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inspectorate

# Report of a joint inspection of services for children and young people in need of care and protection in South Lanarkshire

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and HMICS

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# Key facts: South Lanarkshire

## Corporate parenting



## Child protection



# Introduction

## Our remit

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

These inspections look at the differences community planning partnerships are making to:

- the lives of children and young people in need of care and protection
- the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities.

The inspections take account of the full range of work with children, young people in need of care and protection and their families within a community planning partnership area.

When we say 'partners' in this report, we mean leaders of services who contribute to community planning. This includes 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. This includes health visitors, school nurses, doctors, teachers, social workers, police officers, and people who work in the third sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example, health visitors or social workers.

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15 - 49%; 'the majority' means 50 - 74%; 'most' means 75 - 89%; and 'almost all' means 90% or more. Terms emboldened in this report are included in the glossary at the end of the report.

## Our five inspection questions

These inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

## **Our quality improvement framework**

In August 2019, the Care Inspectorate published an updated quality framework for children and young people in need of care and protection which was developed in partnership with stakeholders. It aims to support community planning partnerships to review and evaluate their own work. Inspection teams use this same framework to reach evaluations of the quality and effectiveness of services provided by partnerships.

Inspectors collect and review evidence against all 17 quality indicators in the framework and use this understanding to answer the five inspection questions in this report. As well as answering the inspection questions, we use a six point scale (see appendix 2) to provide a formal evaluation of three quality indicators which concern the impact of partners' work on the lives of children, young people and their families and the outcomes partners are achieving. These are:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 - Impact on children and young people.
- 2.2 - Impact on families.

We also provide an overall evaluation for leadership, which comprises a suite of four quality indicators (9.1 to 9.4 inclusive). We do this because we recognise how important effective leadership is, to make sure children, young people and families experience consistently high-quality services which meet their needs and improve outcomes.

## **Our inspection teams**

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland.

Teams include young inspection volunteers, who are young people with direct experience of care or child protection services and who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work.

In South Lanarkshire, we also involved two associate assessors – professionals from other community planning partnership areas. They work at a senior level in services for children and young people and undergo training to support joint inspections.

## How we conducted this inspection

The joint inspection of services for children and young people in need of care and protection in the South Lanarkshire community planning partnership area took place between August and December 2019. It covered the range of partners in the area that have a role in providing services for children, young people and families in need of care and protection.

- We met with 111 children and young people and 53 parents and carers in order to hear from them about their experiences of services.
- We offered children, young people, parents and carers the opportunity to complete a survey about their views of services and received 102 responses from children and young people and 56 responses from parents and carers.
- We reviewed a wide range of documents and joint self-evaluation materials provided by the partnership.
- We spoke to staff with leadership and management responsibilities.
- We carried out a staff survey and received 1162 responses, a response rate of 89%. This indicated a high level of commitment from staff.
- We talked to large numbers of staff who work directly with children, young people and families.
- We observed a range of different types of meetings and events.
- We reviewed practice by reading a sample of records held by services for 109 vulnerable children and young people.

We are very grateful to everyone who talked to us as part of this inspection.

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 South Lanarkshire in need of care and protection.

# Summary – strengths and priority areas for improvement

## Strengths

1. Effective child protection arrangements were supporting most children and young people to remain safe.
2. Nurturing, caring and trusting relationships between staff and parents were impacting positively on outcomes for many children and young people.
3. Staff showed a high degree of support for senior leaders and benefitted from a culture of learning and a comprehensive range of training, development and support opportunities.
4. A structured and comprehensive range of parenting programmes and initiatives, detailed within South Lanarkshire's parenting pathway and delivered flexibly by caring and compassionate staff, were supporting parents and carers to be more confident and resilient.

## Priority areas for improvement

1. Corporate parenting arrangements were not robust enough to support improvements in outcomes for all looked after children and young people and, although developments to drive change were now in place, the pace of change had been slow.
2. Care leavers were not always being supported to transition successfully into adulthood. There was a lack of systematic approaches to monitoring the health and wider wellbeing needs of looked after young people who had left school and care leavers.
3. There was a limited amount of outcomes data which restricted partners' ability to demonstrate the impact services were having on the lives of children and young people.
4. Staff were not consistently involving or seeking the views of children, young people and their families in care planning and review processes as fully as possible.

# South Lanarkshire in context

## Geography and demography

South Lanarkshire council area covers a geographical area of 180,000 hectares and is the fifth largest local authority in Scotland. It ranges from the south-east of the city of Glasgow and borders Dumfries and Galloway, East Ayrshire, East Renfrewshire, North Lanarkshire, the Scottish Borders and West Lothian.

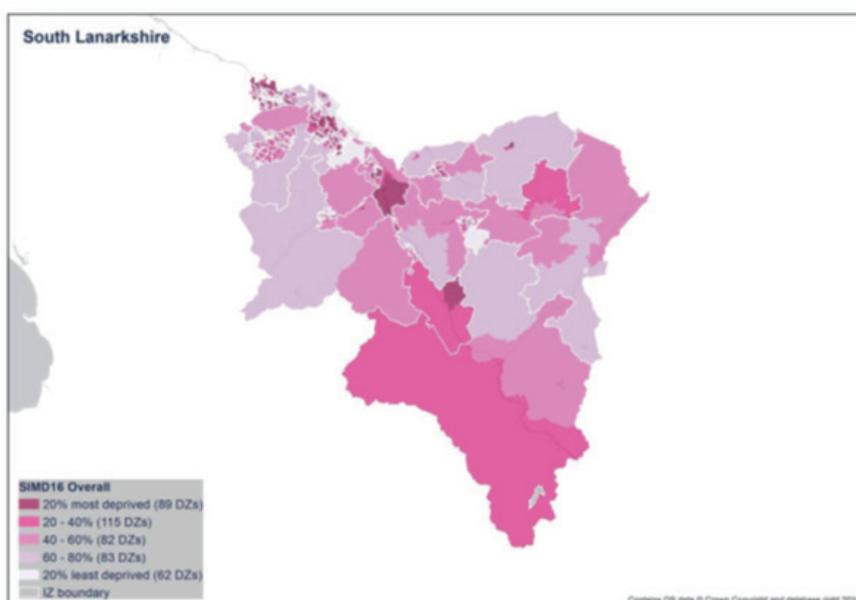
South Lanarkshire has four locality areas which support the delivery of services. These are:

- Hamilton, Blantyre and Larkhall
- East Kilbride and Strathaven
- Clydesdale
- Rutherglen and Cambuslang.

On 30 June 2018, South Lanarkshire had a population of 319,020. This was an increase of 0.3% from 318,170 in 2017. Over the same period, the population of Scotland increased by 0.2%. Seventeen per cent of the population are under 16 years of age. Between 2016 and 2026, the population of South Lanarkshire is projected to increase from 317,100 to 324,688. This is an increase of 2.4%, which compares to a projected increase of 3.2% for Scotland as a whole. Between 2016 and 2026, the 16 to 24 age group is projected to see the largest percentage decrease (9.0%). The under 16 population is due to increase by 1% by 2026.

## Social and economic

The South Lanarkshire council area is divided into 431 data zones and, of these, 62 (14%) fall within the 15% most deprived data zones in Scotland. This has increased slightly from the share of 13% in 2012. Nineteen (4%) of South Lanarkshire's datazones fall within the 5% most deprived datazones in Scotland. This compares with 11 (3%) in 2012. Sixty-three per cent of the population are of working age, compared to a Scotland-wide figure of 64%. This is due to increase by 1% by 2026 and decrease by 3% by 2041. Thirteen per cent of the overall population of South Lanarkshire are considered income deprived, while 12% are considered employment deprived. The equivalent national figures are 12% and 11%.



## **The partnership**

Community planning in South Lanarkshire brings together local agencies and organisations from the public, private and voluntary sector to deliver better public services. The 2017 – 2027 community plan aims “to improve the quality of life for all in South Lanarkshire by ensuring equal access to opportunities and to services that meet people’s needs”. Four thematic partnerships report to the community planning board in order to drive required improvements. These four partnerships are the Community Safety Partnership, the Economic Growth Partnership, the Health and Social Care Partnership and the Getting it Right for South Lanarkshire’s Children Partnership.

