

Report of a joint inspection of services for children and young people at risk of harm in Glasgow City community planning partnership

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland

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Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate the following:

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day-to-day care of the child (including kinship carers).
- When we say **partners**, we mean leaders of services who contribute to community planning.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in.

Appendix 2 contains definitions of some other key terms that we use.

Key facts

Total population:
631,970 people
on 30 June 2023

This is an increase of 1.6% from 622,050 in 2022.
Over the same period, the population of Scotland
increased by 0.8%.

NRS Scotland

In 2023 15% of the population were under the
age of 16, similar to the national average of
16.3%.

NRS Scotland

On 31.07.24, Glasgow
City had a rate of 2.4 for
number of children on the
child protection register
(per 1,000 of the 0 – 15yr
population), higher than
the Scottish average of
2.1.

The rate of child
protection investigations
(per 1,000 of the 0 – 15yr
population) was 7.4,
this was lower than the
Scottish average of 11.9.

Children's social work statistics
2022-23

Glasgow City had 140 reported
domestic abuse incidents per 10,000
population, recorded by Police
Scotland in 2023/24. This was higher
than the national average of 116 per
10,000 population.

Domestic abuse recorded by Police
Scotland 2023/24

45% of Glasgow City's
746 data zones are in the
20% most deprived in
Scotland.

SIMD

UK Govt children in low income
families

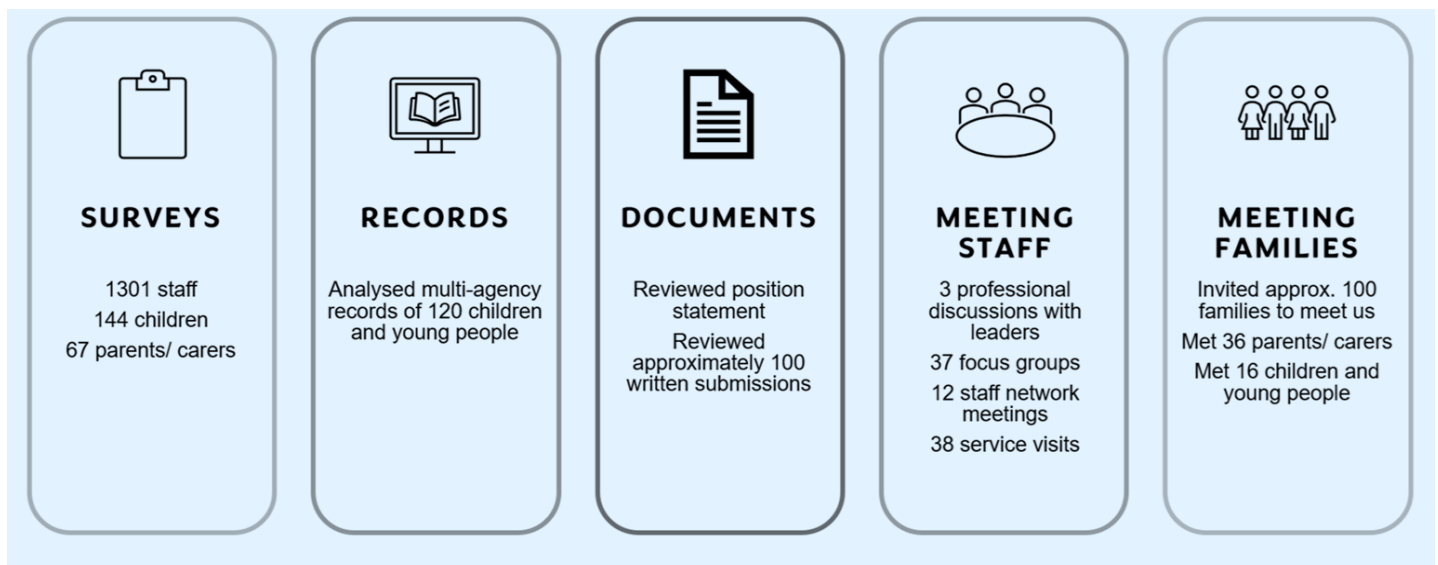
Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#). Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the Glasgow City community planning partnership area took place between 17 February 2025 and 26 June 2025. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families. During our inspection we gathered evidence from a wide range of staff, leaders, children, young people and families, through visits, meetings and surveys. We also reviewed a range of written records and documents.



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 and young person in Glasgow City who may be at risk of harm.

Context

Glasgow is the largest local authority in Scotland and is also the most densely populated Scottish local authority. Children's services in Glasgow sit within the Health and Social Care Partnership. Health and social work services are divided into three geographical localities: Northeast (28% of Glasgow's population): includes Easterhouse, Parkhead and Springburn; Northwest (35%): includes Drumchapel, Partick and Possilpark and South (37%): includes Castlemilk, Govan and Pollok¹.

The current context for delivering children's services in Glasgow is challenging due to a range of social and economic factors.

Child and family poverty: It was estimated that 36% of Glasgow's children lived in poverty in 2023/24, compared to a Scottish rate of 21%². Glasgow has also experienced the greatest rise in child poverty in Scotland over the past decade. 56% of all Glasgow's school pupils live in the most deprived areas³.

Housing and homelessness: Glasgow was also experiencing significant challenges arising from demand for suitable housing outstripping supply. Glasgow is one of 13 local authorities to declare a housing emergency, which they announced in November 2023. At the time of the inspection, Glasgow partners reported that 79 families were residing in hotel or bed and breakfast accommodation and 1,240 were living in temporary accommodation. Alongside challenging economic conditions, demand for homelessness services in 2023/24 was driven largely by the UK government's streamlined asylum decision-making process which saw the number of homelessness applications from those granted leave to remain almost double in an annual period.

Rapidly changing demographics: Over recent years, Glasgow has experienced a significant growth in migration. 19.1% of the population of Glasgow were born out of the UK, compared to 10.2% across the rest of Scotland⁴. A total of 169 languages were spoken in Glasgow's schools and almost a quarter of school pupils speak English as an additional language. Glasgow hosted the highest numbers of asylum seeking children and young people in Scotland and, according to pupil census statistics, Glasgow schools hosted 69% of all unaccompanied asylum seeking pupils.⁵

¹ [NRS mid 2022 small area population estimates](#)

² [Local Government benchmarking framework](#)

³ [Scottish Government pupil census statistics 2024](#)

⁴ [NRS mid 2022 small area population estimates](#)

⁵ [Scottish Government pupil census statistics 2024](#)

Key messages

Services for children and young people at risk of harm in Glasgow were being delivered within a challenging context. This included having the highest levels of child poverty in the country. In common with 12 other areas in Scotland, Glasgow had declared a housing crisis. Challenges also included changing demographics, which meant that services needed to be delivered flexibly to meet the diverse needs of a changing population. Staff were delivering services within a context of high complexity of risks and needs for families.

