

**Joint inspection of services to protect children and
young people in the West Lothian 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?*'.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 West Lothian 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.

West Lothian is a medium sized council area covering 427 square kilometres in mid central Scotland. Two-thirds of the West Lothian area is mainly agricultural and one tenth is urban. The main centres of population are the towns of Livingston, Bathgate and Linlithgow. The population is around 165,700 of whom approximately 23.5% are aged 18 and under. This is higher than comparator authorities³ and the national average. The number of children under 16 years is expected to grow.

West Lothian enjoys high employment rates, however, weekly earnings are lower than Scotland as a whole. There is a slightly lower rate of single parent families than in comparator authorities³ and for Scotland as a whole. Some council areas provide significant challenges associated with deprivation and crime. The proportions of child protection referrals and children on the Child Protection Register (CPR) in 2007 were slightly higher in West Lothian than across Scotland as a whole. The proportion of children referred to the Children's Reporter was similar to the proportions referred across Scotland.

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 Comparator Authorities include Clackmannanshire, South Lanarkshire, Midlothian, North Lanarkshire, and Fife.

2. Key strengths

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

- A strong focus on pro-active early intervention in the lives of vulnerable children and families.
- The role of the community child health service in meeting the health needs of children.
- A strong culture of involving children and families in key processes and service development.
- Very effective approaches to information-sharing using information technology.
- Robust processes within the Inter-agency Referral Discussion arrangements for early response and decision-making when there are concerns about children.
- The visionary leadership of the Chief Executive, elected members and senior officers of the West Lothian Council.
- The collaborative approach to the continuous development of services to protect children across all key services.

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

Services placed a strong focus on prevention and early intervention. Children enjoyed positive and trusting relationships with a wide range of staff. They knew how to obtain help or advice and had high levels of awareness of how to keep themselves safe. Overall, staff were very alert to the signs that children and young people may need help. They worked very well together and responded quickly to children at immediate risk. Help was made available for as long as children and families needed it. There was a wide range of very effective specialist services to meet children's longer term needs.

Being listened to and respected

The extent to which children and families were listened to and respected was very good. Staff worked hard to create helpful and trusting relationships with children and families. Children were carefully listened to and they felt respected. They were confident that staff took time to get to know them well. Vulnerable children were seen regularly and enjoyed supportive and consistent relationships with social workers and family support workers. Children developed trusting relationships with staff in voluntary services. Staff in Family Centres and Sure Start were very skilled in observing and interpreting changes in the behaviour of very young children. When there were concerns about the safety or

well-being of children, staff carefully sought the views of children and parents and kept them informed about what was going to happen next. Overall, staff communicated successfully with children with learning or communication difficulties.

Children's Panel members were accomplished at communicating with children and parents. They took a sensitive approach to seeking the views of children and families and encouraged their full participation at Children's Hearings. Staff, particularly social workers, made very good efforts to ensure children and parents were well prepared for formal meetings such as child protection case conferences, core group meetings and looked after children's reviews. As a result, children and families were more able to express their views during formal meetings and take an active part in decisions. Staff were persistent in maintaining contact and successfully established relationships with families who did not want to receive help. Children highly valued the support of the Children's Rights Officer to represent their views at formal meetings. There were some good examples where staff had taken full account of the views of children and parents and made significant adjustments to the service they provided.

Being helped to keep safe

The approaches used to help keep children safe were very good. There was a strong focus on early intervention and the identification of children and families who needed additional support. Multi-agency screening groups effectively identified families affected by parental substance misuse and domestic abuse. A wide range of services responded promptly to support these families at an early stage. Health visitors provided valuable assistance to vulnerable families with young children. Family Centres offered very young children and parents intensive nurturing and support. Sure Start and Family Centre staff often worked directly with families at home to encourage strong relationships between parents and children and positive parenting. Very young parents received helpful support from groups such as Young Mums 2B. Family Support Workers were very effective in helping parents to develop the necessary skills to be successful parents and meet the needs of their children. Parenting programmes, such as *Getting Through the Day*, resulted in notable increases in parental confidence. A wide range of services focused on supporting vulnerable families affected by parental substance misuse, mental ill-health and domestic abuse. This enabled children to remain safely at home. Parents valued the support they received and recognised the positive changes services had made to their family lives.

