

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

October 2008

Contents	Page
Introduction	1
1. Background	2
2. Key strengths	3
3. How effective is the help children get when they need it?	3
4. How well do services promote public awareness of child protection?	6
5. How good is the delivery of key processes?	7
6. How good is operational management in protecting children and meeting their needs?	11
7. How good is individual and collective leadership?	13
8. How well are children and young people protected and their needs met?	16
9. What happens next?	17
Appendix 1 Indicators of quality	18
How can you contact us?	19

Introduction

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

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

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

1. Background

The inspection of services to protect children² in the Renfrewshire Council area took place during April 2008 and May 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.

Renfrewshire is the sixth most densely populated local authority area in Scotland, covering 261 square kilometres. The population is concentrated in the towns of Paisley, Johnstone, Renfrew and Erskine. While it is largely urban, the area includes a large rural area in the south and west. It is close to Glasgow and, as a result, benefits from good transport links. Renfrewshire Council Headquarters is situated in Paisley.

Renfrewshire has a population of 169,590 with 20.9% under the age of 18 years, slightly higher than the Scottish average of 20.5%. In 2006/2007 the number of domestic abuse incidents recorded by the police in Renfrewshire was higher than that for Scotland as a whole. Renfrewshire had 582 children who were looked after in the year ending March 2007. This is 1.6% of all children aged 0-18 years in the authority and second highest of the comparator authorities³. The percentage of children who were looked after in a residential setting in Renfrewshire was 18%, also higher than the national average of 13% of children.

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

³ Comparative Authorities include Fife, Falkirk, Clackmananshire, West Dunbartonshire and South Lanarkshire.

2. Key strengths

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

- The comprehensive range of support services delivered jointly by staff across services.
- The very effective public awareness campaigns which successfully informed the public how to raise concerns about a child.
- Processes for planning to meet individual children's short and long term needs.
- Robust Children's Service planning processes which had strong links to Community Planning processes and the Child Protection Committee (CPC).
- Imaginative and successful recruitment and retention of key staff.
- Comprehensive child protection training programmes.
- The vision, leadership and joint working arrangements demonstrated by Elected Members, Chief Officers and their senior managers.
- Leadership of the CPC and high commitment of staff in key services to continuous improvement.

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

Children and their families were helped by staff who knew them well. Children's views were taken into account when planning to meet their needs. A wide range of very effective services were available when a child or family required support. Children knew how to keep themselves safe and knew who to approach for help. Staff recognised when a child was at risk and took prompt action to ensure their safety. Children's lives improved as a result of intervention by a range of services. However, some children's emotional needs were not fully met.

Being listened to and respected

Communication between children, their families and staff was very good. Staff across services had regular contact with children, young people and their families and this helped to build trusting relationships. Children were able to identify a number of adults to whom they could talk. Staff used a variety of very helpful methods to overcome communication difficulties with children. Some examples were the use of drawings, role play, 'kids talk' resources, personal passports, board and expression card games. These helped staff to

understand and record the views and feelings of children. Staff in pre-school and family centres worked very effectively to chart children's progress and development. They involved families in this work. Children were helped to make the transition from nursery to primary school. In a few cases regular contact was not maintained with children living out with Renfrewshire.

Communication at formal meetings, including children's hearings, was clear and effective. Staff took time to explain their concerns and encouraged families to work with services to support them in caring for their children. This often resulted in an improvement in circumstances and in a reduction in risk. Parents and carers were encouraged to participate in discussion at formal meetings and their views were taken into account. On most occasions staff across services presented the views and feelings of children to meetings. Time was spent with families before and after meetings. This helped to make sure that they understood the discussions and the decisions being made and what they needed to do to improve the situation. Where circumstances had improved and progress had been made, this was acknowledged and communicated to families and decisions reflected the changes.

Being helped to keep safe

The range of early intervention services and support available to children and their families was very good. Services were easy to access and support often continued after immediate risks had reduced. In some services, staff from different professional backgrounds worked together well to provide support that was flexible and met the varying needs of children and families. Joint work across and between services to support children was well coordinated and very effective. Children with a wide range of needs were well supported in schools and their progress monitored effectively through multi-agency meetings. Staff from across services were very successful in keeping children involved when planning support for them even when their families found this difficult. A few children who needed help from social work service did not have an allocated worker. In these cases, contact was through the duty system and support was less effective. The school home link service was particularly good at forming positive relationships with families. This helped them make good use of the support available. School nurses provided effective preventative health services within the community. A number of services offered successful parenting groups but there was no common programme or approach being used.