- Through the **child poverty programme**, partners had embedded a collaborative culture of prioritising and addressing child poverty. Partners delivered a range of creative approaches to address child poverty which had a positive impact on the safety and wellbeing of families receiving this support.
- Family support services were effectively delivered through an innovative long-term collaborative partnership with the third sector. Many children and young people who received family support experienced improvements in their safety, wellbeing and family relationships.
- A breadth of services was being provided to meet the complex needs and risks experienced by children, young people and families. If families received support, this made a positive difference to their lives. However, not all families received timely help, particularly due to some services closing or functioning with long waiting lists.
- Most children and young people felt safer as a result of caring relationships with staff. Most children and young people felt listened to, heard and included by the staff involved in their lives. However, not all children, young people and families were effectively involved in meetings and some children and young people experienced barriers to expressing their views.
- Staff had a well-developed understanding of emerging community-based risks facing young people. However, despite the efforts of staff involved, some young people remained at risk of harm in their communities, particularly if they were at risk of criminal exploitation.
- The quality and consistency of a range of key protective processes required improvement. This included the timeliness of **inter-agency referral discussions** and the quality of assessments, plans and chronologies. Multi-agency quality assurance of key processes was not routinely taking place.
- Collaborative leadership was a key strength, particularly in relation to valuing and involving third sector organisations. Leaders prioritised preventative approaches despite the pressure to make financial savings. Glasgow partners alone did not have the resources required to fully address the impact of child poverty, deprivation and the housing crisis in the city.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

- Staff were knowledgeable and had the skills and ability to recognise, report and respond to signs of child abuse and neglect.
- Staff worked well together to decide actions and plan initial responses to protection concerns to help keep children safe. However, neglect concerns were not always identified and responded to at an early enough stage.
- Staff working with young people had a well-developed understanding of the emerging risks facing young people in their communities.
- A collaborative culture of prioritising and addressing child poverty led to an improvement in the safety and wellbeing of some children and young people. An effective example was that health visitors, family nurses and school nurses were able to directly provide financial assistance and family support which enabled need to be met at an early stage.
- Local community groups were a valued source of practical and emotional support for many children, young people and families. These helped children to enjoy their childhood and feel part of their communities. However, funding was a challenge for these organisations and some well-regarded services had closed or had lengthy waiting lists.
- There were inconsistencies in the carrying out of inter-agency referral discussions and these were not always timely. A range of screening processes were established, with the aim of helping staff prioritise work and promote consistency, but the impact of these processes was not clear due to a lack of routine quality assurance.

Addressing poverty

It is estimated that over a third of Glasgow's children live in poverty. Children living in poverty are more likely to be at risk of harm than the general child population due to increased pressures on family life. Partners had analysed their child protection data and had identified a direct link between those on the child protection register and those living in poverty. In 2024, Glasgow reported that 84% of children subject to child protection registration lived in the most deprived areas in the city.

Through the child poverty programme, Glasgow had undertaken significant work to build a collaborative culture where anti-poverty work was a priority for all staff. Senior leaders had driven an anti-poverty approach through agreeing the bold statement: *"Tackling poverty, in particular child poverty, is no longer on the agenda, it is the agenda"*, articulated in Glasgow's local child poverty action report 2023-24. Local data had been gathered and reported through the annual child poverty plan and data dashboard, which effectively highlighted need and had been used to inform service planning and track progress.

Due to the prioritisation of the anti-poverty work, frontline staff worked in a culture of delivering helpful and de-stigmatising support to address practical and financial needs at an early stage. This led to improvements in the safety and wellbeing of some children and young people.

The role of local community organisations

Practice example: Collaborative approaches to addressing child poverty

The partnership had in place a comprehensive and strategic approach to addressing child poverty. As part of this, children and young people and their families were benefiting from direct support to help alleviate their experiences of poverty. The 'no wrong door' approach, a collaborative approach with statutory and third sector partners, helped the delivery of support, as did the local child poverty dashboard, enabling the identification of families most likely to benefit from support. Through the child poverty programme and utilising the whole family early intervention fund, targeted funding enabled both statutory and third sector to provide support to alleviate poverty experienced by families.

The following examples had positively impacted families.

- Money advice clinics in 79 GP practices in the city's poorest areas were held on a fortnightly/ weekly basis. In 2023/24, these clinics supported almost 1000 people (around half were adults with children) to access disability benefits, with over £4.2m secured.
- Health visitors, school nurses and family nurses were enabled to provide financial assistance at times of crisis to families, previously a facility only available to social workers. The gathering of feedback from families evidenced that families benefited from timely crisis support without the need to refer to social work and this reduced stigma
- School based support- schools were key partners in efforts to tackle child poverty. They were using the cost of the school day toolkit to make sure families were not disadvantaged by school costs as well as providing food banks, uniform banks and other means of material supports. Direct financial advice and support was also available- financial inclusion support officers were based in schools helping families to claim benefits and access funding. In 2023/24, over 1000 families were supported through the financial inclusion service.
- 'Glasgow helps' a support service that provided families with both one-off advice and signposting, but also ongoing advice through a support officer to address needs, providing advice on finances, housing, household bills and mental health.

In these examples, partners had made efforts, including better use of data, to ensure that support was accessible, reduced stigma and provided at the earliest opportunity to those who needed it most. Direct assistance had helped families and reduced the need for statutory involvement. This aligned with partners' aim to provide seamless early help. We considered this approach to be an example of effective collaborative practice due to the positive impact on families to help address risks at an early stage.

Local organisations provided a wide range of effective support that helped keep many children and families safe and supported. Services such as the Jeely Piece club and Geeza Break provided a wide range of activities, practical and emotional

advice and support for families. The Men Matters service helped to reduce and prevent suicide and the G15 and G20 youth projects had supported many young people on to further education and employment. Other examples included 3D Drumchapel which provided a wide range of inclusive family sessions, parenting programmes and peer support; drop-ins and wellbeing programmes, as were North United Communities. Homestart North and South provided early support to families through local volunteers. There were many other community-based organisations throughout the city providing vital support to families.

Local community groups were valued and trusted by those living in their communities. Families found locally based services easy to access and de-stigmatising, particularly as they were often staffed by local residents. These services helped families to access early support and helped children and young people to stay safe, enjoy their childhoods, and feel part of their communities. Staff working in statutory services also valued the ability to signpost families to local support.

While there were many local services providing effective supports, services were experiencing significant financial challenges. Due to reductions in wider funding streams and other contributory factors, some services were facing closure. Others were functioning with long waiting lists as a result of reduced service provision due to lack of funding. This meant that some families no longer had access to local support or had to wait for support.

The role of universal and targeted services

The **Getting It Right for Every Child** (GIRFEC) approach was well established across the city and provided a solid foundation for multi-agency collaborative working. The majority of staff who completed our survey agreed that GIRFEC approaches were having a positive impact on children's lives. Staff across all agencies understood their roles and responsibilities in relation to identifying, reporting and responding to concerns.

Multi-agency joint support teams in schools effectively helped staff identify and respond to concerns about children and young people at an early stage. Increasingly, these teams were able to track the positive impact of the range of supports provided to children and young people through **goal attainment scaling** to measure progress. School Police Engagement Officers, funded by Police Scotland and **pupil equity funding** are present in all but five secondary schools across the city. They effectively help schools to address concerns at an early stage and help raise awareness and engage with local communities.

Recent changes to social work referrals meant that education staff were able to make formal requests for assistance, rather than solely make notifications of concerns. Through changes in language, partners intended to better support collaborative working and help de-stigmatise requests for support for families, though it was too early to tell the impact of this.

Health visiting teams and family nurse partnerships had embedded the universal health visiting pathway. As a result, through routine visits to families and the

effective use of **my world triangle** assessments, concerns were identified and responded to at an early stage.

A range of services, such as community nursery nurses and family learning centres, helped families with young children. Smithycroft young parents' support base provided support to young parents, offering both school places for parents, nursery care for their young children and outreach support. This base was an effective example of early help, providing parents with a continuation in their education, but also support in accessing finances, further education, and housing, as well as supporting parenting and building confidence. Young parents advised they valued the support provided, felt fully welcomed and not judged, felt safe and that it helped them to improve their family relationships and care for their young children.

