

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

**September 2008**

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## Introduction

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

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

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

## 1. Background

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

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

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

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

North Lanarkshire is situated in the central belt of Scotland and shares borders with six other local authorities. It covers an area of 473 square kilometres from the Kilsyth Hills in the north to Wishaw and Overtown in the south. Two thirds of the population live within seven towns. The rest of the population live in communities from a few hundred people to larger urban developments serving former industrial centres. Motherwell is the administrative centre for North Lanarkshire.

With a population of 323,780 North Lanarkshire is the fourth largest local authority in Scotland. Twenty five percent of the population are aged 18 years and younger which is similar to comparator authorities<sup>3</sup> and slightly above the national figure. The Council ranks fifth lowest on the Scottish Index of Multiple Deprivation. Twenty nine percent of children live in families dependent on key benefits. From April 2006 to March 2007 416 children had been referred for child protection enquiries, representing a decrease of 36 on the previous year. In comparator authorities and across Scotland child protection enquiries had increased. At 31 March 2007 there were 100 children on the Child Protection Register (CPR) which was an increase of 39 on the previous year. Recorded incidents of domestic abuse have increased annually and in 2006 were significantly higher than in comparator authorities.

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

<sup>3</sup> Comparative Authorities include Clackmannanshire, East Ayrshire, Falkirk, North Ayrshire and West Lothian.

## 2. Key strengths

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

- The establishment of trusting and consistent relationships with children.
- The effective support programmes in schools, pre-school centres and the community to keep children safe.
- A range of innovative and effective approaches, coordinated by the Child Protection Committee (CPC), to raise public awareness of child protection.
- An innovative inter-agency child protection training programme which had been delivered to a wide range of staff was well attended and evaluated.
- Ownership of a shared vision to protect children by staff at all levels.
- Effective partnership working at all levels to protect children promoted by chief officers and senior managers.

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

*Children and families received effective help from services when needed. Staff listened to children, communicated well with them and respected their views. Children felt safe and knew where to get help. Staff worked well together to take very prompt action when concerns about children were raised. Children and their families were able to access support from a wide range of services which were targeted to help them before problems developed. Children requiring specialist support had their needs met from a wide variety of services. In a few cases, children did not receive the help they required quickly enough.*

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

Overall, the extent to which children and families were listened to was very good. Staff, in all services, showed good knowledge and understanding of the children and families they were working with. They built positive and trusting relationships with many children and families and provided consistency in their lives. In particular, staff in schools and pre-school centres were very good at listening to children and taking their concerns seriously. Vulnerable children had a named worker who met regularly with them and who knew them well. Staff worked with the same children over many years providing continuity and security. They felt that their views were taken into account when decisions were made about their lives. When children were too young or had communication difficulties, staff were sensitive to their needs and used a variety of ways to ensure that their views and opinions were made known, for example, through the use of drawings and observation of changes in their health, behaviour or emotional well-being.

At children's hearings, case conferences and reviews, adults took great care to ensure that children and families understood what was happening and encouraged them to express their views. They talked in a way that helped children and families feel included in discussions and decision-making. Children and families understood the reasons for decisions, even when they disagreed with what had been decided. On the whole, children and families were well prepared to attend meetings about their situations. The recently revised *Having My Say* form had improved the way in which younger children's views could be recorded. Children's Panel members ensured that children were given the opportunity to speak to them without the presence of adults. If children were unable to attend formal meetings, staff made great efforts to seek their views and represent them. A good use was made of safeguarders. Interpreting services were readily available for children and families for whom English was not their first language.