Children were involved in a wide range of helpful programmes, both in and out of school, to raise awareness about safety. This included information about drugs, alcohol and sexual health. This work was presented in a variety of interesting ways, often by staff from a number of services. Staff provided activities in the community to stop children becoming involved in crime. Children entering secondary school were supported successfully by initiatives involving senior pupils. Children were offered a range of support aimed at ensuring they received the education they needed. The number of children being excluded from school was reducing. For children educated at home there were effective monitoring procedures in place to ensure that contact was maintained over a period of time.

Children and parents who responded to school inspection questionnaires felt that staff treated children fairly and helped them feel safe. Children had a good awareness of safety issues and how to keep themselves safe. Most were aware of national help lines and knew how to seek help if they did not feel safe. Children spoke positively about Renfrewshire's anti-bullying campaign within schools.

Some examples of what children said about keeping themselves safe.

“We have a right to be free from bullies.”

“People on chat pages might not be children, they might be adults.”

“Drugs are the main problem in Paisley.”

“When it is dark stay with your friend and keep your mobile phone on.”

Immediate response to concerns

The response to immediate concerns was very good. Staff across services took prompt and appropriate action when children were at risk of immediate harm or for whom concern had been expressed. They were conscientious in following through their concerns. Police used their emergency powers appropriately and social workers sought child protection orders from the court as required. Children were appropriately removed from unsafe situations and often placed with relatives. If this was not possible social workers ensured suitable placements were made available. Staff in Accident and Emergency (A&E) helpfully monitored the pattern of children’s attendance and any concerns were passed to the consultant and nurse in charge. An alert system in pre-school centres ensured that families of vulnerable children were contacted if they failed to attend the centre. Staff working with adults responded appropriately when they had concerns about children who were not always known to children’s services. Health visitors and social workers regularly visited families together. Children and families were supported as concerns were investigated. A small number of children did not get the help they needed quickly enough. In some cases where a number of concerns were expressed about a child over a short period of time, social work did not allocate a specific worker to support the family. In these cases, families were supported by social workers on a duty basis. A few schools did not report child protection concerns quickly enough.

Meeting needs

Staff in services were good at meeting children’s needs. A clear multi-agency approach ensured staff worked well together to give coordinated help. Overall, children’s lives improved both in the short and longer-term as a result of the services they received. Staff were persistent in efforts to ensure children’s needs were met, even when parents were unwilling to accept help. The most needy children received specialist help to recover from the effects of abuse but there was no shared strategy to ensure that children with less immediate emotional needs received the support they required.

Children’s needs were identified effectively through Extended Support Team (EST) meetings, case conferences and core groups. Programmes of support were carefully tailored to meet children’s individual needs and were usually provided for as long as children needed them. Specialist staff ensured the needs of children with disabilities were appropriately

assessed and met. Health and social work staff worked well together to meet the needs of young people affected by their own or their parents' substance misuse. The Intensive Support Service (ISS) helped some children remain safely with their families. Where children could not remain at home, foster carers and staff in residential units provided a high standard of alternative care. Dedicated nurses ensured the health needs of looked after children were quickly assessed and met. Some children gained long-term stability through placements with relatives, supported by the council. In a few cases, looked after children were not helped to maintain sufficient contact with their families.

Barnardo's effectively supported vulnerable young people, including young care leavers, to achieve independence. Children who had experienced domestic abuse received valuable support through Children 1st and Women's Aid. The Crisis Counselling Service provided support to some children who had experienced trauma. Independent services were purchased for a few children to help them recover from the effects of abuse. Child and Adolescent Mental Health Services (CAMHS) helped children with complex psychological and emotional difficulties. However, CAMHS was heavily oversubscribed. There were few resources available for many children whose emotional needs were thought to be less acute.

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

Services used a wide range of effective measures to promote child protection. These included materials produced by the Child Protection Committee (CPC) in addition to innovative publicity events and use of the local newspaper and radio. Members of the public contacted services to raise concerns about children's welfare and staff responded appropriately to ensure children's safety.