For families requiring social work support, the Glasgow Health and Social Care Connect service was the initial point of contact which supported the timely sharing of information and the screening of referrals. Helpful arrangements were in place to divert families away from protective processes and into services providing early support to address concerns. An example of this was the One Glasgow partnership, a multi-agency partnership approach which ensured that young people involved in, or at risk of becoming involved in, offending, received support. This approach had been independently reviewed and was found to have positively impacted young people in conflict with the law. Another example was the non-offence referral team. This was an early intervention social work team tasked with responding to domestic abuse concerns and worked closely with universal and other domestic abuse services to provide support and guidance to families. These services effectively dealt with a wide range of referrals and provided a screening process to identify children at risk of harm and refer on to locality-based social work teams.

Identifying and responding to child protection concerns

Almost all staff who completed our survey reported that they were able to recognise, report and respond to signs of child abuse, neglect and exploitation. Staff were supported by appropriate child protection training opportunities, supervision arrangements and by their peers. Staff working in community-based local organisations that we visited had suitable links with locality social work teams. They had access to child protection training and felt confident in being able to identify and make referrals if they had concerns for children and their families. This was supported by localised third-sector networks and Glasgow Council for the Voluntary Sector, the local Third Sector interface. This had a specific children's services network that helped organisations link with statutory services.

A culture of collaborative working across teams helped staff to informally ask for advice and support. Examples of what helped support collaborative working across agencies included: co-location of some teams; the presence of social work staff in schools; shared training opportunities and locality child protection forums. The NHS Greater Glasgow and Clyde (NHSGGC) Public Protection Service advice line also helped staff to discuss and seek advice, as did the availability of education child protection coordinators.

We evaluated the quality of initial responses to concerns as good or better in just over three-quarters of the records we reviewed. While there was strong practice in

the recognition and response to concerns, we noted a few instances where concerns, particularly those related to neglect, could have been identified and responded to at an earlier stage.

Given the levels of poverty, deprivation and housing and homelessness issues in the city, it was challenging for staff to make decisions about when to make referrals and whether children were subject to physical neglect. It was common, for example, for school staff to support children with food, clothing and washing, which helped to address immediate issues. Partners had identified that failure to recognise neglect had been an issue in a quarter of the learning reviews that they had carried out. They recognised the importance of both supporting new staff to identify neglect and also in ensuring that experienced staff did not become desensitised to neglect. Staff across services were trained in the **Assessment of Care** toolkit which helped them to identify and respond to concerns, though partners had identified that further work was required to ensure this was being used consistently and at an early stage. Leaders had recently re-established the neglect sub-group of the **child protection committee** (CPC) to review practice in recognising and responding to neglect concerns.

Overall, staff worked well together to decide actions and plan initial responses to protection concerns to help keep children safe. Through the out-of-hours social work service, arrangements were in place to respond to crises occurring out of working hours. The majority of staff were confident that local child protection arrangements responded in an effective and timely way to reports of child abuse, neglect and exploitation. In our review of records, in almost all instances, staff across agencies shared concerns in a timely manner. The majority of parents and carers who completed our survey felt that services responded quickly to concerns about children and young people.

When inter-agency referral discussions (IRDs) were taking place, police, health and social work staff effectively shared information and agreed actions to keep children safe. At the time of the inspection, phase one of a programme to include education staff in IRDs was underway in a few schools, with indications that this was having a positive impact in the sharing of information and planning follow-up. In the records we reviewed, we noted that, on some occasions, IRDs had not taken place at all or had been delayed. Our findings aligned with what partners had already identified through internal monitoring. Further work was required to ensure the consistency, timeliness and quality assurance of IRDs to ensure compliance with the **national child protection guidance**.

Appropriate multi-agency planning and investigative action was in place in the majority of instances. Emergency situations were addressed quickly and immediate action was taken to protect children in almost all instances. The use of emergency **child protection orders** (CPOs) had significantly reduced over the past decade, and the rate of CPOs was now lower than the national rate, having started at a point of almost double the rate. For families, this meant that children were less likely to be removed from home using emergency orders, in line with **the Promise's** drive to keep families together where possible. Medical investigations were carried out within the children's hospital with the exception of sexual assault concerns, which were undertaken within the specialist Archway service. The **Scottish child interview model** had been implemented and the majority of interviews with children

were taking place using this model. This had resulted in a more child-friendly and trauma-informed approach to interviews and had led to the increase of disclosures during interviews.

Recognising and responding to emerging risks facing young people

Staff working with young people demonstrated a mature understanding of risks facing young people including criminal exploitation of children, child sexual exploitation, human trafficking and also the links with early childhood trauma and with the care experienced population. Attention had been given to equipping staff to understand risks facing young people and community-based harm. This was an area of strength for the partnership. **Young persons' support and protection processes (YPSP)** were well-established and utilised to aide multi-agency staff to identify and plan responses to protection concerns for young people. The CPC was overseeing YPSP data and had recently tasked a sub-group to review and update the process, to take account of the national child protection guidance.

Glasgow had a number of unique approaches to help staff to identify and respond to risks facing young people at an early stage.

- **Operation Glaciers**, a police-led multi-agency screening approach which helped oversee and plan joint responses to concerns about child sexual exploitation and criminal exploitation of children. While this was an effective information-sharing process and helped staff to collaborate and plan responses, further work to help disrupt serious and organised crime was an acknowledged area for development.
- A pilot was under way to test the transfer of the **national referral mechanism** decision-making from central to local level. This helped staff across agencies work together to make decisions. While there had been a few examples that importantly led to exploited young people avoiding prosecution, further work was required to understand the effectiveness of this approach.
- A pilot project 'Common Ground', delivered by Barnardos, had helped to respond to the needs and safety of young people in the city centre. It delivered tiered supports combined with active street engagement and a welcome hub to meet the emotional and practical needs of young people from Glasgow and further afield. The project had met with over 500 young people in a six week period and had addressed safety issues for some of these young people. However, funding beyond a 12 week pilot period was not yet secured, leading to an uncertain future for this project.
- Led by police, the 'No knives better lives' project delivered training to local organisations, in response to an increase in young people carrying weapons.

Within all of these approaches, staff collaborated well, had a strong understanding of the risks facing young people and information was shared effectively and this contributed to young people feeling safer. Staff valued multi-agency working and understood the importance of sharing information to help identify and address risks.

However, staff were candid about some of the challenges in working with young people facing risks, particularly **criminal exploitation** risks. Emerging challenges included increased complexities and seriousness around weapon-carrying and

violence, escalating concerns about the criminal exploitation of young people in serious and organised crime and very live issues relating to **county-lines** and **trafficking** concerns. Staff and leaders were sharing learning across Scotland and the UK and were exploring ways in which they could work together to protect young people and address emerging risks.

Understanding the impact of work to identify and respond to concerns

Preventative and early intervention work had made a positive difference to children's lives. Some children, young people and families, as well as staff, reported positive impact from the support provided and this was mirrored in our review of records. Most children and young people who completed our survey reported they felt safe all or most of the time.

Despite these improvements, staff still had concerns that, even with their best efforts, the circumstances in which many children found themselves meant that sustaining positive change for all children and young people at risk of harm remained a challenge. These circumstances included children living in poverty and deprivation, inadequate housing and facing risks in their communities. Children and young people who completed our survey suggested that improved housing, improving safety in local communities, access to mental health support and improved family relationships would help them feel safer. Staff reported that demand for services continued to increase in both numbers and complexity of concerns, evidenced by high rates of IRDs and referrals to **SCRA**, when compared to national rates.

In order to help staff and managers prioritise their work and plan responses jointly, a range of multi-agency screening processes had been implemented. Examples included: a pregnancy liaison group, a pre-IRD screening group and Operation Glacies, to screen child sexual and criminal exploitation concerns. In all of these multi-agency groups, staff involved reported that they had helped agencies to share information, prioritise work, promote consistency across the city and had sped up the process of decision-making. However, the impact of these screening processes was not fully known due to a lack of systematic quality assurance processes.