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

Strategies to help keep children safe were very good. In pre-school centres children received highly effective support from home link teachers, additional learning opportunities and early intervention strategies for use by parents at home. Health and Sure Start staff provided families and pre-school establishments with support in managing behaviour, delivering parenting courses and supporting children at home. Children and young people were well supported by parent support workers in primary schools and community partnership officers in secondary schools. These workers provided individual and group work support to address a range of issues affecting children and young people. Parents also received support with self-help programmes such as coping with stress and anger management. A very good range of curriculum alternatives was provided by secondary schools to increase opportunities for

vulnerable pupils, including certificated vocational courses. Very good multi-agency work was provided to maintain children and young people in their communities. Effective support services were provided for families with children affected by disabilities and those affected by substance misuse or mental health difficulties. There was no overall strategy for supporting parents, although this was being addressed by the Lanarkshire Getting It Right for Every Child Steering Group.

Children received a wide range of informative materials from school, police and health staff about personal safety. The NL Kidz programme was very successful in bringing to life some of the potential dangers for primary aged pupils. Surf Safe NL, a presentation developed by Strathclyde Police to highlight the dangers of the internet, was very successful in increasing awareness of risk. Very good information was available for children about how to stay safe and they were confident about their ability to seek help from trusted adults. Includem provided children with a helpful 24 hour telephone support service. Education services had developed very good procedures to monitor and support children whose parents had chosen to educate them at home and for children missing from education. Children who were not attending school because of illness or exclusion were supported by home tutors. Good individual support packages from a range of services were also used to meet individual needs.

Children were aware of the risks to their personal safety within their community. They were able to assess risks and take appropriate preventative action. They were aware of ChildLine. The presence in schools of community police officers and, in a few schools, campus police helped build childrens' confidence to use the police to keep safe. Parents who responded to school inspection questionnaires felt staff showed concern for the care and welfare of their child, treated them fairly and would act on a concern raised. Children felt safe in school, and that at least one teacher knew them well and that concerns were dealt with quickly.

Some examples of what children said about keeping themselves safe.

- *You need to be careful because drugs can look like sweeties, we had someone in who showed us, like a tic tac, or a jelly bean.*
- *You shouldn't take any sweeties from strangers.*
- *I'd rather be a chicken than do something dangerous.*
- *Did you know that if you go past the yellow line on the railway and the train comes, it's like 400 elephants and the wind sucks you in?*

### **Response to immediate concerns**

The response to concerns raised by children or others on their behalf was good. Staff consulted and collaborated with other services and in most child protection referrals, response took place promptly. Police officers and social workers worked well together to protect children. When concerns were raised about children subject to parental substance misuse, initial checks were completed and staff made first contact within 24 hours. Police used their emergency powers appropriately to remove children from home. Council staff sought child

protection orders from the court as required. Children regarded as safe to remain with their parents were effectively monitored and supported by services. Frequent support from a range of services was intensive and extended well outwith normal working hours. In most cases where children could not remain at home they were moved quickly to a safe place, frequently to the home of relatives. Although there were insufficient carers for planned foster placements, emergency placements were always provided for children at most risk. In a few significant cases breakdown in communication and different perspectives between services about the urgency of referrals resulted in delay or inaction. On a few occasions background checks were not completed on family members before putting children in their care.

### **Meeting needs**

Meeting children's needs was good. Overall, children identified at risk of abuse or for whom concerns had been raised had their needs met. Effective support was provided to children and families from a wide range of services, including voluntary organisations. Intensive multi-agency support was available. In most cases, support was provided for as long as families needed it. Children's lives were improved as a result of the services received. Meeting children's needs in the longer term varied. In some cases, staff did not consider longer term needs. In a few cases, the provision of long-term support did not improve the lives of children.

Children and families were supported effectively by a wide range of statutory and voluntary services. Staff had good relationships with families and this helped them to work with families to meet their needs. Services worked well together to help parents with specific difficulties such as long-term substance misuse and mental health problems. Initiatives such as, Parents for Change, Community Alternatives, Rushes and the Family Support team effectively helped to develop parenting skills. Staff in council pre-school centres worked very well with children and their parents and knew when to refer for more specialist support. Individual support for families in parenting skills with older children was less comprehensive. Children and young people were well supported individually or in groups. Families received support from a large number of different services over extended time periods. In a few cases, a lack of focus and coordination of these services reduced their effectiveness. Some families were overwhelmed by the number of people working with them.