Being aware of protecting children

Public awareness of the safety and protection of children was very good. Services had produced an appropriate variety of materials offering advice and 24-hour contact numbers. These were clearly displayed in public spaces. The CPC website and Strathclyde Police's website were attractive and easy to use. A number of initiatives to raise public awareness had been developed by the CPC. These included mass mailings to local people, media interviews with accompanying features and advertising on local buses. A particularly effective "infomercial" was held within local shopping centres. This used a video, also available on the CPC website, to promote child protection. Child protection was also a recurring theme on electronic information boards within local authority buildings. The local Public Service Panel had been used positively to measure local adults' understanding and reporting of concerns.

Members of the public were given good information and knew how to report concerns. The public used a telephone advice service promoted by the CPC. Referrals were received from a number of sources including family members, neighbours and anonymous individuals. Concerns raised by the public were followed up promptly and appropriately by both police and social work services. This resulted in children being protected. Children felt safe in their school and in their local community. The Police Family Protection Unit (FPU) and the local social work service operated within normal office hours. Out with these hours the Police Control Room and the West of Scotland Social Work Standby Service (WSSS) provided a 24-hour point of contact. However, there were some delays in the response from the WSSS.

5. How good is the delivery of key processes?

Staff worked hard to ensure that parents and carers were fully involved in child protection processes. Staff listened to children and took their views seriously and they were always invited to meetings being held about them. Most staff across services shared information well to protect children and arrangements were being implemented to improve information-sharing. Children's needs and risks were assessed well by a number of different staff across services. Planning arrangements to ensure risks were monitored and children's needs met were well established. Children benefited from robust planning arrangements made to reduce risks and meet their long and short term needs.

Involving children and their families

The involvement of children and their families in decision-making was very good. Parents and carers were regularly invited to and attended formal meetings such as case conferences, reviews and core groups. Their views and feelings were taken into account in decision-making and these were often recorded. Staff encouraged parents to attend meetings and to become involved with plans put in place to support their parenting and care of their children. Staff from across services took time to discuss their concerns with parents. Staff ensured that parents understood what they needed to do to improve their circumstances and reduce risks. Children's views were often taken into account when making decisions which affected them and children of an appropriate age were routinely invited to initial case conferences or review meetings. Almost all children who were looked after away from home were invited to and attended review meetings. These meetings were chaired effectively by an independent person who did not have responsibility for their care plan. Some children attending children's hearings had completed *Having Your Say* forms. Further copies of these were given to children just before hearings to ensure all children had support and encouragement to complete them. A number of advocacy services were available to represent children and some advocacy services were available for parents with mental health problems through adult services. However, staff were not always clear about the role of advocacy services or how to access them. Family Group Conferencing had recently been introduced. Early evaluations completed by the children and adults who had used the service were favourable.

Services had produced a range of complaints leaflets which were clearly displayed in public offices. These were easy to read and set out the process for making a complaint or suggestion. Leaflets designed specifically for children were available in schools and residential units. These were age appropriate and easy to follow. Complaints were thoroughly investigated and prompt responses made with details of the action taken if appropriate. When complaints were made against staff these were taken seriously and robustly investigated. All services had procedures for logging complaints and monitoring outcomes.

Sharing and recording information

Information-sharing to protect children and young people was good. Staff across all services were very committed to, and clear about, the need to share information. All staff were confident about regularly sharing information both formally and informally. Recent inter-agency training helped promote information-sharing. In a few cases there were inconsistencies in information-sharing within and across services. Information had not

always been gathered or shared appropriately and this had implications for the safety of a few children.

Particular features of information-sharing included the following:

- A range of multi-agency meetings supported good sharing of information between staff and families. For example, the ESTs in schools and ‘Getting our Priorities Right’ (GOPR) meetings where the needs of children who were affected by parental substance misuse were discussed.
- The shared form used by most services to refer a child to social work services allowed a consistent method of early identification and sharing of information.
- A designated police officer evaluated all child protection intelligence reports to ensure appropriate information-sharing.
- Systems, which identified levels of concern, were in place for sharing information about children missing from education and health services.
- Information about vulnerable children was not always shared with school nurses.
- Police officers attending domestic abuse incidents sometimes had difficulties accessing information from the WSSS.
- Information shared across services was not always recorded in files.

Record keeping was variable across services. Information held in education, pre-school, and social work files was clear and well ordered. Supervision of staff was well recorded in some social work and police files but overall this was variable. Lists of events in a child’s life were recorded by individual services. Jointly prepared lists of events were recently used in social work files but were not fully completed. There was a wide variation in details recorded and a lack of clarity about what was a significant event which resulted in some lists reflecting all events and contacts made with families.