Partners had identified areas for improvement through a recent multi-agency audit of children's records. However, routine quality assurance was not yet being carried out. Senior leaders had expressed commitment to improving their joint approach to quality assurance.

Statement 2: Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

- Most children and young people felt safer as a result of caring relationships they had with staff.
- A long-term collaboration between statutory and third sector organisations to deliver family support helped keep families together, strengthen parental capacity and helped keep children safe from further harm. Relationship-based practice was central to the effective delivery of these services.
- A breadth of services was being provided to meet the complex needs and risks experienced by children, young people and families. However, not all children, young people and families had suitable and timely access to the support they needed.
- Young people at risk of being removed from their families and communities were being supported well. However, despite the efforts of staff, some young people were at continued risk in their communities, particularly if they were at risk of criminal exploitation.
- The quality and consistency of assessments, plans and chronologies required improvement to ensure the effectiveness of decision-making and planning to support children at risk of harm. Not all reviews and post-deregistration meetings were happening in a timely manner.

Quality of relationships

Staff across services provided caring support and built positive relationships with children, young people and families. Nurturing approaches were well-embedded in schools and residential children's houses. Children and young people benefited from enduring and trusting relationships with the staff members working with them and this helped them feel safer.

Most children and young people who completed our survey reported that staff spent time with them and gave them the help they needed. However, some children felt workers did not spend enough time with them. This was similar to our review of children's records where most children had opportunities to develop relationships with key members of staff, but some did not. Children found it difficult if they experienced changes in workers.

There were similar messages from parents and carers who completed our survey, with around two thirds of parents reporting that children received the right support to keep important relationships, but a third reported otherwise. While some parents and carers found communication with staff helpful, others found this more challenging.

As well as staff such as social workers, teachers and residential workers, a range of staff in third sector organisations and other services provided vital, trusting and impactful relationships. A positive example of this was Martha's Mammies, a service developed by the partnership across justice services, children's services and the alcohol and drug recovery service, and in collaboration with mothers who had lost the care of their children. The service supported mothers to come to terms with that loss, and, at times, build capacity to support their child to return home. Women using the service valued it highly, particularly because of the caring staff who worked hard to build trusting relationships. However, there was a long waiting list for this service.

Some care experienced young people benefited from having an identified family member or staff member with whom they maintained a long-term relationship, through the innovative Lifelong Links programme. For the young people involved, this had been empowering, supportive and had made a positive difference, particularly when transitioning to adulthood.

Assessing, planning and reviewing

In our review of records, we noted that assessments, children's plans and chronologies were routinely being completed for children and young people at risk of harm. Most reflected multi-agency contributions to support decision-making. We evaluated the quality of assessments as good or better in under two-thirds of records.

The quality of assessments was better than plans, where just over half were evaluated as good or better. There were examples of assessments and plans that were for family groups which meant that the needs of individual children were not always being identified or support tailored to them as individuals. More could be done to ensure that assessments and plans were child focused. Like other areas in Scotland, barriers with IT systems prevented the sharing of tools and assessments.

We evaluated more than half of chronologies as adequate or weak, highlighting the need for improvement in the quality of chronologies. Partners recognised the quality of key processes as an area for improvement and that more needs to be done to achieve a consistently high standard. The CPC had already identified these as areas for improvement and had started to undertake development work.

Through both child protection and young persons' support and protection processes, staff across services were working closely together to review and monitor their joint work with families. In the records we reviewed, the majority of reviews were held within expected timescales and we evaluated the quality of reviews as good or better in nearly two-thirds of records. However, some reviews did not happen in a timely manner which occasionally led to drift or delay in planning for some children, young people and families.

Independent reviewing officers and assistant service managers held key roles in overseeing plans and carrying out reviews. A range of work was underway to help better involve children, young people and families in their meetings. While these managers had a unique oversight of practice, they were not routinely carrying out

quality assurance to ensure the consistency of decision-making for children, young people and families.

Once children and young people were no longer subject to child protection or young persons' support and protection planning, post-registration core groups were not consistently taking place. This meant that there was no consistent oversight for all children to ensure that improvements to children's safety had been sustained. Partners monitored whether children's names were re-registered within a two-year period and were exploring options to consider post de-registration practice to help improve practice.

Availability and effectiveness of support

As well as the local community groups and universal approaches outlined in statement 1, there was a wide range of more specialist resources available to meet the needs of children and young people who had experienced harm and help them to recover from their experiences.

Leaders had invested significant and long-term funding to a range of services which addressed a breadth of challenges impacting on the lives of its children and young people at risk of harm. For the most part, this investment was having a positive effect on families and children and young people as they experienced caring, trusting and compassionate relationships with staff to improve their lives and keep them safe. In our review of records, we evaluated the effectiveness of work to reduce risks of abuse and neglect as good or better in the majority of records.

The family support strategy, delivered through a nurturing approach, was helping to keep many children at home with their families. Children and young people at risk of being removed from their families were successfully being supported in their family home with, at times, significant and sustained levels of support in place. In the past year, over one thousand children and young people and their families had received family support which had helped improved safety and supported recovery.

Practice example: strategic approach to family support

Statutory services, third sector organisations and families had established a family support strategy. Linked with this, partners had a well-embedded and impactful family support service. Various funding streams, including the Whole Family Wellbeing Fund, had been used effectively to secure a seven year contract with third sector organisations: Includem, Right There, Action for Children and Aberlour (2024-2031). Across these family support services, resources were pooled for all family support work. Establishing long-term funding for third sector family support was an innovative and impactful approach that helped secure the provision and continuity of these important services.

There were three pathways to accessing family support.

- Health visitors, family nurses and school nurses were able to refer families directly to the family support service without requiring any referral to social work services. This meant family support was available at an early stage and reduced families' perceived stigma in being referred to social work. In 2024/25, 96 children were supported through this referral route.
- Social workers were able to access family support for families with children aged 0 to 12 years old. In 2024/25, 712 children were supported through this service (and over half of these children had been involved in child protection processes).
- Glasgow Intensive Family Support Service (GIFSS) provides intensive family support to young people aged 12 years and over and in 2024/25 worked with 228 families (over half had involvement in protective processes) and most referrals were due to risk of family breakdown. Intensive support was available when families most needed it, including during evenings and weekends.

Through this programme, the driving forward of a clear and shared vision, along with financial provision which included that of the Whole Family Early Intervention Fund, had led to many families receiving helpful support. We considered this to be an example of effective practice due to families reporting overwhelmingly positive experiences of the services, with many having the support of the same worker over a number of years. Children, young people and parents reported the differences this had made to their families in terms of keeping children safe, improving parenting capacity and enhancing family relationships.

As well as the family support approach, a range of other targeted services helped improve children's safety and helped them recover from their experiences. For example, the HALT project provided a service to children and young people who experienced sexualised harm and had recently been subject to review. Another example was Quarriers Reach service that supported children and young people who found it difficult to attend school. **Functional family therapy** was available to families that required therapeutic support through a specialist team.

There were many other services providing targeted support across the city. Some services were facing financial challenges along with increasing demands and some had closed or changed. Specialist young people's addiction services were changing from a localised model to a centralised model, reflecting investment and expansion to a specialist multi-disciplinary clinical and care service. Staff had concerns that this

would negatively impact young people's access to local services, but it was too early to tell the impact of this.