Children had high levels of awareness about how to keep themselves safe. School staff, community police officers, the Domestic Abuse Service (DAS) and other services worked well together to deliver a wide range of very effective personal safety programmes such as *Keeping Myself Safe*. A recent campaign entitled *What to do if...* had very successfully raised awareness among school children of their entitlement to be safe and how to obtain help if they needed it. Children identified a wide range of staff they could talk to about their worries. Older children highly valued drop in services such as the Chill Out Zone to talk about their health concerns. *WNetguard* helpfully enabled children who were accommodated to use the internet safely. Education staff provided effective support for children whose parents had chosen to educate them at home and made arrangements to track children missing from education. A few schools were inconsistent in their management of unexplained absences. Staff in education found the Safe Arrival procedures difficult to implement for pre-school children when health visitors were required to make contact with families.

Children and parents who responded to questionnaires issued during school inspections indicated that they were confident that school staff knew children well and were concerned about their welfare. Children knew how to contact the ChildLine telephone helpline and had received information about how to contact local services for help.

Some examples of what children said about keeping themselves safe.

“The school is a safe place to be – there is always support for you.”

“People take you seriously here at Young Carers’ group and don’t poke fun at you.”

“[School] Staff listen to what you have to say and help you. We know what to do when we have a problem.”

“The services in school are really good. They have helped me a lot because they believed in me. Now I believe in myself.”

Immediate response to concerns

The immediate response to concerns about children was very good. Overall, staff were alert to signs that children may be at risk of abuse and neglect and took prompt action to protect them. Police officers responded well to domestic incidents and were acutely aware of the impact of domestic abuse upon children. Staff listened carefully to children and took them seriously when they reported abuse. When child protection concerns were raised Inter-agency Referral Discussions (IRDs) took place immediately between health, police and social workers. These discussions took place at any time of the day or night and ensured a timely and coordinated response to children who were in need of immediate protection. Staff ensured that children were well protected through the appropriate use of Place of Safety Warrants and Child Protection Orders. Police officers used emergency powers when necessary to protect children. Investigations by police and social workers took place very quickly after concerns were raised. These were carried out jointly by skilled and experienced social workers and police officers. On a few occasions, staff in health and education did not recognise or report clear signs of abuse and neglect and this resulted in a delayed response to children at risk.

Meeting needs

The impact of services in meeting children’s needs was very good. Staff worked well together to meet the social and emotional needs of children. They coordinated individualised support to reduce risks and meet needs. Services continued for as long as children needed them. In most cases the lives of vulnerable children had significantly improved in both the short and longer term. Staff made good arrangements for children who were unable to remain in the care of their parents. There were a small number of children who had been assessed at risk of abuse for lengthy periods and for whom progress had not been sustained.

Health services made a very strong contribution towards meeting the needs of vulnerable children. Community Child Health staff carried out comprehensive medical assessments where appropriate. Community medical and nursing staff closely monitored and followed up the health needs of individual children. A multi-agency Looked After Children (LAC) support team ensured that the educational, health and psychological needs of looked after children were met. Nurture groups in some primary schools were improving the social and emotional development of vulnerable children. All secondary schools had confidential drop in clinics and school nurses provided confidential services for children who sought support for a wide range of health matters. Children with additional support needs were assisted in school through multi-agency support plans. A few parents and some staff were unclear about the range of plans to meet the needs of children who needed additional support.

A range of services to help children recover from the effects of abuse was available. Babies recovering from the effects of parental drug use benefited from specialist support from paediatricians and health visitors until the age of two years. Child and Adolescent Mental Health Services (CAMHS) offered very effective support and therapeutic services to young people and there were plans to increase the level of this service. Barnardo's Skylight project provided very successful support for children who had experienced sexual abuse. DAS and Women's Aid provided very effective support to women and children who were recovering from the experiences of domestic abuse.