In most cases, consent from children and their families to share information with other services was obtained verbally. Recording of permission to share information with other services was evident in health files, but was not routinely recorded elsewhere. Staff who delivered services to adults, including those in mental health, addictions and employment training services were aware of their responsibility to share information. Staff in voluntary organisations discussed with their service users the need to share information if there were risks of harm to a child.

Police officers involved in the management of sex offenders were helpfully co-located with those responsible for child protection and domestic abuse and regularly shared information at team meetings. Plans for further co-location with others responsible for the Multi-agency Public Protection Arrangements (MAPPA) process were at an advanced stage. There was close liaison between all services and they regularly shared relevant information. Police officers with a responsibility for sex offender monitoring attended all relevant case conferences where a sex offender had contact with a child. Intelligence regarding sex offenders was prioritised for inclusion on the Scottish Intelligence Database (SID). The housing department had established information-sharing protocols and was expanding these to include local and national housing associations.

Recognising and assessing risks and needs

Recognising and assessing risks and needs was good. Staff, including staff who worked with adults, were alert to the need to protect children. Staff in pre-school centres observed children's behaviour, appearance and play for changes which could indicate they needed help. Midwives used a helpful checklist of risk factors to identify areas of concern regarding pregnant women. Nurses in A&E routinely used a proforma which prompted them to consider domestic violence and child protection. Effective use was made of multi-agency case discussions to gather and share information on children for whom concern had been expressed. Police and social workers coordinated child protection investigations. They gathered information from a range of sources and agreed how to take forward individual investigations. A single point of contact for staff to obtain comprehensive health information and advice had recently been set up by NHS Greater Glasgow and Clyde (NHSGGC). Staff did not use this consistently and health staff were not yet involved in the initial planning of investigations. Overall, initial assessment of risk was undertaken well by staff. Health visitors and school nurses were carrying out high quality individual needs assessments of all pre-school and vulnerable children at school but this was not yet completed. Effective initial assessment of risk to children was undertaken by police, social work and the children's reporter in their weekly meetings to discuss domestic violence referrals.

Child protection case conferences were held without delay and were well attended by staff from all relevant services with the exception of General Practitioners (GPs). Staff used them effectively to assess risks and needs jointly. Initial assessments for case conferences were thoroughly prepared and considered factors likely to protect children or make them more vulnerable. Assessment reports for the children's reporter were full and information was presented clearly. Staff across services completed comprehensive assessments of children's emotional, social and developmental needs for meetings which were used to identify suitable supports for children. However, some assessments lacked clarity, were too descriptive and did not analyse information sufficiently to assess fully the needs of children. Services did not share an agreed approach to assessment and used a range of approaches to assess the needs of children and families. Some staff had difficulty in determining which approach should be used. In a few cases assessments started using one approach were stopped in favour of using another. In one area, multi-agency assessments of children's needs had started to be completed for new cases. Compilation of the assessments was done manually as electronic systems were incompatible across services. In a few cases, a new approach to assessing the needs of children displaying sexually problematic behaviour was being used effectively.

Joint investigations were carried out appropriately by trained social workers and police officers. Most investigations were planned together but police officers usually took the lead role during the interview. Initial discussions around investigations did not routinely involve health professionals. New arrangements to involve health were being implemented but some staff were not fully aware of them. Medical examinations were carried out by appropriately trained staff in a child friendly environment. Paediatricians offered regular allocated clinic sessions to carry out comprehensive health assessments on children. However, the CPC did not have an overview of all child protection medical examinations carried out to ensure children's needs were met.

A wide range of effective services supported children and families affected by parental substance misuse. Addiction staff undertook helpful assessments of parents with substance misuse problems. Home visits were made to those on drug and alcohol treatment

programmes. A&E staff routinely informed addiction services of any young person treated for the effects of alcohol or drugs. A comprehensive multi-agency assessment approach guided staff to evaluate the impact of parental substance misuse on children and a range of staff were involved in the process. In a few cases, there were delays in completing assessments. Some staff working in adult services did not feel sufficiently skilled to complete a full assessment particularly when they had to seek information from children.

Planning to meet needs

Planning to meet needs was very good. Multi-agency ESTs were used effectively in schools to identify vulnerable children and to make and monitor plans to meet their needs. Staff from across services met regularly to plan for children who needed protection, including vulnerable unborn babies. There was a clear and consistent system for reviewing plans for children who were looked after in residential and foster care, though this did not include children who were looked after at home or by relatives. Where children moved between services, their needs were clearly identified and plans made in good time.