Children who required help to recover from the trauma and impact of abuse received support from specialist services such as counselling services for families affected by domestic and sexual abuse. Availability of some services was variable. Staff from Child and Adolescent Mental Health Services (CAMHS) supported young people effectively with mental health difficulties. Although CAMHS operated a prioritised waiting list, some children had to wait before they could get the help they needed. Other helpful services such as the Youth Health team and the Youth Counselling service were not available throughout the Council area.



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

*Services promoted public awareness of child protection and how to raise concerns about children very effectively. A wide variety of useful and imaginative publicity materials were circulated widely. New technology was used well to promote awareness of child protection. When concerns about children were raised by the public, services demonstrated that they responded appropriately and decisively.*

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

The promotion of public awareness of child protection was very good. The CPC had produced an extensive range of materials on child protection including leaflets, posters and pocket guides. Helpful information was displayed in nearly all public buildings, on public transport and in the local press. The CPC website was an excellent resource and occupied a prominent position on the North Lanarkshire Council website allowing ease of access. There was a wide variety of information contained in the site including how to raise concerns about a child and useful links to other websites. The 1 LAN System, a networked TV system screened throughout all secondary schools, was an imaginative use of technology to promote child protection. Videos on internet safety and the carrying of knives were screened over a number of weeks. The Strathclyde Police *SP Station* website was very popular and provided useful information on how to 'keep yourself safe' for children and young people.

The public displayed an increasing awareness of and confidence in services to protect children. Concerns about children's safety were reported by members of the public to staff in all services, particularly the police and social work services. These concerns, including those made anonymously, were treated seriously and the action that followed was prompt and appropriate. Specialist police officers and social workers were available during office hours. Outside office hours, police call-handling staff appropriately dealt with calls where there were concerns about children. A growing number of referrals were made to the West of Scotland Social Work Standby Service who responded quickly and effectively. However, in some cases, the time taken for this service to respond to telephone calls was too long. Contractors involved in housing repairs across the Council area had been provided with dashboard stickers containing contact details for agencies should they have any concerns regarding children.

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

*Services involved children and their families in all aspects of decision-making about their lives. Staff prepared families well for meetings and encouraged them to contribute. Effective agreements for information-sharing were in place and staff clearly knew to share information to protect children. The standard of recording information varied across services. Awareness of child protection and recognition of risk was well-developed in all services. However, a common method for services to jointly assess the risks to children had yet to be agreed. Some children were helped by a clear planning process but there were inconsistencies in how plans for children were taken forward, resulting in some delays in longer-term planning.*

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

The involvement of children and families in key processes was very good. Children and families, whenever possible, attended meetings where important decisions were made about them. When they were unable to attend, staff made considerable efforts to ensure that their views were made known to those present. Whether parents and young people were invited to attend school Joint Assessment Team (JAT) meetings varied. Staff supported children well to give their views in case conferences, review meetings and children's hearings. Staff met with children and families to help them prepare for meetings and to discuss with them what information would be in reports submitted to the meeting. They helped children to write down their views, completing *Having My Say* or *Having Your Say* forms, or to draw a picture to express how they felt. Families, if they wished, were able to write down, prior to meetings, what they wished to say. Leaflets and a DVD were available to help children and parents better understand child protection processes. Meetings were sensitively and effectively managed. Chairs of case conferences and reviews showed expertise ensuring that different views could be expressed safely by all those attending particularly parents. They took great care to ensure that all knew what was happening and checked that families understood the reasons for the decisions and recommendations made, even when they did not agree with them. In most cases, children's views were recorded and their views taken well into account. At Children's Hearings, panel members gave children opportunities to talk to them without family or foster carers being present. In a few cases, children did not know that some of the content of what they said in private to the hearing could be shared with their parents and carers. Reviewing officers ensured that looked after children, their parents and carers were involved effectively in review meetings. A range of advocacy services were developing well and a new network had been set up among 11 services, including a youth worker from the local Mosque. Staff were not always sufficiently proactive in promoting advocacy services for individual young people.