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

Services had promoted public awareness of child protection very successfully through a broad range of high quality publicity materials. The West Lothian Child Protection Committee (CPC) had run very effective campaigns to ensure that children, adults and the community were aware of how to raise concerns about children.

Being aware of protecting children

The promotion of public awareness of child protection by the CPC was very good. The CPC had developed a planned approach to the raising of public awareness. Leaflets and posters with a recognisable design had been disseminated widely. Some leaflets had been produced in minority languages. The CPC had recently launched *Jamie's story* to raise children's awareness of keeping safe. Children had been involved in the design of leaflets, posters and stickers which were displayed prominently in schools and public buildings. These materials had captured the interest of children and they related well to the messages portrayed in these materials. Staff were reminded of their responsibilities and how to report concerns through regular features in newsletters and through information placed into payslips. The CPC had plans to develop its own website dedicated to child protection. The CPC had not yet established systems to evaluate the effectiveness of its efforts to raise public awareness.

Members of the public were able to report concerns about children at any time. The Council's Social Policy department provided social work services through a day duty service and the out of hours social work service, Social Care Emergency Team (SCET). SCET had produced publicity materials and regularly advertised this service through the Council newspaper. Members of the public used this service to report concerns about

children. Appropriately trained staff responded quickly to calls from the public. Calls about the protection of children were prioritised and received an appropriate response. Police officers were available to respond to concerns about children at any time. Members of the public did not routinely receive feedback when they raised a concern about children.

5. How good is the delivery of key processes?

There was a strong emphasis on involving children and families in key processes and staff worked hard to ensure they participated fully. The views of children and families were sought consistently and taken into account in all decision-making meetings.

Information-sharing was very effective and there were strong systems and processes to support staff practice. There were effective arrangements to support the short and longer term planning for children. Approaches to the assessment of risk and needs were variable. Joint plans to meet children's needs were less successful when they were informed by assessments which lacked rigour.

Involving children and their families

Arrangements for involving children and their families in key processes were very good. They were routinely invited to attend case conferences, core groups and review meetings and staff actively encouraged their full participation in all meetings. There was effective coordination of decision-making meetings and a helpful approach to ensure that the timing and location took account of the needs of families. Staff were very flexible in the ways in which they involved families and they worked hard to gain the trust of those who found it difficult to cooperate. Families received reports for meetings in good time and were able to read and discuss these in advance. Reviewing officers helpfully took time to speak to children and their families prior to meetings. This helped to put them at ease and ensured they understood the purpose of the meeting and what would happen. Parents were encouraged to contribute and assured that what they said would be listened to. Inter-agency Child Protection Procedures clearly identified social workers as having a responsibility to obtain and report on the views of children and parents. Social workers were diligent in routinely obtaining the views of children and families prior to decision-making meetings. The CPC had developed helpful information leaflets for parents to help them understand the processes when there were child protection concerns. Panel members worked hard to put parents and children at ease during Children's Hearings. They encouraged children to express their views and made sure that they knew and understood what was going to happen. However, panel members did not receive completed *Having Your Say* forms for most children in advance of hearings. Children who were not able to attend meetings passed on their views through staff who knew them well. Overall, children and parents were listened to and their views were taken into account. The Children's Rights Officer had acted as a powerful advocate for looked after children. A few children did not fully understand why they were the subject of concerns. The accommodation used for Children's Hearings lacked privacy and did not provide sufficient space to manage important meetings.

All services had clear policies and procedures for handling complaints. Leaflets which clearly outlined how to make a complaint were available in public offices and via websites. They were also available on request in a range of alternative forms including Braille, tape, large print and community languages. There were few formal complaints and managers were encouraged to resolve dissatisfaction locally. Formal complaints were investigated promptly

in accordance with procedures. Complainants received a written response which detailed the outcomes.