Planning for children for whom there was significant concern was of a consistently high standard. All children whose names were on the Child Protection Register (CPR) had an allocated social worker and a child protection plan. Initial case conferences were held quickly and attended by relevant staff. Staff who were unable to attend meetings reliably provided information to help risks and needs to be appropriately assessed. Initial and review case conferences were effectively chaired by social work managers and had a clear focus on identifying and meeting each child's needs. Detailed plans were made, with tasks allocated and timescales set. Agreements were reached about how plans were to be monitored. Resources to meet need were identified and, in most cases, put in place quickly. Case conference minutes were recorded in a standard format and circulated to parents and relevant staff, including, where appropriate, the children's reporter.

Staff came together in a range of multi-agency meetings to develop plans for vulnerable children and reviews were held on a regular basis. Staff took appropriate account of changing circumstances and updated plans accordingly. Children's hearings took place with the minimum of delay. Panel members were informed by good quality information provided by staff that knew children and parents well. Action taken by managers to improve long-term care planning had resulted in clearer decision-making and an increase in children being placed in suitable permanent care placements. However, for a few children, this was a lengthy process.

Core group meetings took place regularly to monitor the progress of children on the CPR. They were well attended by staff who knew children and families, and parents were given encouragement and support to attend. Core groups were very effectively chaired by senior social workers. They ensured that changing circumstances were carefully considered and risks re-assessed in the light of new information. Core groups appropriately reported to the review child protection case conference. In some cases, core groups continued to meet once children's names had been removed from the CPR to provide ongoing support and monitoring.

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

Staff were supported in their child protection work by high quality policies and procedures. These were relevant and useful in their day to day work. Successful inter-agency working was well established. Robust children's services planning processes helped staff work together to plan improvements. Resources were allocated using helpful management information. Children and their families were regularly consulted about future service developments. Staff were safely and imaginatively recruited to new posts. Staff across services were offered high quality training. The Child Protection Committee (CPC) used lunchtime seminars as a means of consulting with significant numbers of staff and to discuss future training needs.

Aspect	Comments
Policies and procedures	Policies and procedures were very good. Staff in all services, including independent and voluntary organisations, had clear and appropriate policies, procedures and guidance to help them protect children. A very comprehensive range of relevant policies and procedures were in place. These included agreements for working with hard to reach families, and a draft assessment framework for children affected by parental mental ill health. A helpful procedure to guide staff when families failed to attend hospital appointments had recently been introduced. Inter-agency Child Protection procedures and guidelines were widely distributed and were used routinely by staff. A planned review of these procedures had started and arrangements were in place to review and update child protection policies.
Operational planning	Operational planning was very good. The Integrated Children's Services Plan (ICSP) set out a clear and shared vision for delivering high quality children's services. It linked closely to the Community Plan. Staff in key services had been involved in developing the plan and they knew it well. They were very clear about its influence on their work to keep children safe. New arrangements had recently been put in place to improve children's services planning further. These included the setting up of a joint strategic and planning body, the Renfrewshire Children's Services Partnership. This had helped to strengthen the link between the CPC and the existing Community Planning framework. Management information was used very effectively to plan work and service improvements. Decisions about the allocation of resources were informed by sound knowledge of local trends. In a few cases, information which was available had not yet been analysed to inform the improvement of services.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	The participation of children, their families and other relevant people in policy development was very good. There was regular discussion with young people and many services had very effective arrangements for seeking feedback from users. A number of studies had been set up to seek the views of particular groups of young people. These included those who had been involved in child protection processes. Managers were using the feedback from these studies and from questionnaires and consultations to improve services. Significantly, a young writers' group had produced a young persons' version of the ICSP on a CD Rom. Managers were aware of the need to further develop consultation with young people on an inter-agency basis.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were very good. Robust procedures were followed to ensure safe recruitment of staff and volunteers. The Council checked staff criminal convictions every three years. Services had a range of welfare supports available to staff. Health held two successful open days to recruit health visitors and seconded staff to qualify as public health nurses. Social work had a successful partnership with the University of the West of Scotland to support experienced staff to obtain a social work qualification. Planning to meet future workforce needs was undertaken jointly by NHSGGC and the council.
Development of staff	Development of staff was excellent. Single and inter-agency training needs were assessed and a successful tiered training programme was well established and easy to access by all services. Basic child protection training was compulsory across services. Training outcomes were routinely evaluated and revised if required. The particular needs of the voluntary sector staff had been taken into account and programmes tailored to meet their needs. Annual inter-agency seminars were well established and well attended. These were very helpful both as a learning experience and an opportunity to share good practice. Practitioner forums were regularly held where staff across services met to discuss child protection issues and identify future training needs. Paediatricians had delivered the first two accredited safeguarding training courses for doctors in Scotland. Through work undertaken by the CPC child protection training had extended to involve the Strathclyde Fire and Rescue Service. The work of staff was monitored well and they were able to access support easily.