The Getting it Right for South Lanarkshire’s Children’s strategy group reports to the Getting it Right for South Lanarkshire’s Children Partnership board. The strategy group has five thematic groups which report to it: youth justice; substance misuse; neglect; corporate parenting and prevention and early intervention.

The child protection committee reports directly to the public protection chief officers group which has overall responsibility for public protection.

Within the South Lanarkshire partnership, social work services are referred to as social work resources.

## **The political context**

In recent years, the policy and practice landscapes have undergone significant changes. Local authorities and health boards are operating in increasingly complex legislative and policy environments. The pace of public service reform has accelerated as the Scottish Government continues to implement legislation converging around the policy drivers of early intervention, preventative spending and greater integration of services. Partners have been required to adjust to a range of new and challenging requirements and expectations. These changes, while welcomed, in strengthening the commitment to deliver excellent services to children, young people and their families, have impacted on practice and practitioners. Leaders have had to direct a shift in the balance of resources in response to evolving and dynamic environments while also supporting staff to remain confident and competent to support vulnerable children and young people. It is within this context that this joint inspection of services for children and young people in need of care and protection in South Lanarkshire took place.

**Table 1: Children in need of care and protection: key strategic groups and plans in South Lanarkshire**

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Strategic groups	Strategic plans
<ul style="list-style-type: none"> <li>• Public protection chief officers group.</li> <li>• Getting it right for South Lanarkshire’s Children’s Partnership Board.</li> <li>• Getting it right for South Lanarkshire’s Children’s Strategy Group.</li> <li>• Child protection committee</li> <li>• Corporate parenting strategy group.</li> </ul>	<ul style="list-style-type: none"> <li>• Community plan 2017 – 2027.</li> <li>• Children’s services plan 2017 – 2020.</li> <li>• Corporate parenting strategy and action plan 2018 – 2020.</li> <li>• Child protection committee annual report (2017-2018) and business plan (2018-2019).</li> </ul>

# The five inspection questions

## 1. How good is the partnership at recognising and responding when children and young people need protection?

### Key messages

1. Recognition of, and responses to, children and young people at immediate risk of harm were effective in the majority of cases.
2. A comprehensive range of guidance, training and good information sharing practice were supporting staff to feel confident and competent to keep children and young people safe.
3. There was robust multi-agency working to address the needs of children and young people who went missing from children's houses and this had reduced the frequency of these incidents and reduced risk to this vulnerable group of young people.
4. The views of children, young people and families were not being consistently heard throughout child protection processes.

### Recognition of risk and response to concerns

Children and young people at immediate risk of harm were being kept safe in the majority of cases. Well established professional multi-agency relationships had resulted in increased staff confidence to discuss initial concerns and thresholds of risk with colleagues. Almost all staff who completed our staff survey felt confident in recognising the signs that a child or young person may be at risk of abuse, neglect or exploitation and in reporting their concerns. Most staff were confident that local child protection arrangements enabled them to respond in an effective and timely way to these concerns. This was supported by our reading of children's records and in our engagement with frontline staff and frontline managers.

In our review of children's and young people's records, we evaluated responses to immediate risk of harm as good or very good in the majority of cases. The Getting it right for every child approach was embedded across services and this had contributed to the earlier identification of those children and young people who may be in need of care and protection. Individual services had in place policies and procedures which enabled staff to recognise signs that children and young people may be at risk of harm, assess their wellbeing and support subsequent decision-making. These policies and procedures were supported by clear escalation processes.

Pre-birth pathways, referral processes and early years screening gave direction to staff to ensure optimum life chances for unborn babies in high risk situations. **The Lanarkshire Additional Midwifery**

**Service (LAMS)** supported referrals made for pregnant women where there were risks to the unborn baby because of maternal drug and/or alcohol misuse. Staff undertook a full assessment to identify additional areas of risk, linking with GPs or social work colleagues when required. Pre-birth child protection registrations for babies affected by parental substance misuse had increased in 2018, leading to a commitment by the partnership to work together to reduce this figure. The Family Nurse Partnership was embedded in the area and the number of teenage pregnancies had decreased, in line with the national picture.

Effective discussion and decision-making processes were in place for staff, who used these promptly where concerns had been raised about a child or young person. Multi-agency **initial referral discussions (IRD)** resulted in appropriate planning and action to address the risk to, and immediate safety of, children and young people. A bespoke facility and a mobile unit were used for joint investigative interviews and video recorded interviews. The need for medical examinations was considered and discussed during IRDs and staff were prompted to take children's, young people's and families' views into account throughout every stage in the process. Our review of children's records, and our engagement with families, showed that this was not always achieved consistently.

While the IRD guidance provided useful information, a few staff we spoke with remained confused about the process. Health staff, in particular, expressed a lack of clarity about their role in relation to decision-making when a concern about a child or young person was raised through the IRD process, although we saw no evidence that children's safety was compromised as a result of any lack of clarity. The partnership had begun further work to strengthen IRD processes

An IRD quality assurance process had been established and audits undertaken by the partnership provided reassurance that emerging issues were being reported to the **child protection committee (CPC)**. These issues included the need to apply appropriate timescales to the IRD process, the need for improved recording of decisions and the proportionate sharing of information by services at the time of an IRD. The IRD guidance was being refined in light of these audit findings and the partnership acknowledged it had further work to do to ensure all staff were clear about their responsibilities within the IRD process.

The number of episodes of children and young people going missing from care placements had reduced significantly. The fully embedded multi-agency protocol for responding to and minimising risk to children and young people who go missing from children's houses, kinship care or foster care placements was supporting good collaborative working. Discussions with a young person were appropriately carried out when they returned to a children's house by a worker who knew them best. Weekly meetings for staff provided the opportunity to consider different strategies to support young people to reduce risk taking behaviours whilst collecting data to more effectively assess information and intelligence about potential risk.

## **Use of legal measures**

When necessary, legal measures were being used appropriately to ensure the immediate safety of children and young people. The partnership had responded to a slight increase in child protection orders in a six month period and had carried out an audit to assess the use of these. Learning

from this audit confirmed that staff had a good understanding of how and when legal interventions should be used and that applications for child protection orders had been made appropriately to keep children and young people safe, where other voluntary measures had been unsuccessful.

## **Managing risk**

Our review of children's records demonstrated that assessments of risk and need were in place for all children and young people in need of protection. However, the quality of assessments was variable. The quality of assessments of risk was evaluated better than the quality of assessments of need.

Nationally recognised wellbeing assessment tools such as the national practice model and the resilience matrix were used appropriately across partner agencies to assess risk, meet the wellbeing and protection needs of children and young people and share information. Specialist tools such as the **Safe Lives assessment** and involvement in **multi-agency risk assessment conferences (MARAC)** contributed to the protection of children and young people and families where domestic abuse was a concern. Although a few staff told us that not all agencies consistently attend, our review of children's records highlighted effective information sharing through most key processes and the partnership was monitoring MARAC attendance.

Where there were concerns about children or young people who presented a serious risk to others, nationally and internationally recognised assessment tools were used. Assessment and planning were undertaken through a **care and risk management** approach in a protective and child-centred way. This approach was enabling staff to identify appropriate interventions which recognised both the risk these children and young people presented and their own wellbeing needs.

## **Information sharing**

Timely information sharing was effective in most cases and partners worked well together when concerns were raised. The introduction of a secure electronic 'named person' inbox had supported appropriate information sharing between social work resources and education staff. This was ensuring timely communication about child protection information such as notification of concerns and IRD paperwork.

## **Staff confidence and competence in protecting children**

In most children's records we read, the **lead professional** had opportunities to discuss their work with a supervisor. The child's record was reviewed regularly by a manager in the majority of cases. The child protection committee's comprehensive rolling programme of multi-agency training was well attended and evaluated very positively by staff. Most staff felt the training they had received had increased their skills. The training, along with helpful procedures, regular audits, supervision and multi-agency networking opportunities contributed to increased staff confidence in joint working to assess the risks and needs of children and young people. There was a range of opportunities and support in place for newly qualified staff which also contributed to increased competence.