Sharing and recording information

The arrangements for sharing and recording information were very good. Strong practice in the sharing of information to protect children had been established. There was a clear understanding across all services about the importance of sharing information when there were concerns about children. Staff, including those working with adults, routinely shared relevant information within their own service and with relevant others. A systematic approach to IRDs had resulted in significant improvements in the sharing of all known information when there were new concerns about children. Key staff across services had instant access to important information about children who may be at risk of abuse and neglect through the C-Me system. Particular features of information-sharing included the following.

- C-me provided a shared electronic information system for staff to access information about children across key services. This system had begun to store comprehensive chronologies of significant events and had huge potential to assist staff in the assessment of risk.
- Police, health staff and social workers shared information quickly and effectively during IRDs and a shared record of the IRD was held on C-Me.
- Firmly established processes for the sharing of sensitive and restricted information and very good examples of this being used well by police and general practitioners (GPs).
- There had been notable increases in the provision of written reports by all services, including GPs, to child protection case conferences since the introduction of new procedures.
- Very effective information-sharing about known incidents of domestic abuse across services, including weekly updates to schools.
- Well-established arrangements for sharing information about sex offenders among police, Social Policy and housing which helped to protect children.
- A single community child health record ensured that all medical and public health nursing information for a child was held together.
- Staff across Social Policy, including social workers in adult services, had access to information about children through an electronic recording system.

Overall, there was consistent management and recording of information in children's records. Records were up to date and information from other services was clearly identified. Family Centre and Sure Start records were commendable and provided very clear and helpful descriptions of children. Minutes of child protection meetings and copies of reports were distributed quickly. Child protection plans were easily accessible in all records. Useful chronologies of significant events were recorded in many files. However, the recording of the impact of events on the child was variable. The recording practice in Social Policy did not make it easy to monitor how often children were being seen by social workers.

Services informed children and families of the need to share information. Staff in adult services took time to explain to their clients the need to share relevant information. Parents regularly attended child protection case conferences and core group meetings. They had an awareness of what information was known to services and how this was shared. Parents received copies of the minutes of meetings and child protection plans. Careful consideration

had been given to obtaining consent from parents and children to share information through the C-Me system.

There was close joint working between police officers who monitored sex offenders, criminal justice social workers and housing staff. The appointment of a Sexual and Violent Offenders Liaison Officer, (SAVOLO), and implementation Multi-agency Public Protection Arrangements (MAPPA) had strengthened arrangements to protect children from adults who posed a risk to their safety. A similar process had been introduced for young people displaying sexually aggressive behaviour. Police officers recorded relevant information on the police intelligence database at the start of an enquiry. This helped to ensure that information about individuals who may have committed offences but had not yet been convicted was available to Disclosure Scotland.

Recognising and assessing risks and needs

The recognition and assessment of risks and needs was good. Overall, staff were alert to the signs that children may need help or protection from harm and took prompt action to refer to other services. There were arrangements for any member of staff to hold a Professional Concerns Meeting when concerns were less urgent. This provided a multi-agency forum to share information and to jointly assess risks and needs. An IRD involving health, police and social workers was carried out for all children at immediate risk of harm and abuse. This process led to a joint assessment of immediate risk and clear decisions about the need for immediate protection, medical examinations, and joint investigations. The decision to hold a multi-agency child protection case conference was agreed jointly by police, health and Social Policy during the IRD. Staff in health had begun to use the Lothian Child Concern Model as a tool to ensure consistency in the assessment of needs. A multi-agency risk assessment framework had been recently developed and was being introduced to staff.

Overall, child protection case conferences were well attended by staff who contributed to a joint assessment of risks and needs. These meetings identified areas of family strength, concerns and the immediate actions required to reduce the risks to the child. Case conferences routinely considered the need to refer children to the Children's Reporter. Regular core group meetings were held for all children whose names were included on the CPR. These were generally well attended, however, there were examples where key staff such as health were repeatedly absent. The approach to undertaking a comprehensive assessment of risks and needs was variable. There were some good examples of comprehensive assessments of children's needs and thorough assessments of parenting. However, for children who were experiencing chronic neglect the assessment of risks and needs did not always take full account of the impact of physical neglect on the child. There were examples where staff did not fully consider relevant historical information in risk assessments and care plans. A few children's names had remained on the CPR for too long without a robust assessment of progress. Children's Reporters sometimes took too long to assess and investigate the need for compulsory measures of care.