7. How good is individual and collective leadership?

The Child Protection Committee (CPC) had very successfully led a joint self-evaluation exercise and had driven forward standards of practice. The work of the CPC was highly effective and the chair particularly visible to staff. Network lunches and a high profile media strategy used by the CPC ensured staff, as well as the community, were well aware of their responsibilities to protect children. The chair of the CPC also chaired the Vulnerable Adults Committee which encouraged learning across services and ensured that consistent messages were given to staff about their public protection responsibilities.

Vision, values and aims

Vision, values and aims across services were excellent. Elected Members and Chief Officers across the services demonstrated an exceptionally clear vision to protect children. They established a set of values and aims that were used successfully to direct their work. Chief Officers and senior managers across all services actively promoted positive attitudes to diversity. The Chief Executive of the Council had requested research by the University of the West of Scotland to inform him about the needs of migrant workers.

- The Chief Executive of the Council was strongly committed to protecting children and demonstrated exceptional leadership by promoting a clear vision and values across all council services. Senior officers from social work, education and housing services, along with elected members, ensured children were a priority and took forward a corporate vision to protect children.
- The Chief Executive of NHS Greater Glasgow and Clyde and the Director of the Community Health Partnership (CHP) communicated their vision, values and aims to protect children very effectively to all health staff. The Chief Executive kept health board members informed and involved in promoting a strong vision to protect children. This was communicated through the child protection forum and through the Renfrewshire NHS child protection group.
- The Chief Constable and Divisional Commander had established a clear vision for Strathclyde Police that child protection was a very high strategic force and divisional priority. This was disseminated and owned by staff at all levels in their organisation. This vision was communicated through regular staff briefings and through officers being seconded into the family protection unit for short periods of time to raise awareness of child protection work within the force.

There was a clear collective responsibility to protect children with the vision, values and aims shared across all services. The elected members took their responsibility to protect children very seriously and were actively involved in the work of the CPC and children's service planning groups. The very effective relationships across all services helped to establish this shared vision and values across all staff groups.

Leadership and direction

Joint leadership within and across services was excellent. This joint leadership led to a high level of trust and cooperation between services. All services had very clear lines of accountability to keep children safe and Chief Officers and senior managers had a high level

of awareness of the national priorities for child protection. The corporate management team of the Council showed a strong commitment to their responsibility as corporate parents. They were committed to continuous improvement and fully appreciated that effective political scrutiny was required to ensure highest standards of performance. Highly effective joint working between the Chief Officer's Group (COG), elected members, the chair of the CPC and integrated children's service manager ensured child protection was a strategic priority.

The CPC and its subgroups were extremely effective and involved an appropriate range of senior managers from across the services. This resulted in very strong links between the CPC and children's services planning groups. The new children's services partnership group ensured children's services were fully integrated into the community planning structures. Voluntary services contributed well to the work of the CPC and children's services planning. Their contribution was valued and respected by senior managers. The appointment of both the independent chair and of an elected member to the CPC had promoted challenge and scrutiny of the work of the CPC.

Chief Officers and senior managers ensured that children were not denied an essential service because of lack of resources. The strong promotion of collaborative working meant there was an expectation that resources would be shared to protect children. A three year budget was set for the CPC and if extra money was required, for example, for specific marketing of child protection initiatives, partner agencies contributed to meet the shortfall. The CPC jointly paid for an independent chair who brought a focus and challenge to the CPC. A significant increase in resources was allocated by the council for children's services in the current financial year. Several jointly funded projects and posts were well established including Family Matters, New Expectations and more recently, campus police officers. Police paid for a child protection intelligence officer to support a number of services which ensured robust information was collated on the child protection concerns notified to the police.