## Engagement with children, young people and families

In our review of children's records, staff effectiveness in involving children and young people in key processes was evaluated as good or very good in the majority of cases. This support was less evident for children on the child protection register or those who had been at risk of harm over the past two years. Staff effectiveness in involving parents or carers in key processes was evaluated as good or very good in most cases. However, this was at odds with some of the experiences of the parents and carers and children and young people we spoke with. Some parents told us they were not consistently asked for their views, they didn't always understand why a service was involved with their family or the decisions which had been made at meetings.

The quality of support given by staff to children and young people to understand and exercise their rights, comment on services or make a complaint was evaluated less well, with just under half of children's records evaluated as good or very good.

Less than half of staff completing our survey agreed that independent advocacy was readily available for children and young people in need of protection. This was supported by our review of children's records in which we saw independent advocacy offered in only a few of the records we read for children and young people involved in child protection processes. The child protection committee, with the support of the chief officers group, had started to explore independent advocacy for children in the child protection process.

The experiences of children, young people and families involved in child protection processes were mixed. While some parents and carers felt included and had positive, trusting relationships with staff, others felt isolated and told us that communication from staff about the process was poor. Parents were not given copies of a child protection investigation report to consider its contents prior to meetings, something which, coupled with a lack of understanding or preparation about the process, added to feelings of anxiety and stress for some.

The partnership had a number of strategic approaches to the participation and engagement of children and young people. These could be further strengthened by co-ordinating them into a single strategic approach. We did not see consistent evidence of the ways in which the views of children, young people and parents and carers were used at a strategic level to shape service planning and delivery. The child protection committee's participation and engagement strategy had the potential to direct more meaningful engagement, promote better understanding of children's and young people's rights and embed the seeking of their views at key points in the child protection process

## 2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?

### Key messages

1. Staff in a range of targeted services to support children and young people who had experienced abuse and neglect were taking a strengths-based approach, enabling many children, young people and their families to make and sustain positive changes.
2. Many parents and carers felt more confident and were benefitting from the tailored support of caring, compassionate staff with whom they had trusting relationships.
3. The high turnover of front-line social work staff, however, was impacting negatively on the trust, support and confidence placed in them by some children, young people and families.
4. Staff were not consistently involving or seeking the views of children, young people and their families in care planning and review processes as fully as possible.

### Positive change and sustained improvement

In most children's records that we read, we saw that children and young people had experienced improvement in their wellbeing as a result of the help they received from services. A quarter of children's records we read showed that there had been considerable improvement in children's and young people's circumstances as a result of help received. Improvements in families' circumstances were less well demonstrated with just over half of the records showing improvement from the intervention of services. For children and young people on the child protection register, we saw improvement in two thirds of the records we read. In our surveys for children and young people, almost all 8-15 year olds and young people aged 16 plus felt that things were getting better for them. Parents and carers who completed our survey were less positive, with just over half saying that the help given by services had made their children's lives better.

### Collaborative working

Staff across universal and targeted services worked well together to deliver sustained positive change for children and young people who had experienced abuse and neglect. Targeted services provided high quality support, tailored to the needs of children and young people. The **Intensive Family Support Service (IFSS)** (which supports children over 12 years), **FAS**, (which supports children aged 5-11 years), and **Covey Befriending** and **Addaction** had made a demonstrable impact on reducing risk and meeting the needs of children and young people through practical support, group work and building trusting relationships between families and staff. Parents and carers reported a high level of trust in staff from these services. These services achieved outcomes such as increased school attendance, improved confidence and self esteem, reduced reliance on drugs and alcohol and better

emotional wellbeing. These, and other commissioned services worked in a strengths-based way to promote the wellbeing of children and young people.

Schools played a key role in supporting children stay healthy and recover from adverse experiences. Training in attachment approaches and strategic co-ordination of the use of **pupil equity funding** money underpinned the delivery of effective nurturing approaches across schools in South Lanarkshire. We saw several helpful examples of the ways in which this funding had been used to support teachers to meet the wellbeing needs of children in need of care and protection, including the use of counsellors in schools who supported both children and their families.

Despite children and young people experiencing long waits to access **Child and Adolescent Mental Health Services (CAMHS)**, there was a priority system in place. Children and families receiving this service felt that they were getting the help they needed. The partnership was taking active steps to train the wider workforce to promote children's positive mental health. For example, school nurses and support staff in schools were being trained to deliver programmes such as **low impact anxiety management (LIAM)**.

### **Assessment, planning and reviewing to reduce risk and meet needs**

In our review of children's records, we evaluated the majority of assessments of risk and need as good or very good. However, we found that plans did not consistently address how the specific needs of children and young people would be met. The quality of plans was evaluated as good or very good in just over half of records. Some plans were too general and actions were not tailored to the needs of individual children or young people. We saw this, specifically, in plans for siblings. Social workers, in particular, used a variety of different report formats for different meetings which they said they found confusing and which did not support efficient assessment, planning or reviewing.

While reviewing processes were in place for all children and young people in need of care and protection, the quality of reviews varied. In over a third of children's records that we read, we evaluated the quality of reviewing as adequate and, in a small number of cases, the quality of reviewing was weak. Where we evaluated reviews poorly from the children's records that we read, these reviews did not sufficiently challenge issues impeding improvement, hold colleagues to account or did not sufficiently focus on how the individual needs of children were being met.

The partnership had invested in both guidance and training for staff in the analysis of chronologies. Although chronologies were present in almost all records, they were of variable quality. In two thirds of cases, the chronology was evaluated as adequate or weak. We evaluated chronologies as poorest for care leavers. When chronologies were poor, they lacked key information and detail and did not effectively support decision making. We saw better quality assessments, plans and reviews for children and young people involved in permanency planning..

### **Trusting relationships with key professionals**

The importance of relationships and strengths-based practice was at the heart of all training and learning activity. Many of the children, young people and families we spoke with described supportive

and trusting relationships with staff. Most children and young people who completed our surveys said they understood why staff were involved with them and their family and that their worker cared about them. However, children, young people, parents, carers and staff we spoke with were all clear that the high turnover of social workers was frequently having an adverse impact on relationships and trust. Only just over half of 8-15 year olds felt that their worker was always there for them.

## **Engagement with children, young people and families**

Most children and young people we spoke with said their views were listened to. FAS and IFSS and some third sector services, in particular, had a clear approach to involving children and young people in planning work and used specific tools to talk to children and young people about progress and change. Within schools, an emphasis on the views of children and young people was a feature of wellbeing assessments. The Mind of My Own app had recently been launched. Children and young people we spoke with thought it was a useful and convenient way of letting their views be known.

We evaluated just over a third of children's records as adequate or weak for staff effectiveness at involving the child or young person in key processes. Less than half of children and young people who completed our surveys said they had definitely been involved in agreeing their child's plan. Staff were more effectively involving the child's parents or carers: we evaluated most records as good or very good for the involvement of parents and carers in key processes. However, children, young people, parents and carers that we met told us they were not always supported to prepare for key meetings, for example, children's hearings, child protection case conferences or looked after reviews. This included a lack of opportunity to read reports in advance which compromised their capacity to participate effectively.

## **Parenting assessment and support**

Many parents and carers felt more skilled and confident as a result of support received through a range of targeted parenting services and validated evidence-based programmes. The partnership had a clear strategic approach to this and had invested in a parenting pathway comprising a range of approaches, some of which were specifically targeted to parents of children and young people in need of care and protection. This was underpinned by comprehensive training to staff across the partnership in approaches such as the **Framework for Assessment and Intervention for Attachment and Resilience (FAIAR)**, Strengthening Families, Mellow parenting and the **Solihull approach**.

The Framework for Assessment and Intervention for Attachment and Resilience (FAIAR) was developed by South Lanarkshire's Psychological Services and was an **example of good practice**. It is a targeted programme which aims to support staff working with parents and carers to help them better understand attachment and resilience. As part of the overall parenting pathway, the approach has been delivered to over 100 practitioners across education, early years and social work resources. The approach has three elements: resources to use, including leaflets and posters; a developmental chart; and a targeted programme which can be used as a one-to-one tool. Practitioners have evaluated the approach highly as an effective means of supporting parents' capacity for change at a pace which is right for them and their child.