Carefully planned joint investigative interviews were carried out by trained and experienced social workers and police officers. Staff carried these investigations out sensitively. However, on a few occasions they took insufficient account of the needs of children with learning or communication difficulties. A rota of experienced paediatricians ensured that they contributed to all IRDs and decided upon the most appropriate type of medical examination. When necessary, they worked closely with forensic medical examiners to very

effectively assess health and development as well as gather evidence of abuse. There was a very high standard in the practice of examination of child victims of sexual abuse. Children were provided with appropriate medical and therapeutic follow-up.

Staff in all services, including criminal justice social workers and addictions staff, were alert to the risks to children of parental substance misuse. The police appropriately reported concerns to social workers and the Children's Reporter. Midwives were alert to the needs of vulnerable unborn babies and arranged multi-agency professional concerns meetings. A multi-agency screening group assisted in the early identification of families affected by substance misuse. Inter-agency guidance on *Protecting children living in families with problem substance misuse* had ensured consistency in the approach to assessment. There were a few examples of delays in arranging pre-birth child protection case conferences until after the baby had been born.

Planning to meet needs

Overall, the planning to meet needs was good. All children in need of protection had a child protection plan and an allocated social worker. Most plans were appropriate and set out both short and long-term goals. Plans also set out what would happen if the risks to the child did not reduce or their needs were not met. Staff across agencies had copies of relevant plans and carried out agreed actions to reduce the risks to children. However, there were a small number of children whose plans did not focus sufficiently on identified risks or what was required to reduce or remove these risks. These plans were brief in content and lacked detail of the specific actions required to improve their circumstances. For some children there were delays in decision-making by Children's Reporters.

Child protection case conferences were well-attended and relevant information was shared effectively. Staff attending case conferences provided helpful written reports. Parents and children were included fully in developing care and protection plans. All children on the CPR had a case coordinator and a child protection plan. Child protection plans were clearly recorded and shared across services and monitored through regular core group meetings. Children on the CPR were reviewed at child protection case conferences which were held within agreed timescales. Children continued to receive appropriate services when their names were removed from the register. However, for a few children it was not always clear what the next steps were. Independent chairs of child protection case conferences did not always use their authority to challenge the lack of progress of plans.

Overall, staff responded well when the circumstances of children and families changed. They quickly took account of these changing circumstances and considered whether plans and actions to protect children needed to be altered. Overall, the longer term needs of children were identified and appropriate plans put in place to successfully meet these needs. These plans led to significant and improved outcomes for most children. However, for a few children who were experiencing neglect staff had persevered too long with plans which had not ensured significant progress in meeting their needs. There were occasions when Children's Reporters took too long to respond to referrals.

Core group meetings were held very regularly and were generally well attended. Membership of the core group and the frequency of meetings were routinely agreed at case conferences. The responsibilities of the case coordinator and the function of these meetings were clearly understood. Parents were very effectively involved and often had tasks to carry

out as part of the plan. Meetings focused on reviewing progress against child protection plans. Written updates to plans were issued after each meeting. There were examples where important information was not recorded because procedures for core group meetings did not ensure a shared minute was kept.

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

Staff were guided by very effective policies and procedures to protect children and keep them safe. Senior managers across services worked closely in planning and delivering children's services through the Integrated Children's Services Plan (ICSP). Staff were knowledgeable about the ICSP. Services had identified the need to improve the use of management information in child protection. There were very effective arrangements for taking account of the views of children and parent in the development of services. Staff had access to a wide range of training in child protection. Practices in relation to safe recruitment and vetting took full account of legislation.