The number of children, young people and families migrating to Glasgow had increased the pressure already placed on services across the city. While this brought enhanced opportunities for staff and communities to learn together, it also placed a pressure on existing services to respond to levels of need. Already established services supporting specific communities had been added to, meaning staff were able to signpost families to community-based projects which could help. Projects included Refuweege, Daisy Chain, Saheliya, Amina, The Well multi-cultural resource centre and many more. Differences in cultures and communities were addressed by staff who were culturally sensitive and mindful of the trauma which had often preceded families settling in Glasgow. However, there was further work to do to equip staff to understanding the wide variety of cultural backgrounds, to address language barriers and to build trust with specific communities. Resources were stretched and families were not always well-supported due to being unable to access suitable assistance.

Risk from parental behaviours was one of the most common reasons children required child protection registration. Risks arising from domestic abuse, parental substance misuse and parental mental health concerns were common risk factors identified for children on the child protection register. Approaches to address domestic abuse were outlined in the partnership's domestic abuse strategy 2023-2028, which included actions for both adults and children's services. **Safe and Together** approaches had commenced in the South locality and there were plans to extend this further. Women's Aid services were valued by those who required support. Close links between the alcohol and drug recovery services and children's social work services were well-established and the child affected by parental addiction service (CAPA) was funded to provide families with a range of practical and emotional support, both during and out with normal working hours.

Two thirds of parents and carers who completed our survey reported that they had found the involvement of services helpful. For the parents that did not find services helpful, challenges included frustrations with child protection involvement and difficulties arising from family separation. Overall, in our review of records, we evaluated the effectiveness of work to reduce risks of harm arising from parental circumstances as good or better in the majority of records. While this was positive, it also indicated that in a significant minority of records, support had not effectively addressed risks.

Supports to improve the safety of young people

Over the past two years, partners were effectively monitoring the rates of young people subject to young persons' support and protection processes and were aware that numbers were fluctuating. Additional young people were also monitored through Operation Glacis if there were concerns about criminal exploitation, sexual exploitation or trafficking. It was helpful that the CPC and **Chief Officers' Group (COG)** were sighted on this data and this had helped increase the profile of these processes across agencies.

Young people at risk of being removed from their families and communities were being supported well by a range of effective multi-agency services. Young people were now much less likely to be placed in secure care settings or external residential settings than in previous years. The number of young people that Glasgow placed in secure care had reduced over the past decade and was now similar to the Scottish rate, having started at almost double the national rate ten years ago. When young people were subject to compulsory supervision orders, in Glasgow they were more likely to live in community settings when compared to the national rate. For young people, this meant that they were being supported in families and local communities, in line with Promise aspirations. It also meant that staff were managing high and complex risks in community settings to keep young people living with their families where possible.

A range of services, including the intensive support and monitoring service (ISMs), Forensic CAMHS, Glasgow Intensive Family Support Service GIFSS and youth justice social work teams were able to be flexible, responsive and intensive in nature to help improve the safety of young people. Staff in these services were skilled in carrying out case formulation which helped them to work collaboratively with families to understand risks facing young people and build on strengths to overcome challenges. Overall, young people receiving support from these services were safer as a result of the work carried out.

Staff discussed the challenges of weighing up current risks for young people with the longer-term trauma of separating young people from their families and communities. Protective processes helped ensure that risks were managed across agencies, that information was shared effectively and plans were developed jointly. Further focus on providing joint reflective discussions, protocols for escalating concerns and quality assurance focusing on decision-making and thresholds may help staff and managers to sustain working in such complex and challenging situations.

Staff had increased attention on community-based risks such as trafficking and exploitation and worked well together to plan responses to managing risks through young persons' support and protection planning. Linked with shifts in demographics, staff expressed concerns about their ability to ensure the safety of a small, but significant, number of young people involved in criminal exploitation in the city. Leaders, managers and staff were approaching these emerging concerns with a learning mindset and were keen to involve others, encourage innovation and create flexible and impactful responses. However, efforts to disrupt criminal exploitation of children in the city were having a limited impact.

Glasgow hosted a large proportion of Scotland's unaccompanied asylum-seeking young people and had a specific social work team to provide support to around 400 young people. Staff in this team were skilled at identifying risks and needs, which were similar to the whole population of young people, but with specific higher risk factors relating to trafficking and exploitation. Strong links with the Aberlour Guardianship Scotland service helped ensure that young people seeking asylum were well supported.

In our review of records, we evaluated the effectiveness of work carried out to reduce community-based risks as good or better in over half of records. This was

evaluated as slightly less effective than work to reduce other types of risks, reflecting the challenges of working to improve the safety of young people, particularly in the large urban context. It also reflected the significantly high levels of complex risks that staff were managing in community settings.

Overall, a key priority for partners was continuing to invest in a range of intensive services to support young people at risk of harm, ensuring that responses continue to be creative and agile to meet the complex risks arising within communities.

Emotional wellbeing and mental health

A range of services were available to support the emotional wellbeing and mental health of children and young people. This included the expansion of school counselling to both primary and secondary education, Lifelinks counselling, 'walk n talk' approaches and online resources such as Kooth and Together All. As well as providing physical health support, the youth health service, Sandyford services and

Practice example: Youth health service

Over the past four years, partners had worked together to establish a Youth Health Service in nine local areas throughout Glasgow. The service delivered a holistic early intervention and prevention service for young people age 12-19 (extending to up to age 26 for care experienced young people). A multi-disciplinary team including GPs, nurses, counsellors, multiple risk and youth workers (from Includem) and employability coaches provided evening appointments in locality-based clinics across the city, particularly in areas of high deprivation. Often young people referred themselves to the service or encouraged friends to attend, evidencing their high regard for the service.

- In 2023/24, 1758 young people across the city were referred to access one to one support, groups and online support with clinical issues, including their mental health, addressing risky behaviours, contraception and weight. The service also provided non-clinical support including signposting to services for housing, employability and financial inclusion. The service used a standardised scoring system which evidenced that, when young people accessed counselling, their mental health improved.
- In 2023/24, 128 young people were supported through the multiple risk programme, provided by Includem. This provided a personalised programme for young people experiencing two or more risk behaviours as one to one support. Using outcome measurement built into the programme, the service was able to evidence positive impact. Examples included young people reducing antisocial behaviour; improved school engagement; decreased substance misuse; healthier relationships and improved family relationships.
- Through work with hospital emergency departments, a pathway was established with Glasgow City Emergency Departments to facilitate referrals to the Youth Health Service for young people who presented intoxicated with drugs or alcohol but who did not meet the criteria for ongoing child protection intervention. In 2023/24, 27 young people were provided with support after presenting at emergency departments.

We considered this to be an example of effective practice because partners had collaborated well to meet the needs of young people, prevent the need for more intensive support and the service had, using outcomes data, evidenced positive impact on young people and their families.

the compassionate distress response service for young people provided a range of effective mental health support to young people.

Staff we spoke with were clear about the diverse levels of need in relation to mental health and were knowledgeable about the tiered approach to mental health services. However, staff who completed our survey had expressed a lack of confidence that children's mental health outcomes were improving and we heard many examples of the impact of significant waiting lists for formal **child and adolescent mental health services (CAMHS)**. We also heard, across sectors, of the increase in mental health as a presenting issue for children and young people and also the impact of poor parental mental health on children.

CAMHS were meeting the nationally set 18-week target for a first appointment for almost all children referred to the service and this allowed for an assessment of ongoing need. CAMHS had processes in place to identify children and young people in crisis and response times for these young people were quicker. Those waiting for assessments in relation to neurodiversity often had experienced longer waiting times, up to three years. Staff highlighted the need for further education and resources to support parents of children with neurodiversity, particularly as this increased pressure and stress in families.

Overall, while a range of mental health and wellbeing supports positively impacted some children and young people, not all children and young people were able to access timely support to address mental health and wellbeing concerns.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.