Leadership of people and partnerships

The leadership of people and partnerships was very good. There was a very strong commitment to joint working across all services, including voluntary organisations. When needs were identified managers worked together to identify resources and provide a service. Chief Officers in the Council had excellent relationships with staff and promoted highly effective teamwork across services. The Chief Executive of the Council ensured success was celebrated and staff were valued. Chief Officers met regularly and worked very well together providing debate and challenge. Senior officers had developed a strong supportive culture which encouraged people to learn together.

There were many examples of very effective partnerships and joint-working. These included housing staff and police working together on anti-social behaviour and Family Matters Project which involved a multi-agency team, supporting very vulnerable families. New Expectations involved social work staff and midwives supporting pregnant drug users and New Directions and Extended New Directions helped young people who were not attending school. Police, social work and housing services worked very closely together to ensure children's safety and welfare when search warrants for illegal drugs were being carried out. Work to ensure best use of the CAMHS service was at an early stage. A long term strategy required to be developed more fully.

The voluntary forum was well supported by senior managers and the Council worked with voluntary organisations as equal partners. Multi-agency monitoring groups such as the domestic abuse screening group, the GOCR monitoring group, Integrated Assessment Framework group and the early intervention group were working effectively together. The Alcohol and Drug Action Team (ADAT) and the CPC had close links. The Director of Social Work and the Director of the CHP attended both groups to share information and ensure consistency of work. Annual multi-agency child protection conferences were well attended by staff and supported by senior managers across all services. Staff from a variety of services led each workshop which gave a strong message promoting joint-working.

Leadership of change and improvement

Overall, leadership of change and improvement was very good. Leaders of all key services demonstrated a very high level of commitment to ensuring the continuous improvement of services to protect children. They had worked very effectively together to develop a way of working where staff expected their work to be evaluated to inform service improvement. They had successfully established a sound inter-agency self-evaluation process. This had involved staff at all levels across services identifying strengths and areas for improvement. The resulting action plans were very clearly written and identified timescales, resources and lead persons. This allowed progress to be measured and reported on effectively.

There were robust arrangements to monitor the effectiveness of child protection processes within Renfrewshire Council and the CPC. The Chief Executive took a leading role in promoting improvement. The child protection lead officer and the chair of the CPC worked well together to monitor and review child protection work. They took full account of national developments and enquiries and collected local data to identify trends in child protection. Very significantly, this included the regular auditing of case files by a multi-disciplinary group. They used these to inform service improvements. The CPC regularly asked for case reviews and had very effective processes in place to ensure that these led to improvement in performance. The CPC chair provided valuable support and challenge to all services involved in protecting children.

A number of services had carried out self-evaluation exercises using quality indicators. NHSGGC and the CHP had identified strengths and areas for development in relation to protecting children in Renfrewshire. Strathclyde Police (K Division) had completed a study called 'The Broad Look' which had identified strengths and key areas for improvement. The social work service had carried out a comprehensive self-evaluation exercise which had helped to identify action points for improvement. Education and Leisure Services' self-evaluation contained helpful evaluative comments as well as points for action. Reporters had used quality indicators to identify local improvements. Overall, there was a very high level of commitment to continuous improvement but self-evaluation was not yet embedded within all services.

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

Summary

Inspectors were very confident that children who required protection were known to services and prompt action was taken to ensure their safety. Children and their families were supported well by staff across services at an early stage. This support continued for as long as children required it. Staff worked well together to plan to meet children's needs and reduce risks. Children and their families were kept informed about what was happening and were involved in meetings that were held about them. In a few cases information was not shared when it was appropriate to do so and some assessments were not completed promptly.

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

- Ensure health staff are involved at an early stage when there are child protection concerns;
- Improve the monitoring arrangements for medical examinations to ensure children's needs are being fully met; and
- Ensure the emotional needs of children with less immediate concerns are fully met.

9. What happens next?

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

Fiona McManus
Inspector
October 2008

Appendix 1 Quality Indicators

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

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

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

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
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

If you wish to comment about this inspection

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

Our complaints procedure

If you have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston, EH54 6GA. You can also e-mail HMIEComplaints@hmie.gsi.gov.uk. A copy of our complaints procedure is available from this office, by telephoning 01506 600 200 or from our website at www.hmie.gov.uk.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail: ask@spsso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spsso.org.uk.

Crown Copyright 2008

HM Inspectorate of Education

This report may be reproduced in whole or in part, except for commercial purposes or in connection with a prospectus or advertisement, provided that the source and date thereof are stated.