Aspect	Comments
Policies and procedures	Policies and procedures were very good. Services had worked well together to develop a broad range of policies to protect children from harm to guide staff in their work. Revised comprehensive Inter-agency Child Protection Procedures had recently been introduced. These had been disseminated to all relevant staff through a series of training events. The procedures for IRDs were particularly effective in ensuring that the initial response to children in need of protection was proportionate. Staff had easy access to policies and procedures and used these actively to inform their work. The arrangements for systematic review of policies and procedures within services were variable.
Operational planning	Overall, operational planning was very good. Staff had a good understanding of the Integrated Children's Service Plan (ICSP) and were aware of their role in delivering the plan. The multi-agency Children's Service's Management Group (CSMG) worked well together to take forward the priorities of the ICSP. The CPC work plan was well integrated into the ICSP and progress was carefully monitored. The CPC was monitoring compliance with new child protection procedures. All services had management information systems in place and some had identified how these arrangements could be improved. The West Lothian Chief Officers Group (WLCOG) had identified the need for better use of joint information to ensure that desired outcomes were being achieved. Substance misuse services had made good use of information which had led to the commissioning of services over a three year period.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	The participation of children, their families and relevant people in policy development was very good. There was a strong commitment to seeking the views of children and families. The Youth Participation Network very effectively supported children to take an active part in decision-making. The Youth Congress, Youth Forums, Having Your Say Forum and Pupil Councils were very successful in promoting participation in both local and national matters. The West Lothian Youth Health Forum had recently been formed as an action group to influence health services to meet the priorities of young people. The Director of Education met regularly with school representatives to hear their views. Children had helped to design a leaflet about child protection case conferences. The Daisy Drop-in centre had been established after consultation with parents about how best to meet their needs.
Recruitment and retention of staff	Overall, the arrangements for the recruitment and retention of staff were very good. Staffing levels were very good and Social Policy, police and health had recently increased staffing levels to improve child protection services. Overall, there was a stable and experienced staff group across services. However, shortages of Children's Reporters had placed considerable strain on the local service. All services had robust safe recruitment practices. The council safe recruitment processes went beyond the legal requirement and there was a programme for carrying out retrospective checks of all Social Policy and education staff.
Development of staff	Staff development and training were very good. Services had effective training programmes in place, tailored to meet the individual needs of participants. Staff had good access to training which provided beneficial experiences and improved practice. Multi-agency training had resulted in raised awareness of child protection and promoted joint working across services. The CPC Practice and Training Sub-committee had a very effective training plan which was reviewed yearly. This ensured a consistent approach across services. Managers ensured that staff received regular supervision, support and workload management particularly in regard to child protection work.

7. How good is individual and collective leadership?

Chief Officers shared a very strong vision for the protection of children. The Edinburgh, Lothians and Borders Executive Group (ELBEG) provided well-established leadership and direction. The Chief Executive of the council was very influential in promoting partnerships and integrated working. Strategic leaders and the West Lothian Child Protection Committee (CPC) were driving forward quality assurance and self-evaluation processes which had led to notable service improvement.

Vision, values and aims

The vision, values and aims to protect children were excellent. Through ELBEG, Chief Officers demonstrated a very strong collective responsibility and a shared vision for the protection of children. This vision was firmly rooted within all strategic and local service development and put into practice by staff.

- Elected members of West Lothian Council were very clear about their responsibilities for protecting children. The Chief Executive of the council provided very strong leadership to ensure good outcomes for all children. Senior managers shared this commitment to children and communicated the vision very effectively. Staff at all levels were able to describe how this contributed to their work to keep children safe.
- The Chief Executive of NHS Lothian and senior managers had a very clear vision for the protection of children and demonstrated a strong commitment to partnership working and service improvement. The Lead Paediatrician provided a strong focus on the protection of children and led a number of important service improvements. Staff at all levels understood their responsibilities for protecting children.
- The Chief Constable was fully committed to ensuring that child protection continued to be a strategic priority for the force. The Divisional Commander for West Lothian shared this commitment and ensured that the priority for the protection of children was reflected in local policing plans. Officers throughout West Lothian were highly aware of priority given to child protection.