The principles within the parenting pathway were based on building positive relationships and maximising the strengths and capacity of parents. Group work and a variety of parenting support groups were delivered by skilled and compassionate staff. The evaluative framework for the parenting pathway was, however, at an early stage. Individual services had evaluated the outcomes of their work and we heard about the positive impact from staff and parents and carers. There was not, however, a strategy for using this data in order to demonstrate improvements in outcomes for children and young people as a result of the support given to parents or carers.

The **parenting assessment capacity team** undertook parenting assessments of all parents whose children were accommodated at birth and up to the age of two years. This had made a significant contribution to ensuring that plans progressed in a timely way for young children to be placed in nurturing settings, allowing them to recover from their experiences. The approach to assessing the capacity of parents of children over two years old was not as robust and timescales for achieving permanence were much longer for this age group.

### **Staff supervision and support**

Regular supervision, training and a helpful learning culture supported the development of a confident and valued workforce. Most staff reported that they received regular supervision and felt safe and supported to be professionally curious with the aim of keeping children and young people safe. In the review of children's records, there was evidence of managers discussing the progress of work with staff in most cases. Overall, most staff felt valued, listened to and respected.

The child protection committee had a structured programme of learning and development which most staff felt had strengthened their contribution to joint working with children and young people. Almost all staff said that training opportunities had increased their confidence and skills.

### 3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

#### Key messages

1. Children and young people in children's houses were experiencing warm, secure and safe care as a result of positive, nurturing and trusting relationships with staff.
2. Kinship carers did not always experience consistent levels of support, something which is vital, given the increase in the number of kinship placements to support children and young people.
3. Reviews were not always driving forward plans to meet the needs of looked after children and young people and information from reviews was not systematically being used for quality assurance purposes.
4. The delay in establishing a champions board meant that the corporate parenting strategy group had not yet fully established its reach to gain the views of care experienced children and young people in order to routinely inform service development.
5. The partnership needed to strengthen its approach to addressing the wellbeing needs of looked after young people who were not of school age.

#### Consistent relationships with trusted adults

In general, children and young people were supported by committed and caring staff that they trusted and felt listened to them. Most staff who responded to our survey believed that children and young people were thriving as a result of nurturing and enduring relationships. This reflected the findings from our review of children's records in which we saw that most children and young people had experienced consistent support from a trusted adult in the previous two years.

Staff delivering targeted, specialist and third sector services were described by children, young people and families as being there when they were needed and always ready to help. There were some compelling examples of how staff had helped young people change their lives.

Some children and young people, however, told us that access to their social worker was more difficult and they had experienced frequent changes of worker. This had a detrimental impact on building trusting relationships. Children and young people living in children's houses had experienced more continuity due to a lower turnover of residential care staff.

Almost all the children and young people who responded to our survey said they felt safe and comfortable where they lived. Children and young people in children's houses experienced safe, warm and secure environments in houses which had been purpose-built to a high standard. Children and young people with foster carers also experienced stable and consistent relationships with them.

## Taking account of the views of looked after children and young people

At the time of inspection, the **champions board** had not yet been launched. There was no framework in place to ensure all children and young people who were looked after or who were care leavers knew about the potential the champion's board offered in helping them get their views heard more consistently. Who Cares? Scotland was very active in South Lanarkshire, giving an opportunity to these children and young people to have their views heard across a variety of other strategic fora.

Awareness of advocacy was higher for children and young people in children's houses than those living in other care placements. Access to, and uptake of advocacy was evident in only a few of the records that we read. Notwithstanding this, a range of systems were in place for gaining feedback from looked after children and young people and we saw how this had influenced changes to the delivery of some services. The Mind of My Own app was introduced in February 2019 following a review of applications to help children and young people share their views. There was evidence the partnership was evaluating the feedback of children's views previously using Viewpoint in a systemic way and building on other methods of listening to the views of children and young people who were looked after and care leavers.

## Improvements in wellbeing

The CAMHS for Accommodated Young People (CAYP) service offered a specific mental health support service for children and young people who were looked after away from home and this was having a positive impact on young people's social and emotional development. This service was not available to children and young people in kinship care, however, this group of children were able to access locally available CAMHS and the Social Work Young Person's Counselling Service.

School attendance for looked after children and young people had been stable over several years and was improving for children looked after at home. The gap in attendance rates between children and young people looked after at home and away from home had narrowed.

Employability schemes helped care experienced young people to achieve positive destinations. The Youth, Family and Community Learning Service provided targeted support to young people with links to children's houses, those looked after at home and in kinship care which supported their access to activities and leisure.

All children and young people 0-18 years had a named nurse who undertakes an assessment of their health needs. Partnership staff routinely undertook additional assessments for looked after children under the age of five who were not of school age. This assessment of health and mental health need was supplementary to the national Universal Pathway Provision. For those of school age, health assessments were undertaken by the school nursing team. The partnership requires to review its approach to the provision of health assessments for looked after young people who have left school. Positively, the numbers of completed health assessments for children and young people who were looked after had increased. However, the partnership requires to strengthen its approach to examining the impact of these assessments and improvements to children's and young people's health, and wider, outcomes.

## Support in care placements

Children and young people who were looked after had benefitted from an increase in community-based placements, particularly kinship care placements. Numbers of local authority foster care placements in South Lanarkshire had decreased over the last three years while independent foster care placements had increased. The partnership had actively recruited more foster carers and offered a significant amount of support to them. The foster carers we spoke with were very positive, on the whole, about the support and supervision they received, especially from the family placement team.

Kinship carers, however, did not experience the same degree of support as foster carers. There was no strategic approach to the development of kinship care. Although a kinship carers support worker had recently been appointed, it was too early to see any impact of this development. Meantime, kinship carers had been well supported by one kinship carer who had driven all support work, including organising and directing local kinship carer support groups and giving advice to other kinship carers and staff.

In our inspections of regulated care services, the adoption service and the fostering service were both evaluated well. The six children's houses in South Lanarkshire were all evaluated well at their last inspections and had maintained a high quality of care. They provided a caring, stable and nurturing environment for children and young people.

## Care assessment, planning and reviewing

In the majority of the children's records we read, assessments and plans to address risk and need were evaluated as good or better. Many plans were effective in securing a caring and stable environment for the individual.

For the looked after children and young people whose records we read, however, we saw variability across different care groups. The highest quality of assessments and plans to address need and risk were for those in foster care, followed by those in residential care then those looked after at home, then those in kinship care. Assessments and plans to address need and risk were poorest for care leavers.

Although almost all children's records we read had a chronology, the quality of these was variable, with only one third being evaluated as good or better. Again, chronologies were evaluated highest for those in foster care and lowest for care leavers. The partnership had carried out audits of chronologies and had identified improvements but acknowledged more needed to be done to enable high quality chronologies to support effective decision making.

The **Scottish Children's Reporter's Administration (SCRA)** had seen an increasing number of assessments with clear recommendations about the use of compulsory measures. Panel members had identified a shift to meeting children and young people's needs at an earlier stage.

Most children's records we read showed that plans to address risk and need were being reviewed at appropriate intervals. The majority of these reviews were evaluated as good or better. However, in

a third of records, the quality of reviews was evaluated as adequate or weak. Most of these reviews were for children and young people in kinship care. Staff were not consistently involving or seeking the views of children, young people and families in care planning and review as fully as possible. Some staff told us that not all key partners were always in attendance and we saw this in our review of children's records. Some children, young people and parents and carers told us they were not supported to fully prepare for a review. A few parents of children and young people with additional support needs expressed dissatisfaction with the level and type of support available to them. They also felt staff did not understand their children's needs well enough.

Partner agencies had access to reports immediately before the review, and social workers told us this often placed a burden on them to ensure they had the information required. Reviews were chaired by the manager of a social work team not involved with the child or family and this same individual was consistent in chairing all reviews throughout the process.

New reviewing procedures for social work and education staff had been put in place for school age children and young people looked after at home and in kinship care. These had promoted better consistency in reviewing timescales.