All services had clear policies and procedures for dealing with complaints and reviewed these regularly. The Council website had a very easy to follow guide on how to make a comment or complaint about services. Leaflets and posters were readily available in council managed properties. Health services funded two part-time posts in Citizens' Advice Bureau premises to help complainants. However, a few families were unsure of how to complain, and young people in children's houses had to ask staff for a complaints form. Formal complaints were investigated in line with published procedures and feedback given within appropriate timescales. All services monitored complaints to identify trends.

## Sharing and recording information

Sharing and recording of information to protect children was good. Clear joint agreements between key services were in place. Staff knew the importance of sharing information where there were concerns about children. Trust between staff helped promote effective information-sharing and joint working. Formal meetings, such as case discussions, provided good opportunities for staff from a range of services to share information about particular children and families. In cases not subject to such meetings, information-sharing relied on good informal networks between staff across services. In a few cases, a breakdown in communication between services had resulted in a delay in processing plans for children.

Particular features of information-sharing included the following:

- A clear, easy to use child protection electronic messaging service which alerted staff that a child had been subject to previous child protection enquiries was available in key services.
- Useful pocket sized cards, *You and Your Information*, were available for young people which explained what type of information was shared and why.
- Staff from adult services, particularly addiction, mental health and criminal justice attended case discussions and conferences to share relevant information.
- Letters were sent to community health staff following children's attendance at Accident and Emergency which helped staff monitor patterns of attendance.
- When registered sex offenders were housed extensive consultation took place between services to ensure risks to the wider community were minimised.
- Public health nurses in schools were not always advised when children were on the CPR or were being looked after.
- Information on domestic abuse incidents involving pregnant woman was passed to the midwife manager.

The quality of recorded information and structure of case files was variable. Most health, education and social work files contained lists of some critical events in children's lives. Education and health files were well structured, with good recording practice. Pre-school files were consistently of a high quality. In social work, the benefits of new systems and documentation were offset in some cases by absence of key documents, late distribution of decisions and lack of clear case plans. Police files were poorly structured, had missing information and consistently lacked appropriate recording by a supervising officer. Across services the outcomes of a second annual multi-agency case file audit had started to improve recording practice.

Staff, including those who worked in services for adults, knew that the protection of children was more important than adults' rights to confidentiality. They told children and families what information about them would be shared and with whom. The Pan-Lanarkshire information-sharing agreement included guidance on the necessity of obtaining consent from parents and children. A proforma to obtain written consent from families to share

information was available for staff and acted as a prompt to seek consent. However, staff made inconsistent use of the form. Consent to share information was frequently received verbally and not recorded.

There were good links between the Multi Agency Public Protection Arrangements (MAPPA) structure and the CPC. Police officers worked closely with colleagues with responsibility for child protection and domestic abuse. This resulted in effective joint working and ensured a cohesive approach to managing offenders in the community. Effective systems were in place to share information, including access to ViSOR (Violent and Sex Offenders Register) by criminal justice social workers. Police officers were acutely aware of the need to record information for disclosure purposes and did so regularly. Work was underway to develop guidance on the risk posed by young people who were displaying sexually harmful behaviour.