- Most children and young people felt listened to, heard and included by the staff involved in their lives.
- The majority of children and young people and families were being supported to give their views across a range of meetings and key processes by staff who knew them well. However, not all children, young people and families were being effectively involved in meetings.
- Some children and young people involved in protective processes were unable to access suitable independent advocacy or interpreting support and, as a result, faced challenges in expressing their views.
- Family group decision making was well-embedded and was effectively helping some children, parents and family members be involved fully in planning and decision-making.
- Children and families involved in protective processes did not have routine opportunities to give feedback on their experiences and influence service developments.

Children and young people being heard and included

Most children and young people at risk of harm felt listened to, heard and included by the staff involved in their lives. Most children and young people who completed our survey told us they had an adult they could trust and someone who could help them to express their views and almost all were confident they had an adult to speak to if they felt unsafe. Some children chose to tell us about social workers, teachers or support workers who listened to them.

In the records we reviewed, we evaluated the ways in which children and young people were listened to, heard and involved by staff as good or better in the majority of records. However, some children experienced inconsistency in the involvement of staff supporting them, typically due to staff leaving or moving roles. For these children, it meant that their ability to develop meaningful relationships with staff was interrupted and therefore impacted their confidence in expressing their views.

Involvement in decision-making

The majority of staff who completed our survey felt that children and young people were effectively involved in decision-making. This aligned with the views of children and young people who completed our survey, the majority of whom felt they were being supported to share their views at meetings by staff who knew them well. However, not all children and young people were being effectively involved in planning and decision-making.

The partnership's implementation of the Promise significantly enhanced children's voices through nurturing approaches and a noticeable language shift. Tools like personalised letters from independent reviewing officers were developed, ensuring children felt more involved in the process. The "My Meeting My Plan" approach centred around creating a child-focused atmosphere, allowing young people greater control over meeting attendees, venues, and formats. Independent reviewing officers and assistant service managers ensured responsive methods for capturing children's views through direct engagement during visits at home. Viewpoint, an electronic platform, was recognised as a valuable tool to enable children and young people to share their views, but this was not yet being routinely used.

For young children and children and young people with complex needs, which might limit their participation, staff worked creatively to gather their views and understand their experiences. Examples of innovative approaches included the use of well-being bags which included a range of tools; the involvement and support of speech and language therapists; and specialist communication tools.

While there were many positive examples of children and young people being well-supported to share their views, there were some examples of them not being suitably heard in protective processes. Partners agreed that the voice and participation of children and young people was a key priority area for development and had highlighted this in both the **children's services plan** and in the CPC annual report.

Involvement of families

We evaluated the extent to which parents or carers were listened to and included as good or better in three quarters of the records we reviewed. Around two thirds of parents and carers who completed our survey felt workers listened to their views when decisions were being made. While many parents and carers reported positive interactions with staff, a few parents/carers shared that they had found child protection decision-making very difficult and felt unheard.

Family group decision-making was readily available and well-embedded in protective processes throughout the three localities. It was offered to children and young people involved in protective processes if there was a need to plan safe care arrangements with families. At the heart of this approach was involving and empowering families to make appropriate decisions for themselves. Taking a strengths-based approach, specialist staff encouraged and assisted families to effectively develop plans and safe care arrangements for children. Strengthened by the Promise work, the team was able to demonstrate the positive impact of the programme utilising a tracking process.

Access to supports to help communicate views

Independent advocacy for care experienced young people and those involved in Children's Hearings was co-ordinated well, funded by the partnership and provided by Barnardos and Who Cares? Scotland. Additionally, for children and young people in foster care, residential care or secure care, the children's rights service was vital in building relationships and helping care experienced children and young people

express their views. However, for children and young people involved in protective processes and who were not care experienced, there was no provision for independent advocacy.

Another challenge in helping children and young people express their views was when interpreting services were required. Due to the cultural diversity in the city and the wide ranges of languages spoken, there were significant needs across services to access suitable interpreting services. However, staff experienced significant barriers in accessing appropriate interpreting support. There were examples of language barriers, time delays, cultural sensitivities and issues with accessing interpreters particularly for speakers of specific dialects within language groups. To strengthen relationships, staff often engaged informally with children using online translation tools, though they depended on formal translation for meetings and important decisions.

Partners were aware of the challenges facing frontline staff and through the CPC participation sub-group there was a focus on culturally sensitive practices. We heard several positive examples of teams employing staff from particular language groups or building links with local community groups to break down barriers. However, they had further work to do to build on these examples. It was particularly important for staff to gain confidence and trust within some culturally diverse communities.

Overall, some children and young people involved in protective processes were unable to access suitable independent advocacy or interpreting support and, as a result, faced barriers in being able to express their views.

Influencing service planning, delivery and improvement

Children, young people and families had opportunities to contribute to the development of some plans, strategies and individual services. Examples included influencing nurturing programmes in schools, the My Meeting My Plan model and the Glasgow virtual school. There were examples of children, young people and families being meaningfully involved in the development of the children's services plan, family support strategy and other strategic plans. There were also examples of children, young people and families helping design services, such as Martha's Mammies, the youth health service, the 16+ service and Glasgow Intensive Family Support Services. An example of innovative practice was collaborative work between the Glasgow child interview team with G15, a local youth group, to develop an animated video to help children and young people understand the interview process.

The **Champions' Board** was supported by Promise participation workers with lived experience and was in the early stages of being re-developed following the pandemic. Further work to build the board and develop its' role and influence was required.

Recent developments, such as family support approaches and health staff accessing financial support for families, had included the use of feedback from families as routine. This had helped to evidence the impact of these approaches. Staff and leaders recognised the importance of gaining the views and feedback from children, young people and families to inform strategic improvements. Elected members,

senior leaders and managers expressed a commitment to hearing the voices and experiences of children and young people at risk of harm and there were some positive examples of progress in this area.

Overall, partners recognised the need to provide children and families involved in protective processes with more systematic opportunities to influence service developments. While there were some helpful examples, this was not coordinated at a strategic level, and the influence of children and young people at risk of harm was therefore not always consistent. Feedback from children, young people and families was not being routinely gathered to inform service planning and development. Further attention, through Promise workstreams, should help partners to build on some of the developmental work already commenced.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

- A strong commitment to collaborative approaches from both statutory and third sector leaders supported staff across sectors to work together to protect and support children and their families.
- Strategic leaders' ambitious anti-poverty work and well-embedded family support approaches had led to improvements in the safety of children and young people due to effective collaboration between statutory and third sector partners.
- Leaders prioritised preventative approaches despite the pressure to make financial savings. Glasgow partners alone did not have the resources to fully address the impact of child and family poverty, deprivation and the housing crisis in the city.
- Partners had further work to do to fully implement the national child protection guidance, develop systematic quality assurance processes and streamline key processes and procedures.
- Staff benefited from the support of their line managers and colleagues while supporting children, young people and families with high levels of needs and risks.

Leadership of vision, values and aims

Senior leaders had a clear and ambitious vision for collaborative children's services through their anti-poverty work. Establishing addressing poverty as the overarching aim for services, through the Glasgow Community Plan 2024-2034, and echoing this throughout other strategic plans made the vision clear and purposeful. Elected members, leaders and staff across third sector and statutory services alike had a clear understanding of the needs of the population and the impact of poverty in the city and were committed to driving the anti-poverty approach.

There was a strength in collaborative leadership, which had continued since our last inspection in 2017. The robust example of collaborative working, set by leaders at all levels, had resulted in staff working well together to protect and support children and their families. Leaders were visible and staff delivering services knew their leaders, which helped to build confidence in strategic planning arrangements. Senior leadership arrangements were stable and lines of governance and the structure of children's services was clear and understood.