Plans for permanency were evaluated as good or better in the majority of children's records we read, and planning was particularly effective for children under two years of age. However, the average waiting time between recommendation to registration for permanent substitute family care for 1-4 year olds had increased to almost two years.

### **Contact with siblings and family members**

When a child or young person had been separated from family members, the support given by staff for them to maintain contact with parents or carers was very effective in most cases. The support given by staff for children and young people to maintain contact with siblings was evaluated as mostly or completely effective in just under half of records we read. Support given by staff for children and young people to maintain parental or sibling contact worked best for those in kinship or foster care. We did, however, learn about some good examples of efforts by staff to help children and young people maintain contact with their siblings. For example, staff from one children's house had taken a small sibling group on holiday and supported follow up contact between the young people and their siblings throughout the year. The family placement team also undertook assessments of sibling contact when pursuing permanence planning for children and young people.

### **Corporate parenting responsibilities**

The corporate parenting strategy group had a comprehensive work plan, however, corporate parenting arrangements had not fully realised improving outcomes for all children and young people. While partners showed an understanding of their individual and collective responsibilities as corporate parents, further strengthening of their collective work towards achieving the four core commitments in the corporate parenting strategy and action plan was needed. Wider inclusion of third sector partners in strategic corporate parenting groups would support greater participation from this sector. Partners recognised the importance of establishing a champions board, however, the pace of this development

had been slow. They were aware of the opportunities the board could provide for looked after children and young people and care leavers in supporting them to feel more included and listened to and plans were in place for its imminent launch.

**Structured deferred sentencing (SDS)**, a community-based intervention given after conviction and before sentencing, aims to divert people from the criminal justice system and reduce short term prison sentences. Its use in South Lanarkshire was an **example of good practice**.

The use of structured deferred sentencing was piloted in two South Lanarkshire courts and funded by the Scottish Government's Employability, Innovation and Integration fund. Its purpose was to provide young people with a supported alternative to an immediate sentence and the aims were to:

- improve sentencing outcomes for 16-21 year olds
- engage young people with intensive community interventions to reduce re-offending
- improve employability and achieve community integration.

The pilot involved 21 young people between April and December 2018 and the results were very positive in relation to re-offending, sentencing and gaining education, employment or training opportunities. The University of the West of Scotland positively evaluated the pilot programme. Using the whole systems approach, the programme demonstrated how partners were working together and developing joint working with the Sheriffs.

## 4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?

### Key messages

1. The partnership had increased the numbers of young people remaining in their care placements under continuing care arrangements and this was an improving picture.
2. While there was explicit commitment to improving outcomes for care leavers, and a throughcare and aftercare team was in development, the pace of change had been slow, leading to less focus being paid to this group of young people.
3. Many care experienced young people were achieving positive destinations as a result of collaborative approaches by partners. Addressing inconsistencies in pathway planning and the availability of appropriate resources, in particular, options for appropriate housing, would better support care leavers to make successful transitions to adulthood.
4. There was no systematic approach to fully assess, plan and meet the health and wellbeing needs of care leavers.

### Positive relationships with staff and carers

Most young people who completed our survey, and some of those we met, told us about positive and trusting relationships with at least one key person who understood their needs and knew them well. They felt that workers cared about what happened to them, were there for them when they needed support and that their views and opinions were listened to. Young people living in children's houses and residential schools were supported well by independent advocates who listened to their concerns and helped promote their rights.

Some young people who had moved on from living in children's houses valued the practical and emotional support they had continued to receive from residential care staff at times of crisis or when their circumstances changed unexpectedly. However, for other care leavers we spoke with, their experience was much less positive. Young people told us that frequent staff changes and competing demands within social work caseloads meant that staff were not always consistent in their contact or easily accessible when young people needed them. These young people told us that staff had not been proactive at maintaining contact with them. There were also less opportunities for care leavers to benefit from advocacy.

### Health and wellbeing

The partnership recognised the need to strengthen its approaches to undertaking health needs assessments for those young people who were care leavers or had left school. The experiences of care leavers we spoke with were variable. A lifestyle nurse offered advice to all young people up to the age

of 21 years about diet, exercise, mental and sexual health, however, many young people who had left care told us they were unaware of this support or how to access it. Support from the school nursing service ceased when young people left school and there was no dedicated nursing resource to support looked after children or care leavers and help them make healthy lifestyle choices. A review of school nursing had started and provided the partnership with an opportunity to establish more effective arrangements for the delivery of health care and advice for care leavers.

Several tiered interventions were in place to address the mental health needs of children and young people for example, Low Intensity Anxiety Management (LIAM), Distressed Brief Intervention (DBI) counselling in schools and third sector provision of the GOTO service.

The partnership had worked hard to identify all young people who were entitled to aftercare support, however, the landscape of services to support care leavers experiencing mental health difficulties was complex. CAMHS provided a service for looked after children and young people up to the age of 18 years, or up to the age of 16 years if a young person left school. The social work Children and Young Persons' Counselling Service supported young people up to the age of 21 years. CAMHS was in the process of extending their service to include young people up to the age of 18 years irrespective of their education status, in line with the national tier three directive.

There was a transitions agreement between CAMHS and Adult Mental Health Services. Some young people who had tried to access adult mental health services told us of the difficulties they faced navigating this system. They reported that the criteria to access these services were confusing and created barriers to the delivery of consistent mental health and wellbeing support, particularly for those young people living in homeless accommodation.

Looked after children and young people benefited from the Arts, Culture and Exercise (ACEs) card which allowed them free access to a range of leisure opportunities provide by Active Schools. Opportunities for care leavers to remain physically active were more challenging. The **Well Connected programme**, available to those aged 16 years and over, provided eight weeks of free access to leisure facilities followed by a discounted rate, which some young people told us was still unaffordable.

## Continuing care

There had been a recent shift in practice to promote continuing care for all looked after young people. This had resulted in increasing numbers of young people remaining in their children's house or foster care placement beyond the age of 16 years. Social work resources had recognised the increased demands this placed on their services. The partnership had recruited additional foster carers and had applied to vary age restrictions on the conditions of registration for children's houses to enable young people to continue in their placements. The supported carers service was helping a small number of young people who had been living in a children's house to move on independently when they reached 21 years. A few young people aged 16 plus who completed our survey said that they did not know about their rights to continuing care. Social work resources had just begun to monitor trends in continuing care.

## Pathway planning

The partnership had undertaken an audit of pathway planning in 2016 and, despite some improvements, had identified this as an area for further attention. In our review of children's records, only half of young people entitled to aftercare had an assessment or plan, and these were of variable quality. There were very few reviews taking place for these young people. Although two thirds of staff who completed our survey agreed that young people received the support they needed to make successful transitions, only one third agreed that plans for care leavers supported their transition to adulthood at a time and pace that was right for them.

## Steps towards living independently

Care leavers had mixed experiences of both the extent and quality of support they had received to enable them to make the successful transition to living independently. Partners recognised this as an area where more work was needed and were taking steps to improve this. A joint protocol was in place to ensure that the accommodation needs of looked after young people aged 16 and over were being considered at six-weekly meetings between housing officers and social workers. Housing officers linked directly to children's houses and this was supporting better engagement with these young people at an earlier stage. Helpful preparation, flexible support and the provision of suitable housing had enabled some young people to move on to independent living. The local authority had two training flats to support young people leaving care to gain the necessary practical, social and emotional skills required before moving into independent living. All young people who were looked after could access the training flats. However, the support offered through the training flats was not being used to its full potential as only young people from one or two of the children's houses had accessed these and no young people from other care placements had had the opportunity to use this support.

For many care leavers we spoke with, their experience had been of poor planning and preparation, rushed moves, and sporadic support from staff. The partnership had conducted its own survey of care leavers in 2017 and the issues identified then remained unchanged. Staff acknowledged there was a limited range of housing options for young people leaving care, something which care leavers we spoke with also told us. While the supported carers service was helping some care leavers to move on to independent living, it was a limited resource.

Care leavers were given appropriate priority for housing, however, they often had to wait too long to receive their own council tenancy. Youth homelessness applications in South Lanarkshire were below the national average, however, some care leavers who presented as homeless were placed in an accommodation for homeless people of all ages where they did not always feel safe.

