

Joint inspection of services to protect children and young people in Glasgow City Council area



The inspection of services to protect children¹ in the Glasgow City Council area was carried out in February and March 2011. We looked at the services provided by health, the police, the council and the Children's Reporter. We also looked at the services provided by voluntary and independent organisations. Our report describes how good they are at protecting children and keeping them safe. To find this out we read a sample of children's files which were held by these services. We talked to a number of children and their parents and carers to listen to their views about the services they had received. We also spoke to staff in these services who worked with children, parents and carers and to senior managers who were responsible for these staff and the services they provided.

What we found and tell you about in this report is based on a sample of children and families. We cannot promise that this will be the same for every child in the area who might need help.

A team of inspectors gathered all the information and helped to write this report. These inspectors have experience of working across the range of services involved in protecting children. Inspection teams include professional staff who work in council areas elsewhere in Scotland.

Social Care and Social Work Improvement Scotland carried out inspections of Glasgow City fostering and adoption services linked to the inspection of services to protect children. Any recommendations or requirements are reported on the Social Care and Social Work Improvement Scotland website, www.scswis.com

¹ When we refer to children in this report we mean children and young people under the age of 18 years

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1. The area

Glasgow City is situated in the west of Scotland. It covers an area of 175 square kilometres. Glasgow City council has a population of 588,470 with 18.8% under the age of 18 years compared to the Scottish average of 20.1%. In 2009, 14.8% of pupils in Glasgow schools were from a minority ethnic background, compared with 4.9% nationally.

The number of children referred to the council for child protection enquiries decreased between 2007 and 2010. The level of referrals is lower than that for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Glasgow City is 3.0 per 1000 which is broadly in line with the national average 2.8 per 1000. The proportion of children in Glasgow who are looked after by the council is twice that of the Scottish average.

2. Particular strengths that made a difference to children and families

- Support to help parents gain skills and confidence to care for their children
- Schools and nurseries nurturing children and helping them keep safe.
- Work to ensure children who may have been brought into or moved around the country illegally are protected.
- Chief officers' prioritising of support to the most vulnerable children and families.

3. Examples of good practice

- **Stepping Stones Family Sessions** which helps parents of very young children to enjoy playing with, and caring for them.
- Rosemount Lifelong Learning Family Link Service which supports children and families affected by drugs and alcohol misuse so that they can have an improved standard of life and improved life chances.
- The Archway which helps young people who have been sexually assaulted.

4. How well are the needs of children and families met?

Children receive very effective support to keep themselves safe. They benefit from a variety of activities to raise their awareness of personal safety and are helped to learn how to use the internet safely. Where children are at particular risk, staff spend time helping them to recognise unsafe situations and keep safe. Staff work closely with children and families to provide early and effective support before serious difficulties arise or to stop problems getting worse. They persevere to make sure children get the support they need when families are reluctant to accept services. A wide range of programmes and services, including **Rosemount Family Link** and **Stepping Stones Family Sessions**, help parents become confident and skilled in caring for their children. Staff across services are now working well together to provide early support to vulnerable pregnant women.

Across services, staff are alert to signs that children may need protection. In most cases, they contact police and social work without delay. Where it is clear that children may be at immediate risk, staff respond promptly and effectively to ensure children are kept safe. They do not always respond quickly or investigate thoroughly enough when children's living circumstances are poor or where there are repeated lower level concerns. As a result, action to help children who may be experiencing neglect is sometimes delayed for too long.

Staff use legal measures effectively to protect children. They find alternative care where it is not safe for children to stay at home. They keep families informed very well during investigations, explaining clearly the reasons for concerns and the action being taken.

Schools and nurseries are helping to keep children safe by providing a high standard of care and promoting healthy development. Staff work well together to provide carefully targeted support for vulnerable families, including intensive parenting help. Where staff have identified that children need specialist help to recover from abuse and neglect, services

are usually provided without delay. Managers recognise they need to strengthen arrangements to meet the needs of children being brought up by relatives when their parents can no longer care for them. Staff are working hard to ensure very young children are placed with adoptive parents without delay when they cannot remain with their families. However, the longer-term needs of older children who are unable to return home are not always met well. The health needs of many vulnerable children have not been assessed thoroughly or plans made to ensure their needs are met. Services need to improve how they plan for and meet the individual needs of children whose well-being is affected by living in situations of neglect.

Helpful procedures guide staff to take appropriate action when children go missing from education. Children who may need support due to their sexual identity are helped by staff trained to challenge bullying effectively. Staff undertake high quality risk assessments to understand why young people run away from home. They help young people who run away to return home or find alternative places to stay. The Child Protection Committee (CPC) has led nationally on developing good practice in meeting the needs of children who may have been brought into or moved around the country illegally.

Staff are increasingly aware of the importance of listening to and taking account of the views of vulnerable children and their families. Children whose names are on the Child Protection Register (CPR) benefit from well-planned and regular contacts with staff who know them well. Staff make detailed and careful observations of very young children or those with communication difficulties to pick up any concerns. Children and families for whom English is not their first language are usually supported at key decision-making meetings by interpreters. Communication would be improved if interpreters were available for all contacts with staff. Children whose names are no longer on the CPR and children who are looked after at home or in residential units, foster and family placements are not always benefitting from consistent contact with their social worker. The use of independent supporters could help some children and parents to express their views at child protection meetings and participate more fully.

