, families and other stakeholders in policy, planning and service design (QI 6.3) | Very Good |
| How good is the leadership and direction of services for children and young people? | |
| Leadership of improvement and change (QI 9.4) | Good |

This report uses the following word scale to make clear the judgements made by inspectors.

| | |
|-----------------------|---|
| Excellent | outstanding, sector leading |
| Very good | major strengths |
| Good | important strengths with some areas for improvement |
| Adequate | strengths just outweigh weaknesses |
| Weak | important weaknesses |
| Unsatisfactory | major weaknesses |

The quality indicators framework

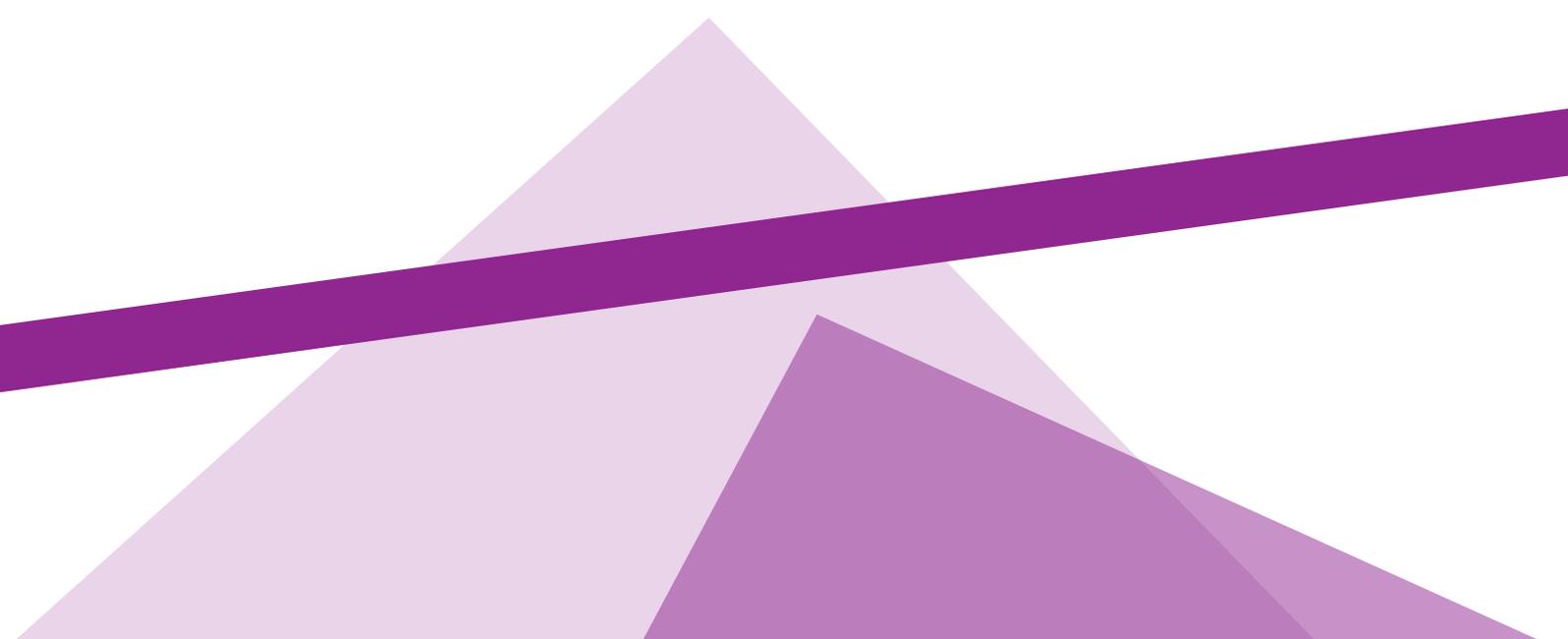
| What key outcomes have we achieved? | How well do we meet the needs of our stakeholders? | How good is our delivery of services for children, young people and families? | How good is our operational management? | How good is our leadership? |
|--|--|--|--|---|
| 1. Key performance outcomes | 2. Impact on children, young people and families | 5. Delivery of key processes | 6. Policy, service development and planning | 9. Leadership and direction |
| 1.1 Improving the well-being of children and young people | 2.1 Impact on children and young people | 5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children 5.4 Involving children, young people and families | 6.1 Policies, procedures and legal measures | 9.1 Vision ,values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change |
| | 2.2 Impact on families | | 6.2 Planning and improving services | |
| | 3. Impact on staff | | 7. Management and support of staff | |
| | 3.1 Impact on staff | | 7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support | |
| | 4. Impact on the community | | 8. Partnership and resources | |
| 4.1 Impact on the community | 8.1 Management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self evaluation | | | |
| 10. What is our capacity for improvement? | | | | |
| Global judgement based on an evaluation of the framework of quality indicators | | | | |

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