## Positive destinations

The majority of care experienced young people had achieved positive post school destinations, supported by effective collaborative working between partners. The **Opportunities for All** partnership group worked well to ensure care leavers were supported into employment, learning or bespoke programmes based on identified need. Systems were in place through the care experienced

employability group to help partners monitor and track positive destinations. The school-based 16 plus matrix enabled staff to identify young people who were six months from their official school leaving date and who needed additional support to achieve and sustain a smooth transition to a positive destination. Partners were aware that they had more work to do together to improve outcomes and to sustain positive destinations for young people who were looked after at home or in kinship care. Pupil equity funding had been used to recruit four teachers to specifically support improvement in the attainment of looked after children and young people.

Skills Development Scotland and ASPIRE successfully supported care leavers into modern apprenticeships and meaningful work experience. The Youth Employability Service made an offer to young people tailored to their needs and this supported more positive outcomes. They worked well to keep young people engaged with services. Tailor-made packages of support, mentors who understood their needs, and financial assistance enabled care leavers to succeed in further education.

**ASPIRE**, the bespoke employability programme for young people at risk of entering a negative destination upon leaving school, was having a positive impact in South Lanarkshire and was an **example of good practice**. The Youth Employability Service within Education, working with multi agency partners, offered an individualised pathway of support for young people, addressing barriers such as living in poverty and deprivation or having adverse childhood experiences. The Care Experienced Employability Focus Group ensured that all care experienced young people aged 15 and over in South Lanarkshire were linked to an ASPIRE Vocational Development worker for employability support. This approach in South Lanarkshire Council was recognised nationally and was making encouraging progress towards addressing inequality in attainment and supporting initial positive destinations for young people.

Partners effectively promoted employment and development opportunities for care leavers within local services. Police Scotland youth volunteers programme guaranteed 10% of places for young people with experience of care. A promising pilot programme to appoint young people into permanent positions within the council was underway. A similar approach was being explored within NHS Lanarkshire, and opportunities for young people with experience of care to undertake modern apprenticeships across a range of services were in their early stages.

Specialist initiatives such as structured deferred sentencing and the **Link project** were successfully helping young people who had been involved in offending re-integrate into their communities.

### **Supporting children and young people with a disability**

Children and young people with a disability who received short overnight breaks were not considered to be looked after. While their plans were reviewed through processes designed for children with additional support needs, they did not benefit fully from the additional entitlements that looked after status could bring.

Transition arrangements for children with complex or additional support needs into adults' services was recognised as an area for improvement by the partnership. A joint protocol was in place between social work and education resources to support a single transition planning process. A small scale

audit undertaken by partners in 2019 highlighted a number of areas for development which were being addressed through an action plan. Some parents and carers who completed our survey felt that not all staff understood the impact of their child's disability on their life chances.

Families we spoke with who had used self directed support, described variable experiences. The partnership recognised its large rural areas presented unique challenges for service providers in delivering outreach services. Some parents told us that they purchased resources from a neighbouring local authority area as the service their child needed was not available locally.

## **Corporate parenting**

There were positive aspects to the work of the partnership relating to corporate parenting. There were also areas for development, particularly regarding support for children and young people in kinship care and support for kinship carers, as well as support to care leavers. The partnership recognised the need to strengthen its support to these groups of children, young people and carers and fulfil all its statutory obligations as corporate parents.

The recent appointment of the kinship carers support worker meant that it was too soon to see any impact from this role. A throughcare and aftercare team, previously disbanded, was being established again after a delay. A team manager had been appointed at the time of the inspection, although it was too early to see the impact from this service. Its re-establishment, however, had the potential to raise the profile of this group of young people and provide a conduit between all services to address their specific needs.

## 5. How good is collaborative leadership?

### Key messages

1. The partnership demonstrated effective governance and accountability in their child protection arrangements.
2. The direction of travel led by senior leaders had supported staff to deliver effective, responsive and tailored services to children, young people and their families. In turn, staff demonstrated a high degree of trust in leaders' vision, values and aims.
3. While the partnership was undertaking regular audits and collecting a wide range of data to understand its work, greater use of qualitative and outcomes data would help them to better demonstrate the difference services were making to the lives of children and young people.
4. The governance and oversight of outcomes for children and young people for whom the partnership has corporate parenting responsibilities was more limited than that of children and young people in need of protection.

### Leadership of vision, values and aims

The partnership demonstrated a clear and strong shared vision through its strategic plans that "children, young people and families will be safeguarded and supported to reach their full potential and thrive within their communities". The importance of community capacity building and tackling underlying issues such as poverty and health inequalities was explicit throughout these plans. Strategic plans for children and young people in need of care and protection clearly laid out the responsibilities of all professionals as corporate parents, with a positive emphasis on parenting approaches. Leaders shared a common purpose and worked well together to plan and direct services, taking cognisance of national and local priorities and drivers.

### Leadership of strategy and direction

There were clear governance and reporting structures in place within children's services and across the wider partnership for children and young people in need of protection.

Chief officers and elected members regularly sought assurance about the safety and protection of children and young people. The **chief officers group for public protection (COGPP)** made use of learning from national programmes and significant case reviews, effectively delegating improvement to the child protection committee which had developed a number of improvement initiatives. The committee demonstrated a strong collaborative approach and a commitment to delivering on its improvement plan. Most staff felt that leaders had a clear vision for the delivery and improvement of child protection services.

However, greater strategic oversight was necessary to ensure the same level of scrutiny of corporate parenting. Getting it right for South Lanarkshire's Children's strategic group had challenged some of

the disparity in poorer outcomes for children and young people looked after at home. However, the partnership had shown more limited challenge of the disparity in poorer outcomes for care leavers entitled to aftercare services.

Despite the involvement of housing services at a strategic level, appropriate and safe housing for care leavers remained a challenge which had not been effectively addressed although partners had had an awareness of these issues for several years. The lack of a systematic approach to the overarching health and wellbeing needs of those who had left school and care leavers, meant that not all children's and young people's health and wellbeing needs were being comprehensively addressed.

Leaders had acknowledged oversight of corporate parenting as an area for improvement and were leading developments to address this. Although these developments were welcomed, the pace of change in relation to corporate parenting had been slow.

### **Leadership of people and partnerships**

There was a strong commitment and approach to collaborative working from senior leaders. Good multi-agency representation supported collaborative decision making, however, not all partners felt fully involved in all strategic groups. Some third sector partners felt their involvement in the strategic planning of child protection through the child protection committee was strong, however, they did not feel as well represented in the strategic planning of corporate parenting, although recognised that this was an improving picture.

Staff were very supportive of senior leaders and showed a good degree of trust in their visions for child protection and corporate parenting. Support for staff was evident through supervision, learning and development and regular partnership events – all highly appreciated by staff. Senior leaders had positively delegated leadership to service and first line managers.

Just over half of staff who responded to our survey felt confident that leaders had ensured that there was the necessary capacity to meet the needs of children and young people in need of care and protection. The majority of staff felt that change was managed well and led to tangible improvements for children and young people. Leaders acknowledged they had more to do to remain visible to staff and to ensure staff had a meaningful understanding of the partnership's vision and aims.

Leaders had already started to address recruitment and retention issues within social work resources. A range of staff support was in place including regular supervision, protected caseloads, flexible working and a variety of learning and development opportunities. In spite of these, the recruitment and retention of social workers remained a challenge.

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

Senior leaders were very reflective about their areas of strength and areas for improvement. A re-structure within social work resources to focus on thematic areas of work had led to an emphasis being taken by the partnership on early intervention and prevention services to support families. These services demonstrated a positive impact on many children, young people and their families.

The partnership had developed the routine collection and analysis of data to support the monitoring of outcomes for children and young people in need of care and protection. This data collection was more embedded in relation to child protection than corporate parenting. The analysis of data had led to some changes and improvements in practice. The partnership were continuing to explore ways to strengthen their approach to address more effective and routine quantitative and qualitative data gathering to evidence improvements in outcomes.

The views of children, young people and their families, although collected at an individual service level, were not being analysed at an aggregated level to better inform children's services planning.