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

Recognition and assessment of risks and needs was satisfactory. Staff were alert to child protection and recognised the signs that children needed help and protection. Staff had useful cards advising them what to do if they were concerned about children and helpful flowcharts in workplaces acted as a reminder. Referrals from the public were dealt with quickly and immediate action was taken. The coordination of investigations was undertaken by police and social workers. This was often an informal and unrecorded process. Although background information was sought from a range of relevant resources, health staff were not routinely involved in the planning of investigations. The format used by social workers to record the initial investigation had been reviewed. It gave a structured framework to staff promoting a good approach to gathering and analysing information regarding risks and needs. A comprehensive model of health needs and risk assessment was undertaken by public health nurses but the contents were not formally shared with their partners. Hospital staff regularly used a profile of significant factors to assist them to identify risk. Midwives also completed a risk factor checklist which included identification of potential and existing mental health problems. They attended pre and post birth case conferences. Domestic abuse referrals were not prioritised or assessed jointly by services.

Case conferences were well attended overall. They provided a good forum for joint assessment of risks and needs. They were well managed and gave families the opportunity to be involved in assessing and planning action needed to keep children safe. Following registration, staff across services worked well together and followed a well-managed structure of regular core group meetings and multi-agency reviews. However, police rarely attended and contributions to ongoing meetings were in the form of written reports only. Assessments and plans provided for the first case conference continued to guide work and actions. Assessments were regularly updated and amended as families' circumstances changed. Helping children and families develop skills to protect themselves and build resilience were key components of the approach taken by staff. Some good examples of comprehensive assessments were contained in reports and presented to meetings about children. However, no structured or common approach to assessment was available to staff within or across services. Assessments in reports were often too descriptive and contained little systematic analysis and evaluation. In social work services guidance had been issued on the assessment of risk, but the impact of this on practice had yet to be realised.

Child protection investigations were planned well and investigated sensitively by police officers and social workers who had received specialist training. Staff had appropriate discussions with their supervisors after the investigation. However, this was usually done within each service rather than as a joint process. Advice from a paediatrician was always available throughout Lanarkshire. Paediatricians and Forensic Medical Examiners worked well together to meet the health needs of children and obtain necessary evidence. In a few cases, medical examinations did not follow health guidelines. The need for the medical examination of children was decided by police and social work without consulting or involving health.

Staff effectively recognised when children were at risk of harm due to parental substance misuse. They responded promptly to concerns raised. Staff in hospitals were alert to the risks associated with pregnant women who misused drugs or alcohol and responded sensitively to their needs. Lanarkshire Alcohol and Drug Action Team (ADAT) had introduced useful guidance for multi-agency assessment and support of families affected by substance misuse. However, some staff were unclear about when this was insufficient and formal child protection planning was required. An integrated addictions team of health and social work staff provided effective programmes for adults and support for families.

### **Planning to meet needs**

Planning to meet needs was satisfactory. Staff across services were actively involved in a range of meetings where care planning and actions to be taken forward were agreed. Overall, child protection action plans were well documented and clearly identified who would be responsible for delivering the plan. However, timescales for agreed actions were not always recorded. Alternative action to be taken should the plan fail was not always agreed or recorded. In a few cases plans only recorded tasks and the provision of a wide range of services. They did not outline what were the expected outcomes for children and families.

Overall, children were helped by the process of clear planning at child protection case conferences. All children whose names were on the CPR had an allocated social worker and a child protection plan. Responsibilities of staff were clear and progress of plans was reported to a subsequent meeting. Overall, conferences were well attended and relevant services, including staff who worked with adults, were represented or submitted reports to the meeting. However, GPs rarely attended meetings or contributed information in writing. Staff across services contributed well to conferences making a significant contribution to planning for children. Roles and responsibilities were clear. Expectation of families' contribution to the planning process and progress of the care plan were explicit. Overall, minutes of meetings were circulated within agreed timescales and notes of decisions were given to participants quickly after the meeting. Effective multi-agency planning for children in meetings made good use of the expertise and resources from the voluntary sector.

Staff from relevant services came together to review the needs and plan for children looked after by the local authority. They ensured all aspects of children's situations were considered appropriately and individual support plans were updated. Children with additional support needs also had their plans regularly reviewed. However, in some cases staff concentrated on working with parental difficulties rather than on individual work and support for children. Some children benefited from having well monitored plans in place. In some cases, longer term planning, including taking decisions about permanent placements, was significantly

delayed. A few children were left at home for longer than was necessary when there was slow progress by parents in dealing with their substance misuse.