The well-established locality arrangements in the HSCP meant that locality-based leaders – particularly children's social work and health service leads – were very visible and knew their staff and the children and families they supported. Leaders and operational managers had communicated the partnership's vision and values throughout services. The majority of staff who completed our survey told us that leaders had a clear vision for the delivery and improvement of services for children and young people at risk of harm.

The public protection chief officers' group (COG), child protection committee (CPC) and range of sub-groups included representatives across a wide range of organisations. The COG demonstrated effective oversight and governance of child protection work and provided effective challenge. The strategic arrangements were supported by lead officer arrangements and also the central child protection team in Glasgow City and the Public Protection Service in NHSGGC.

Police Scotland had a strong presence in the strategic planning of children's services through their involvement in senior leadership groups. They had invested in a range of specialist units, including the Glasgow child interview team and uniquely for Greater Glasgow, a specific sexual harm and exploitation unit, to support the multi-agency approach to identifying and responding to criminal exploitation of children and child sexual exploitation.

Education services were nurture-focused and through pastoral support services and joint support team processes, were supporting many children, young people and families preventing escalation into more formal processes. Pupil equity funding had been used well, with services such as financial inclusion officers in schools, police school engagement officers and the virtual school making positive impacts on families.

An important strength was the collaborative working between statutory and third sector partners that started at the highest level of leadership and continued throughout operational service delivery. Third sector partners were viewed as equals in driving strategic planning and because of this, their views were valued in the development and commissioning of services.

Overall, it was common for senior leaders, managers and staff alike to view children and young people in Glasgow as 'our children', demonstrating commitment and a positive value-base that permeated across both collaborative leadership and service delivery.

Leadership of strategy and direction

The partnership's collaborative approach and strategic leadership of both the anti-poverty work and family support approaches, outlined in this report, was making a positive difference to children and their families. Over a ten-year period partners had embarked on a long-term period of transformational change. This change, pre-dating but encompassing the ethos of The Promise, centred on building on families' strengths and ensuring that families received timely support to stay together. Through a range of targeted and specialist approaches, families had better access to helpful support.

Staff and leaders across services demonstrated the principles and values of the partnership's family support strategy, which had been developed collaboratively with partners across both statutory and third sector organisations and through consultation with families. The approach to collaborative working between statutory and third sector providers of family support at a strategic level was also mirrored at an operational level, with staff across localities demonstrating trust and close working relationships in order to best support families. Staff in frontline services had

a mature understanding of the potential long-term trauma of separating children from their families and communities and the importance of taking this into account when considering their best interests.

Over the ten-year period, there had been a long-term reduction in both the numbers of children living in foster and residential care settings and in the use of secure care. This was a significant achievement for the partnership and was underpinned by both a long-term transformational programme to shift culture and a clear financial commitment from senior leaders and elected members to re-routing funding from expensive residential care settings into preventative and family-based supports.

Despite the positive impact of family support approaches and the anti-poverty work, which had made tangible differences for families, partners were grappling with a very challenging context for service delivery. Due to a mature use of population data and annual demographics and needs profile, leaders were acutely aware of the extent of the challenges in delivering children's services, with levels of need growing in scale and complexity since the pandemic. Glasgow partners alone did not have the resources required to fully address the impact of child and family poverty, deprivation and the housing crisis in the city.

Partners had identified a significant financial shortfall over the next three years, alongside increasing need and complexity. This is a national issue, with many partnerships in very similar positions to Glasgow. Senior leaders have stated a commitment to protect core services to support prevention measures and protect services delivering evidenced impact in improved wellbeing. Given the financial constraints, leaders were having to make very difficult decisions. All partners were taking positive and proactive action to best deploy staff and target services to prevention and early intervention. Staff who completed our survey echoed leaders' concerns, with responses emphasising the challenging context for service delivery, with almost half of staff highlighting concerns about the capacity of services.

The impact of financial pressures was felt particularly acutely by small, local third sector organisations. Some of these organisations reported that they felt less able to effectively tender than larger national organisations and found commissioning arrangements challenging. While many local organisations had benefited from Glasgow Communities Fund (through which Glasgow City Council provides three-year funding to third sector organisations), there were examples of services that had closed due to lack of funding and other small charities had insecure funding arrangements, often on an annual basis. Other services were also working with significant waiting lists.

Leaders were well sighted on both the benefits and challenges arising through migration to the city. Staff and leaders approached these challenges with creativity, innovation and agility. Leaders and staff were also very conscious of the largely White-Scottish workforce, and while making significant efforts to understand and support families with diverse cultural backgrounds, recognised they were not representative of the population they support. To meet the needs of the multi-cultural population, addressing representation in the workforce, connecting with more representative community groups and addressing the need for interpretative services required further strategic planning.

Leadership of improvement and change

Due to the size and scale of the partnership, it was particularly challenging for partners to implement improvements in key processes. Partners had further work to do to fully implement the national child protection guidance, further develop quality assurance processes and streamline key processes and procedures.

A range of multi-agency CPC sub-groups, working groups and joint pilot projects were tasked with improving services. There were also cross-locality approaches aimed at triaging work, increasing consistency and carrying out improvements. On the whole, partners found it challenging to bring about changes and improvements to key processes and procedures. Examples included efforts to improve the timeliness of IRD processes and pre-birth processes. Other examples included having single-agency procedures, when multi-agency procedures may have helped streamline approaches. Reasons for this included the large-scale nature of the partnership and legacy arrangements that were challenging to improve.

Partners had used learning from audits, learning reviews and the analysis of data to make improvements to services. They had ambitions for a more strategic and systematic approach to multi-agency quality assurance processes, which should build on the improvement work already commenced. The CPC's quality assurance sub-group was the vehicle for overseeing case file audits and self-evaluation activity. Chief officers had committed to annual multi-agency audits in future years, as a means of monitoring the impact of improvement actions and evaluating records. Partners had also taken learning from recent adult support and protection self-evaluation activity and planned to take a more strategic and systematic approach to on-going joint quality assurance.

Partners had improved the gathering of child protection data and had also effectively gathered and used young persons' support and protection data. Partners' approach to using data was a maturing picture. It was particularly helpful that the COG and CPC, supported by the data sub-group, routinely received data and used this to inform debates, discussions and challenge each other.

Partners had commissioned learning reviews in line with the national guidance for learning reviews, which were overseen by the multi-agency learning review panel. This panel was tasked with the collation, analysis and dissemination of learning across all partners, reporting to the CPC and COG. There had been recent improvements through the appointment of a senior officer to oversee learning reviews which included galvanising learning around themes and a more coordinated approach across learning reviews for adults and children. However, some learning review activity remained protracted for a variety of complex reasons. Partners across adults and children's services were currently considering how to best ensure the oversight and monitoring of action plans from learning reviews to ensure the findings were having a positive impact on practice.

Leadership of people and partnerships

Staff benefited from the support of their managers and colleagues while working with children, young people and families with very high levels of needs and risks. Senior locality-based leaders encouraged and recognised the dedication of staff and managers.

Staff who completed our survey felt confident in the support they received from their operational managers. Managers were providing regular supervision. A range of developments had included examples of peer supervision, informal support as well as routine one-to-one supervision. Child protection coordinators in schools were well supported by their central child protection team. Health visitors, school nurses and family nurses were supported through structured supervision arrangements. Social work staff were closely supported by their colleagues, team support and their managers through formal supervision and informal arrangements. Support for newly qualified social workers had been enhanced. Positively, there had been an increase in the recruitment of care experienced social workers across the partnership.

However, due to the increased demand on services and complexity of the work, staff were stretched and, at times, teams struggled to retain and recruit staff. This was consistent with the national picture. Staff and team leaders were concerned about staff burnout, despite efforts made to provide effective support. Creative approaches, such as wellbeing activities, were helping staff across services to feel supported. Collaborative and supportive working environments were important to staff and improved joint co-location arrangements and office spaces benefitted some staff teams.