Senior leaders showed a commitment to improvement through a variety of scrutiny fora, including the continuous improvement group. This was evidenced across practice and could be seen in regular audits, learning events and information reported to the child protection committee and other relevant strategic planning groups. Just over half of staff who responded to our survey said they had been involved in evaluating the impact of their own work. Some staff we spoke with were confident in what their own service achieved but less knowledgeable about how other services were making a positive difference to outcomes for children and young people across the wider partnership area.

Better analysis of aggregated data and systematic dissemination of learning arising from quality assurance and audit work across all services could more effectively demonstrate how the partnership is making improvements to the lives of vulnerable children and young people.

## Conclusion

The Care Inspectorate and its scrutiny partners are confident that South Lanarkshire community planning partnership has the capacity to continue to improve and to address the points for action highlighted in this report.

This is based on:

- a strong commitment to collaborative working and improvement;
- improvements already demonstrated in the wellbeing of many children, young people and their families supported by a wide range of effective services;
- the potential for continuing improvements through developments which had already begun;
- the support and confidence demonstrated in senior leaders by staff across sectors;
- the partnership's own joint self evaluation which identified many of the strengths and areas for development highlighted in this report; and
- positive discussions in partnership meetings held during the course of this inspection which demonstrated a clear commitment to improvement and learning.

## What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. They will also monitor progress in taking forward the partnership's joint action plan.

# Appendix 1: Summary of evaluations

## How good is our leadership?

### Good

#### 9. Leadership and direction

- Vision, values and aims
- Leadership of strategy and direction
- Leadership of people and partnerships
- Leadership of improvement and change

#### Rationale for the evaluation

We saw strengths in relation to collaborative leadership which were having a positive impact on some children, young people and their families. However, there remained some areas for improvement, particularly in relation to collaborative leadership and oversight of corporate parenting.

The partnership demonstrated a shared vision, values and aims for children and young people in need of care and protection through strategic plans which addressed the need to tackle underlying issues such as poverty and health inequalities. Leaders had committed to early intervention and prevention services, including services providing targeted support to parents, which were delivering positive outcomes for many families involved.

Chief officers showed commitment to their wider remit for public protection. Governance structures for child protection were robust, with a clear line of sight and a regular reporting cycle to the chief officers group for public protection. The child protection committee, directed by chief officers, set the strategic direction in relation to protecting children and young people and regularly reviewed its improvement plan. The commitment to continuous improvement was evidenced through the work of the child protection committee which directed regular auditing practice. More systematic approaches to quality assurance, particularly in relation to corporate parenting, could enhance this continuous improvement agenda.

The corporate parenting strategic group and board did not evidence the same degree of strategic scrutiny and oversight in relation to their corporate parenting responsibilities across all care groups as evidenced for child protection. Not all children and young people experienced improvements in their outcomes and life chances. In particular, poor outcomes relating to the wellbeing and life chances of care leavers were not being sufficiently challenged. Developments had recently been made to strengthen support to care leavers with the establishment of a throughcare and aftercare team, however, it was too soon to see the impact of this. The partnership required to undertake further work across all agencies to ensure all staff were aware of, and acted on, their wider responsibilities as corporate parents.

Chief officers' involvement and consultation with children and young people in children's houses was strong. This was less well evidenced in relation to children and young people who were not accommodated. The delay in establishing a champions board meant that opportunities to take account of the views of the full range of care experienced young people in relation to service development had not been maximised.

Systematic approaches were in place to address the health and wellbeing needs of looked after children and young people aged 0-18 years via health needs assessments. The partnership required to strengthen its approaches to those who had left school or were care leavers. Greater strategic oversight of their holistic outcomes could better support a sustained reduction in inequalities experienced by this group compared with their non-looked after peers.

Approaches to supporting young people involved in offending were well-led and strategically driven and resulted in positive outcomes for these young people.

The partnership demonstrated a supportive learning culture in which staff showed a high degree of trust in the capacity of senior leaders to enact their vision for children and young people in need of care and protection.

## How well do we meet the needs of stakeholders?

### Adequate

#### 2.1 Impact on children and young people

##### Rationale for the evaluation

Many children and young people felt listened to and were benefitting from positive, consistent and trusting relationships with staff who cared about them. Some children's and young people's relationships with staff, however, were affected by a high turnover of social work staff. For these young people, relationships with staff were inconsistent and unreliable.

Getting it right for every child was embedded across services and the shared language was helping staff to communicate effectively when responding to risks and concerns.

Children and young people in need of protection were being kept safe as a result of timely intervention by staff who were supported by clear policies and effective information sharing processes. Vulnerable pregnant women were being identified earlier in their pregnancies and they and their partners benefitted from flexible and effective support to minimise risks to the unborn baby.

Most children and young people who were looked after were living in community placements, predominantly in kinship care. Staff in children's houses were providing safe, nurturing care in purpose built environments of a high standard.

Children and young people were encouraged to keep healthy and were supported through a wide range of universal and targeted services. Health needs assessments for looked after children and young people were being undertaken timeously. The partnership had a number of strategies and services to ensure the wider health and wellbeing of children and young people were being met. Services were in place to address the mental health needs of children and young people for example, Low Intensity Anxiety Management (LIAM), Distressed Brief Intervention (DBI) counselling in schools and third sector provision of the GOTO service. Age restrictions were in place for some services and transition to adult mental health services for older young people were challenging in terms of accessibility and availability.

There had been improvements in the attendance of, and positive destinations for, looked after children and young people. The attainment of looked after children and young people had increased slightly and further work was underway to address the gap between those who were looked after and their non looked after peers.

More young people were being encouraged to remain in their care placements beyond the age of 16 years and partners had improved the numbers of young people in continuing care.

The experiences of care leavers presented a less positive picture and partners had much to do to maximise their wellbeing and life chances. This group of young people were not consistently benefitting from the same degree of relationships with staff or support to meet their needs. The lack of a throughcare and aftercare team and the poorer quality of oversight of their outcomes meant that there was no clear focus on this vulnerable group. Issues raised by care leavers, including a lack of range of appropriate and safe housing options, had still not been addressed. The views of care experienced young people had not been consistently heard or acted upon at a strategic level to inform service development.

## How well do we meet the needs of stakeholders?

**Good**

### 2.2 Impact on families

#### Rationale for the evaluation

Many parents and carers were benefitting from the tailored support of caring, compassionate staff with whom they had trusting relationships. A range of universal and targeted services had helped parents and carers to feel more confident, skilled and resilient and better able to support their children.

Services were flexible in their approach which ensured that parents and carers could access the support that was right for them. Access to resources in rural communities was an acknowledged challenge. Some parenting groups offered crèche facilities, refreshments and transport to enable attendance and tailored groups to meet need, for example, specific groups for fathers. A range of evidence-based parenting programmes was being delivered as part of a coherent strategic parenting pathway. Targeted work with parents around domestic abuse was helping some parents to understand better the impact of this on their children and parents reported both themselves and their children feeling safer.

Most parents and carers who completed our survey knew why services were involved with them and understood why decisions had been taken about their family. The majority agreed that improvements had been made in their lives and those of their children and we also saw this reflected in our review of children's records.

Statutory and voluntary agencies were working well together, and many parents and carers described having trusting, supportive relationships with staff. However, some parents and carers had experienced frequent changes in social work staff, which had impacted on building trusting relationships and, in some cases, had delayed interventions, such as parenting assessments.

Not all parents and carers had the same positive experiences. Some kinship carers we spoke with told us they had not been well supported, although the partnership had been responsive when requests for support had been made. The appointment of a kinship carers support worker had the potential to drive forward the needs of this group but it was too early to see any impact from this.

In our review of children's records, most parents and carers had been supported by staff to participate in key processes, however, a few parents and carers we spoke with felt they could have been better prepared by staff and that their participation could have been strengthened by being given the opportunity to read reports before meetings. Advocacy had not been widely offered to parents and carers.

## What outcomes have we achieved?

### Adequate

#### 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

##### Rationale for the evaluation

The partnership was making a valid contribution to the safety and wellbeing of children and young people in need of care and protection. In the majority of cases, they were being kept safe as a result of timely intervention by staff who were supported by clear policies and effective information sharing processes, leading to some improving trends.