Plans to protect children were reviewed and monitored at regular core groups. Core groups helped key staff and parents work together to take forward agreed plans. They were chaired effectively by senior social work staff and all staff participated well in the meetings. Plans were adjusted appropriately when circumstances changed and reported to case conferences. Systems to allow senior managers to monitor core group activity were being developed and were used well. In a few cases, core groups were used only to share information on current work and, as a result, lost the opportunity to review ongoing progress on reducing risk to individual children.

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

*Services had a wide-range of comprehensive policies and procedures to guide staff in their work. Procedures were easily accessible to staff, who knew them well. Planning for children’s services was clearly linked to community planning for the area. There were a number of helpful planning documents for staff to access and implement. Children and young people had been effectively involved in specific service developments but there was not a coordinated approach to their involvement in policy development. Services had effective systems to promote safer recruitment and, overall, staff were well-supported in their role to protect children.*

Aspect	Comments
Policies and procedures	Policies and procedures were good. A wide range of single and inter-agency policies and procedures was in place to help staff in their work and ensure consistency of practice across services. The CPC ensured that policies and procedures were disseminated. However, services had recognised that current child protection guidelines needed to be revised and updated and as part of the West of Scotland CPC Consortium had commissioned new procedures. Staff demonstrated good awareness of policies and procedures and used them well to support their role to protect children. Strathclyde Police had recently updated staff guidance on child protection. Procedures ensured that services contracted to provide services on behalf of the Council also had child protection procedures.
Operational Planning	Operational planning was good. Integrated Children’s Service Planning processes were clear and linked to Community Planning. Health services, social work and education services were improving partnership working by planning and delivering services within the same geographical boundaries. Although some staff were not aware of the Integrated Children’s Service Plan (ICSP), they were all aware of Getting Our Priorities Right (GOPR) and Getting It Right For Every Child (GIRFEC). Developments to share child protection information electronically were progressing well across services. Managers received robust intelligence reports and monitored child protection activity undertaken by their own staff. The CPC received accurate and meaningful information on child protection activity across services and were starting to analyse the information further. Discussions were taking place around sharing management information across North and South Lanarkshire CPCs to compare trends. Information Technology systems across services did not always communicate with each other but where staff were colocated then management systems were available to all staff.

<b>Aspect</b>	<b>Comments</b>
Participation of children, their families and other relevant people in policy development	Participation of children, young people and families in policy development was good. The CPC effectively involved children, who had been through child protection processes when child protection leaflets were reviewed. They also consulted them on helpful methods of communicating with vulnerable children. Children had been successfully consulted on a range of specific projects and services, for example, through schools, Young Scot and Youth Buzz, but this information was not collated or shared across services to influence policy development. There was no overall strategy to involve children and families in policy development across services.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were very good. Services made good efforts to ensure there was sufficient staff for child protection work. Although there were some staff vacancies and absence, positive steps had been taken to train more social workers and public health practitioners. The Police Family Protection Unit (FPU) had difficulty meeting the demand of increasing numbers of referrals. Services had robust procedures for safe recruitment and vetting in place and offered staff a range of flexible working arrangements. Voluntary and community groups had clear guidance on safe recruitment. The Council had received national recognition for good practice in conducting disclosure checks. Procedures for investigating allegations of abuse against staff were effective.
Development of staff	Staff development and training was very good and resulted in increased staff confidence and competence. The CPC had an effective multi-agency training strategy. A high quality programme of training had been delivered to staff across all services. Foster carers accessed relevant training opportunities. Training programmes had been evaluated positively by participants. Most staff received regular support from managers. Some public health nurses were supported individually by a psychologist. In Coatbridge a learning community of multi-disciplinary staff discussed anonymous cases in a group setting to develop their knowledge and learn from colleague's experience. This was being extended to other areas.