Overall, leaders respected and listened to staff. Staff felt valued for the work they do and were proud of the contribution they were making to improve the wellbeing of children and young people at risk of harm and their families.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children and young at risk of harm. This quality indicator considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Good

We found important strengths that had significant positive impacts on children and young people's experiences.

- Most children and young people felt safer as a result of nurturing relationships they had with staff.
- Most children and young people felt listened to, heard and included by the staff involved in their lives.
- The majority of children and young people were being supported to give their views across a range of meetings and key processes.
- The availability of, and access to, approaches to address poverty helped some children and young people to have their needs better met.
- Community groups were a valued source of both practical and emotional support for many children and young people and helped improve their wellbeing, enjoy their childhood and feel part of communities.
- Young children were being well-supported by health visitors and the family nurse partnership which helped identify and address developmental issues at an early stage.
- For children and young people receiving support from universal and targeted services to improve their health and wellbeing, this made a positive difference in their lives.
- For children and young people receiving wrap-around and family support services, this had a very positive impact on their overall wellbeing and improved family relationships.
- Young people at risk of being removed from their families and communities were being well supported by a range of effective multi-agency supports which helped reduce this risk and made a positive difference to their lives.
- Some older young people were benefiting from continuing long-term relationships with staff members through the Lifelinks programme.

We found some aspects that were working well for some children and young people but less well for others.

- Some families told us they struggled to access the right support and resources were stretched, particularly in relation to mental health and wellbeing supports.

- Some young people were facing emerging risks in communities. The effectiveness of interventions to address the criminal exploitation of young people was having a limited impact.
- Some children, young people and families had not been afforded consistent relationships with staff members due to staff turnover.
- Children and young people at risk of harm did not consistently have suitable access to independent advocacy services, interpreting services or systematic opportunities to provide feedback to influence service development.
- Children's plans were not always reflecting the individual needs of children.
- While significant efforts were being made to reduce the impact of poverty, over a third of Glasgow's children and young people continued to live in poverty, poor housing or faced homelessness, factors that were linked with increased risk of harm.

While improvements are required to maximise the wellbeing and experiences of children and young people, the strengths identified clearly outweigh areas for improvement.

Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership in Glasgow City has the capacity to make changes to service delivery in the areas that require improvement and in which they can directly influence change. This confidence is based on the following key points.

- The collaborative nature of leadership which was supporting the effective communication of a clear vision and direction across children's services.
- The stated commitment of all staff to a culture of improvement and the evidence of improvements already identified and started.
- The ready analysis and use of data to plan and improve performance.
- The strength of relationships demonstrated by staff in all sectors which supported engagement in strategic and operational approaches.
- The strength of relationships between staff and the children, young people and families they supported.

What happens next?

The Care Inspectorate will request a joint action plan that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors which is outlined in the [quality framework for children and young people in need of care and protection](#). Published in August 2019, it outlines our quality framework and contains the following scale for evaluations:

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - 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 that 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 that 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 that 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 that 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 2: Key terms

Assessment of Care Toolkit	A range of tools to assist professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect.
Champions' board	A board that aims to enable care experienced children and young people to have direct influence within their local area and hold their corporate parents to account.
Child and adolescent mental health services (CAMHS)	Multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems.
Chief Officers' Group	Collective expression for the local police commander and the chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership of their respective child protection services committees.
Child Poverty Programme	Glasgow's multi-agency approach that aims to eradicate child poverty, utilising funding from its Whole Family Early Intervention Fund to organisations that provide support to alleviate poverty experienced by families in the city.
Child protection committee (CPC)	The locally based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and Third Sectors.
Child protection orders (CPO)	An order granted by a sheriff when it they believe that a child is being ill-treated or neglected in a way that is causing significant harm or is at risk of significant harm and need to be moved to prevent this risk.
Children's services plan	A plan that sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.
County lines	Refers to criminal exploitation by gangs which export illegal drugs into one or more areas.
Criminal exploitation of children	Criminal exploitation of children is when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive the child into criminal activity, for the financial or other advantage of the exploiter.
Family group decision making	A rights-based approach that empowers children and families to have a voice and to be involved in decisions that affect them. As a model it supports children and families to have their voices heard and take ownership of decision-making in matters affecting their family.
Functional family therapy	A short-term, specialist family support programme for children and young people aged 11-18 years and their families where there is a risk of family breakdown.
Getting it right for every child (GIRFEC)	National policy designed to make sure that all children and young people get the help that they need when they need it.
Goal attainment scaling	A method of measuring the extent to which a child's individual wellbeing goals are achieved in the course of an intervention.
Independent advocacy	When a person not involved in providing services to the child, or in any decision-making processes regarding their care, supports a child to express their views.

Inter-agency referral discussion (IRD)	The start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.
My world triangle	A tool outlined in the GIRFEC National Practice Model which allows the consideration of how the child grows and developments, what the child needs from the people who look after them and the child's wider world.
National child protection guidance	The national guidance for child protection in Scotland (updated 2023) sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence.
National referral mechanism	Refers to the UK's framework for identifying and supporting victims of human trafficking and exploitation. It aims to ensure that victims receive the necessary support and assistance in the period immediately after being identified as a victim.
Pupil equity funding (PEF)	Funding provided directly to schools to help them to close the poverty-related attainment gap.
The Promise	The main report of Scotland's independent care review published in 2020. It described what Scotland must do to make sure that children feel loved and have the childhood they deserve.
Safe and together model	An internationally recognised suite of tools and interventions designed to help child protection and other key professionals to become domestic abuse informed.
Scottish child interview model	A model to carry out joint interviews of children, designed to minimise re-traumatisation and keep the needs and rights of child victims and witnesses at the centre of the process and in so doing, achieve pre-recorded evidence from the child that is of high quality.
Scottish Children's Reporter Administration (SCRA)	A national body which focuses on children most at risk. Its role is to decide when a child needs to go to a Children's Hearing, help children and families to take part in hearings and provide accommodation for hearings.
Trafficking	Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation.
Universal and targeted services	Universal services provide the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting. Targeted services are designed to provide more specialist support when required.
Young persons' support and protection processes	Glasgow's process to support young people at risk of harm, aimed to support staff to work together effectively to promote, support and safeguard the wellbeing of young people.

Appendix 3: Services visited

We would like to thank staff in all of the services we visited. We appreciated talking with them and with the children, young people and parents and carers in services that we met. The services we visited, or projects we observed, were:

- Advocacy services
 - Ashpark primary school
 - Children affected by parental addiction (CAPA)
 - Children’s rights service
 - Common ground
 - Drumchapel high school
 - 3D Drumchapel
 - Family group decision making
 - Family nurse partnership
 - Family support service
 - Functional family therapy
 - Geeza Break
 - G15 youth group
 - Glasgow intensive family support service (GIFFS)
 - The Halt service
 - Health and social care connect
 - Homestart Glasgow south
 - Homestart Glasgow north
 - The Jeely piece club
 - Kempsthorn children’s house
 - Kingspark secondary school
 - Lifelong links
 - Martha’s mammies
 - Men Matter (Drumchapel)
 - Netherton children’s house
 - North united communities
 - One Glasgow
 - Operation Glacies
 - Saheliya
 - St Thomas Aquinas RC secondary school
 - Smithycroft young parents’ support base
 - Thorntree primary school
 - Unaccompanied asylum-seeking young people’s team
 - Virtual school
 - Who Cares Scotland
 - Winter Gardens nursery school
 - Youth alcohol and drug recovery service
 - Women’s Aid
 - Youth health service
- And a wide range of staff teams and resources.

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