There had been an increase in school attendance and attainment for looked after children and young people and a reduction in their rate of exclusions. Partners had also achieved sustained improvements in the positive destinations of care leavers. A noted strength of the partnership was the attainment of young people with care experience in further education which was the highest in Scotland. The attainment gap between looked after children and young people and their non looked after peers had narrowed. Partners had increased the numbers of health needs assessments for looked after children and young people taking place within four weeks and work was underway to establish a set of measures which would support the analysis of the impact of services on their health.

As a result of coordinated action, partners had also achieved a significant and sustained reduction in the numbers of young people missing from children's houses. Children's and young people's names were being placed on the child protection register for increasingly shorter periods of time and a reducing trend of re-registrations had been established which partners attributed to effective multi-agency working and earlier intervention. There had been a sustained reduction in the number of concerns about children being exposed to domestic abuse requiring a multi-agency response.

Partners gathered a comprehensive range of data about child protection activity which was used by chief officers to direct further analysis about the safety of children and young people.

Routine quarterly reporting to the child protection committee demonstrated monitoring of child protection processes. We saw evidence that learning from audits was informed by more qualitative data and was used to improve staff training and increase the quality of practice. We also saw evidence that qualitative information about outcomes for children was being collected within services and teams to learn and improve practice. The partnership was not yet routinely drawing together this wealth of information to inform wider children's service planning.

Partners recognised the national move towards providing learners with a broader range of appropriate qualifications. Children and young people had the opportunity to engage in a wider range of qualifications which had led to an increase in all nationally recognised SCQF Level 3, 4 and 5 attainment and achievement measures.

While there was a clear strategic approach to reduce the numbers of children and young people referred to the children's reporter on offending grounds, trend information was not yet showing a significant enough reduction to reassure partners of the impact of this approach.

Partners were monitoring a limited amount of information about outcomes for care leavers and there was no information aggregated about their wider health and wellbeing needs. The small number of care leavers in council tenancies were successfully sustaining these. Encouragingly, in line with the 'staying put' and continuing care agenda, a shift in social work practice was resulting in young people over the age of 16 remaining in their placements – in both residential and foster care. Multi-agency oversight of this trend could be further strengthened to support and sustain this progress.

The partnership had established a data and planning group as a key part of its continuous improvement activity. Over the last year, the group had worked on the CELCIS draft National Shared Data Set to provide a set of meaningful indicators/outcome measures, allowing them to assess what difference their systems and services were making to the lives of children and young people in need of care and protection. The group recognised it could further strengthen its focus on outcomes and was working with the child protection quality assurance and information management sub group to examine ways of making better use of the views of children young people and their families to demonstrate the difference services were having on their lives.

# Appendix 2: The quality indicator framework and the six-point evaluation scale

## Our quality improvement framework

In August 2019, the Care Inspectorate published a revised quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all the indicators in the framework and use this to answer the five inspection questions. The evaluative answers to each question take account of evidence against up to 17 quality indicators from across the framework. In addition to answering the inspection questions, we use the six-point scale below to evaluate three quality indicators and the domain of leadership.

- 1.1 – Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 – Impact on children and young people.
- 2.2 – Impact on families.
- 9.1, 9.2, 9.3 and 9.4 – Leadership and direction.

## The six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

<b>6 Excellent</b>	Outstanding or sector leading
<b>5 Very Good</b>	Major strengths
<b>4 Good</b>	Important strengths, with some areas for improvement
<b>3 Adequate</b>	Strengths just outweigh weaknesses
<b>2 Weak</b>	Important weaknesses – priority action required
<b>1 Unsatisfactory</b>	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

# Appendix 3: The terms we use in this report

## **Addaction**

A third sector organisation providing support to children, young people and families where there are issues of drug or alcohol use or mental health.

## **Aspire**

This is a bespoke employability programme for young people at risk of entering a negative destination upon leaving school.

## **Care and risk management (CARM)**

This is an approach to support the assessment and planning for the wellbeing and protection needs of children and young people who present a risk of serious harm to others.

## **Champions board**

This is a forum intended to create a unique space for care experienced young people to meet with key decision-makers, service leads and elected members to influence the design and delivery of services which directly affect them, and to hold corporate parents to account.

## **Chief officers group for public protection (COGPP)**

This group provides strategic oversight of key partnership functions in the protection of children and young people. The COGPP works to a single public protection strategy and reviews the learning from initial and significant case reviews, self-evaluation and external scrutiny.

## **Child and Adolescent Mental Health Services (CAMHS)**

NHS services which assess and treat children and young people experiencing mental health difficulties. CAMHS include psychological, psychiatric and specialist social work support to address a range of serious mental health issues.

## **Child protection committee (CPC)**

This committee brings together all the organisations involved in protecting children in the area. Its purpose is to make sure local services work together to protect children and young people from abuse and keep them safe.

## **Children's houses**

Sometimes referred to as children's homes, this refers to residential care for children and young people who are looked after and accommodated, normally in small residential units located in the community.

### **Covey Befriending**

An organisation providing support to children and young people within South Lanarkshire through one-to-one or group befriending and mentoring.

### **Framework for Assessment and Intervention for Attachment and Resilience (FAIAR)**

A programme developed by South Lanarkshire's psychological services to support better resilience in children and young people to cope with adversity and anxiety, particularly those who are looked after and accommodated.

### **FAS**

Fàs (meaning 'grow' in Gaelic) is an intensive family support service in South Lanarkshire for children aged 5 – 11 who are subject to child protection processes or at risk of neglect. The aim of the service is to safeguard children and their families and improve life chances by supporting the family to reach their full potential and thrive within their communities.

### **Getting it right for every child (GIRFEC)**

This is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

### **Initial referral discussion (IRD)**

This is the process of joint information sharing, assessment and decision-making about child protection concerns. The IRD is not a single event but takes the form of a process or series of discussions.

### **Intensive Family Support Service (IFSS)**

A support service offering a high level of contact with children and young people over the age of 12 years at risk. The service aims to enable children and young people to stay within, or return to, their families by providing individual tailored support.

### **Lanarkshire Additional Midwifery Service (LAMS)**

A service providing specialist antenatal care to women across Lanarkshire who have a current or recent history of drug and alcohol misuse and associated complex needs, including poor mental health, domestic abuse and homelessness.

### **Lead professional**

A professional who co-ordinates assessment and planning to meet the needs of a child or young person when two or more agencies work together.

### **Link Project**

A project in South Lanarkshire working with young people with offending behaviour.

### **Low impact anxiety management (LIAM)**

An evidence based intervention for mild to moderate anxiety experienced by children and young people.

**Mind of My Own**

An app designed to support children and young people to give their views to professionals.

**Multi agency risk assessment conference (MARAC)**

A meeting in which agencies identify and talk about the risk of future harm to people experiencing domestic abuse and their children and draw up an action plan to manage that risk.

**Opportunities for all**

A national programme which aims to offer training or education to all 16-19 year olds as a move towards employment.

**Parenting assessment capacity team**

A team dedicated to undertaking assessments of parenting capacity for children accommodated at birth and up to the age of 2 years.

**Pupil equity funding**

Scottish Government funding for schools to support them to close the poverty-related attainment gap.

**Safe Lives**

A UK charity working with organisations to transform the response to domestic abuse.

**Scottish Children's Reporter's Administration (SCRA)**

The national body established under the Local Government (Scotland) Act 1994 with the purpose of administering the children's hearing system and facilitating the work of the children's reporter and the hearing in focussing on the needs of children and young people most at risk.

**Self-directed support**

This is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided and gives them as much control as they want of their individual budget.

**Solihull approach**

A national approach to working with practitioners and parents to support the emotional health and wellbeing of children and families.

**Structured deferred sentencing**

This is a community-based intervention given after conviction and before sentencing. It aims to divert people from the criminal justice system and reduce short term prison sentences.

**Universal and targeted services**

This is the term given to those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting.

**Well Connected**

A mental health and wellbeing support programme delivered by NHS Lanarkshire.

**Whole systems approach**

This is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through early intervention and robust community initiatives.

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