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

*Services had a strong shared vision to protect children and meet their needs. Chief officers gave strong leadership within and across services. Senior managers reflected this and, as a result, staff worked well together to protect children. Innovative approaches to sharing and deploying resources produced a wide range of services, which worked well to meet the needs of children. The chair of the Child Protection Committee (CPC) provided effective leadership and direction. Services were well-focused to ensure they worked together to protect children. Services had individually and collectively evaluated their work and plans for improvement had been developed.*

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

The quality and impact of vision, values and aims was very good. Individually, chief officers had a personal vision for child protection. Collectively they shared a clear vision for the future of partnership work to protect children from harm. This was stated clearly and understood by staff in all services. Diversity was promoted actively by all staff. Children were encouraged to value and respect each other regardless of culture or religion.

- Elected members, the Chief Executive and senior managers of the Council had a clear vision to protect children. They understood well their individual and collective responsibility. The Chief Executive gave priority to ensuring the Council sufficiently resourced child protection and assumed a parental role for children unable to remain in their families. Staff clearly understood this vision and were aware of the importance of child protection.
- Within NHS Lanarkshire the Chief Executive and senior officers shared a clear vision to promote the health, well-being and protection of children. They clearly understood they were accountable for all child protection work undertaken by their staff. The Chief Executive regularly accompanied a member of the Health Board in meeting staff and raising awareness. Staff were aware of the expectation that child protection was a priority.
- Strathclyde Police placed child protection as a strategic priority in the Force Control Strategy. North Lanarkshire Division applied the same level of importance within local strategies and plans. This was disseminated to officers in daily briefings and they understood that calls to the police where children may be at risk of harm would be allocated a high priority.

Strategic leaders across services worked well together and shared a strong strategic vision for children's services. The Children's Services Strategy Group (CSSG) enabled services to work together through implementation of the ICSP. Both the CSSG and the CPC reported through the Chief Officers Group (COG) to the North Lanarkshire Partnership (NLP). This ensured effective links between different parts of the planning process.

### **Leadership and direction**

Collective leadership and direction were very good. The COG was chaired by the Chief Executive of the Council and services in the area were well represented. It gave clear and strong leadership and direction to staff working to protect children and in a wider context to the promotion of children's safety. The Council was successfully managing a five year

change management programme “Service and People First”. Social work management had been restructured to strengthen management arrangements at local level. Health had successfully introduced team leaders for public health nurses. Overall, changes had been effectively managed, leadership and direction had been strengthened and the importance of child protection had been increased.

The CPC was well organised and led. Membership was made up of representatives from a wide range of services. Members knew their role, worked well together and were able to take decisions on behalf of their own organisation. Work was clearly focused towards protecting children. A beneficial relationship existed with South Lanarkshire CPC and a range of activities, such as training, formulating policies and procedures and giving guidance to staff in all services was undertaken jointly. North Lanarkshire CPC produced a comprehensive report and action plan annually. Joint sub groups with South Lanarkshire had taken forward actions slowly. Group membership and remits had been recently reviewed to ensure agreed work was undertaken more efficiently.

A clear strategic approach to sharing available resources had been adopted. Overall, chief officers gave resourcing child protection a high priority and services shared resources to protect children. The NLP had approved a formal agreement committing services to jointly resource child protection and advise each other when there were constraints on resources. Imaginative use of available monies had resulted in a wide range of jointly funded initiatives and individual posts. Police staff allocation in the FPU had remained static over a number of years despite increasing workload. The supervision arrangements of the FPU had recently been revised.