5. How good is the management and delivery of services?

Health staff are increasingly sharing information and providing advice about medical examinations. This practice is not yet consistent for all children who may have experienced abuse. Children who need a medical examination are now seen quickly by trained and experienced doctors. Young people who have been sexually assaulted receive medical care, sexual health advice and ongoing emotional support at **The Archway**. A system is now in place for comprehensive health assessment of some children at risk of neglect but there is no shared agreement about which children could most benefit from this service.

Staff working with family members who misuse drugs and alcohol and some criminal justice staff are now making very helpful contributions to assessing risks for children and keeping them safe. Staff work well together to manage the risks posed to children by sex offenders. Joint working would improve further if children's social workers were able to contribute to all the meetings where risks are considered.

Staff training is helping improve the quality of assessments. More attention is paid to considering and analysing all relevant information well when assessing risks and needs. Managers without direct case responsibility helpfully challenge decisions or lack of progress when they chair case conferences. Decisions are now circulated quickly so that staff know what has been agreed. However, staff are not yet consistently developing plans to meet children's needs effectively beyond immediate action. Much clearer plans are needed to direct what action needs to be taken to improve the longer-term outcomes for individual children in families. Plans should make clear how staff will know if not enough progress is being made and what they will do instead.

Chief officers and senior managers across services are strongly committed to reviewing the effectiveness of their child protection work. They oversee a wide range of review activities and make appropriate use of specialist staff to help them judge how well new policies and practices are being

used. Services now need to find ways of making best use of the large volume of data available to measure the difference they are making to outcomes for children so that they can be confident their work is improving children's lives. They should make sure that they put a system in place to gather and take account of the views of children and families themselves when deciding on priorities for improvement.

6. How good is leadership and direction?

Chief officers take their child protection responsibilities very seriously and provide clear and effective leadership and direction. They make sure they keep up-to-date with important national and local issues related to keeping children safe. They recognise the most important issues affecting children in the city. The Chief Officers Group (COG) has a strong shared vision which values children's rights and stresses the responsibility of all services to keep children safe. Staff understand that child protection is a very high priority. Chief officers have made resources available to support the most needy children and families and to continue their work to ensure services are provided by well-trained, effectively-led staff. The CPC helpfully seeks out examples of best practice elsewhere to compare how well services are performing locally to protect children. It monitors and reviews progress against agreed actions and priorities. However, the management information it receives does not enable enough measurement of progress in key priority areas, nor does it tell managers whether outcomes for children are improving. The size and complexity of the city makes it a challenge to ensure all services and key staff are included appropriately in decision-making. Chief officers could usefully review the membership and functioning of the COG, the CPC and its subgroups to make sure arrangements are as effective as possible.

7. How are services improving?

The needs of vulnerable children feature strongly in key plans directing services, including the Integrated Children's Services Plan (ICSP). Systems are in place to monitor progress against the aims of the ICSP and

managers have continued to take forward key areas of work effectively. Staff in different parts of the city are being encouraged to identify areas for improvement and develop solutions together in local management reviews. Significant improvements have been made in the arrangements for medical examinations. Children affected by parental substance misuse are benefiting from closer involvement of addictions staff in child protection case conferences and core groups. Managers have laid the foundations to support better, more consistent responses to children in need of protection across the city by a combination of staff training, development and support for first-line managers and more detailed monitoring. Close oversight is needed to ensure that changes are implemented and sustained and that staff receive sufficient support and challenge in their work with vulnerable families. Managers and the CPC should review the information they get routinely so they can be confident that progress in agreed areas for improvement are made and sustained.

8. What happens next?

We are confident that services will be able to make the necessary improvements in the light of the inspection findings. As a result, we will make no more visits in connection with this report. Our link inspector will maintain contact with services to support improvement.

We have agreed the following areas for improvement with services in the Glasgow City Council area.

- Improve the response of services to children experiencing neglect.
- Improve the quality of plans to meet the needs of individual children and implement them successfully.
- Continue to develop approaches to self-evaluation, focusing on outcomes for vulnerable children and families.

Quality indicators help services and inspectors to judge what is good and what needs to be improved in the work to protect children and meet their needs. You can find these quality indicators in the HMIE publication How well do we protect children and meet their needs? Following the inspection of each local authority area, the Scottish Government gathers evaluations of four important quality indicators to keep track of how well services across Scotland are doing to protect children and meet their needs.

Here are the evaluations of these for the Glasgow City Council area.

Children are listened to and respected	good
Children are helped to keep safe	very good
Response to immediate concerns	good
Meeting needs and reducing long term harm	satisfactory

We also evaluated the following aspects of the work within the local authority area.

Self-evaluation	satisfactory
Improvements in performance	good

Managing Inspector: Helen Happer

June 2011

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

excellent outstanding, sector leading

very good major strengths

good important strengths with some areas for improvement

satisfactory strengths just outweigh weaknesses

weak important weaknesses unsatisfactory major weaknesses

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

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本出版品有其他格式和其他語言備索。

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