### **Leadership of People and Partnerships**

Individual and collective leadership of people and partnerships was very good. Strategic groups such as NLP and the COG brought senior officers together regularly. They worked well together and had created a strong culture of partnership working to protect children and meet their needs. They promoted an ethos that the community plan and service plans would ensure best services rather than focusing on individual service priorities. Across services staff were encouraged to work together to protect children. Any barriers were effectively challenged and professional trust and respect had been developed. Joint working was taking place at all levels in all services and effective communication between staff encouraged this. This was particularly evident in the joint office of the CPC.

Staff were encouraged to undertake joint work with colleagues resulting in a clear common purpose to work together to protect children. Integrated teams such as Alcohol and Drug Action Team (ADAT) and jointly funded posts such as public health nurses in some schools helped to promote joint working. A working group was taking forward the implementation of GIRFEC. All key services and organisations were well represented, although police attendance was inconsistent. In Coatbridge an effective multi-agency group met regularly to plan and deliver joint services and promote an integrated approach at the local level. This pilot was being replicated throughout the authority area.

Partnership working with voluntary agencies was well-developed and based on positive relationships. Voluntary services provided effective support and help to many children and their families. The Council had reviewed funding arrangements with voluntary projects. They were evaluated for value and effectiveness and almost all were given guaranteed

funding. Although there was no member of the voluntary sector on the CPC, North Lanarkshire Voluntary Sector was represented on the Partnership Board and an integral part of the planning process. Partnership working with South Lanarkshire Council social work services as well as the CPC was well-established.

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

The leadership of change and improvement across services was good. Staff and managers were committed to improving services for children. The CPC had undertaken a robust self-evaluation of child protection services which involved all services. An improvement plan was developed which detailed the action required, timescales and the resources needed. Improving information systems assisted managers to monitor child protection activity and managers were able to relocate staff according to work load demands. Health and social work staff were enthusiastic about the structural changes being implemented. The change process had been well-managed.

The CPC used information to benchmark itself against, and to explore ideas from, other CPCs which would support improvements in practice. Members of the COG and CPC were keen to learn from serious cases or incidents. Individual case studies were presented to the COG. The Quality Assurance sub group of the CPC was planning an event where managers and practitioners would come together to reflect and learn from national significant case reviews. Although services had reviewed their own practice when incidents occurred there was no systematic process to cascade lessons learnt from these reviews or to share good practice across services.

A number of single-service evaluations of practice had taken place. Staff and managers from all services audited case files and reviewed a range of child protection activity. As a result good practice examples were identified. Practitioner forums, where staff from across services reflected on practice, were extremely valuable although this was not available in all localities. Plans were well advanced to introduce a 'one contact number for health information' which would assist police and social workers to gather information during child protection investigations. Plans to evaluate the effectiveness of the co-located unit were not well developed.

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

### **Summary**

Inspectors were confident that children in need of protection received help promptly to keep them safe. Children were supported to be aware of their own personal safety. They knew where to go if they had concerns. They knew they would be listened to and action would be taken to help them. Children and their families were well supported at an early stage and their lives were better as a result. However, some children had to wait too long to get the help they needed to overcome the impact or trauma of abuse and neglect. Some children did not have their needs comprehensively assessed or the plans to meet their needs taken forward appropriately.

Elected members, chief officers and the CPC have a clear vision for partnership working and in improving services for child protection. They should continue to take forward improvements to strengthen services for protecting children.

In doing so they should take account of the need to:

- improve the availability of services to help children overcome the emotional and psychological effects of abuse;
- fully involve health practitioners in all child protection processes;
- improve the processes to assess the risks and needs of vulnerable children and planning to meet identified need;
- develop and implement an inter-agency approach to child protection referrals where children are affected by domestic abuse; and
- adopt a strategic approach across services in the involvement of children and their families in policy development.

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

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

**Joan Lafferty**  
**Inspector**  
**September 2008**

## Appendix 1 Indicators of Quality

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

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

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

Excellent	outstanding, sector leading
Very Good	major strengths
Good	important strengths with areas for improvement
Satisfactory	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

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

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

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

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

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

### **Our complaints procedure**

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