The collective vision for children and young people was very clearly outlined in the Integrated Children's Services Plan 2005-2008 "For West Lothian's Children". Children were given a high priority in strategic partnerships and planning within the local authority area. A commitment to the vision for the protection of children was the foundation of all of these processes.

Leadership and direction

Leadership and direction was very good. ELBEG provided strong strategic leadership and direction and ensured effective collaboration between agencies. The arrangements to ensure local accountability for child protection had been improved through the recent establishment of the WLCOG. There was a well-established culture of close partnership working at a strategic level in West Lothian. There was a very clear direction to provide a joint approach to customer led services. This provided a productive environment for effective joint working across services to protect children. The SCRA was not able to give a priority to strategic joint planning of services to children.

The WLCOG had recently ensured clear lines of local accountability and reporting on child protection. It had already begun to scrutinise the work of the CPC. The CPC, formally established in 2005, had a broad membership and had quickly become very active in making local improvements. The CPC met very regularly and was effective in maximising a multi-agency approach to the development and monitoring of yearly business plans. Chief Officers had jointly funded the CPC Lead Officer post and administrative support. There had been inconsistent representation at CPC business meetings by education and the Procurator Fiscal's service.

Strategic leaders were committed to joint planning, the sharing of resources, and service improvement across all public services. The development of an integrated approach to all public service delivery was planned within a new Civic Centre by 2009. This included the co-location of key staff with responsibility for child protection. Partners had successfully developed a shared information system, C-Me, which provided huge potential for the information-sharing. Senior officers in health, the local authority and police had all committed additional resources and staffing within services to protect children. There was a lack of progress within SCRA about the long term solution to provide suitable premises for children's hearings.

Leadership of people and partnerships

Individual and collective leadership of people and partnerships was very good. Chief Officers and senior managers provided strong leadership to encourage and support joint working. The CSMG and the CPC had played a key role in planning and delivering services for children. The co-location of some key managers and staff in health and social work had enabled them to work more effectively together to provide services for vulnerable children and families. There was very effective joint working between police, health and Social Policy to ensure the protection of children. Staff in education had recently strengthened their contribution to the CSMG and CPC.

There was strong partnership arrangements and team working within the Community Health and Care Partnership (CHCP). The Director of the CHCP was jointly accountable to the Chief Executives of West Lothian Council and NHS Lothian. Senior managers in Social Policy and health, practice nurses, district nurses, community midwives and health visitors were co-located at the Strathbrock Partnership Centre. When completed, the new Civic Centre will provide additional facilities to co-locate staff and services. The Cluster Resource Groups (CRG) and the Senior Officers Review Group (SORG) worked effectively together to target specialist services for vulnerable children and families.

The CSMG led integrated children's services planning. There were close links to the community planning framework. Senior managers worked collaboratively with the voluntary sector to provide services for children and families. Chief Officers had ensured that the voluntary sector was represented on the CPC. There was effective partnership working to plan support for children affected by domestic abuse. Services had recently reached an agreement for screening referrals to the Children's Reporter following incidents of domestic abuse. Senior managers had worked together to establish a single outcome agreement and key priorities included child protection.

Leadership of change and improvement

Overall, the leadership of change and improvement was very good. There was a very high level of commitment to improving services for all children, including vulnerable groups. Chief officers and senior managers had placed considerable emphasis on continuous improvement through self-evaluation. They had recognised the importance of carrying this out systematically to improve the outcomes for children and families. A strategic review by ELBEG had strengthened local accountability and governance arrangements. Senior managers from police, health and Social Policy met fortnightly to review the effectiveness of the IRD process. This had led to improvements in the immediate response to children in need of protection.

The CPC effectively led processes for inter-agency self-evaluation and as a result there were notable improvements to services to protect children. A number of significant case reviews had identified strengths and areas for improvement. Close scrutiny of processes and outcomes for children and families had been carried out through an evaluation of de-registrations from the CPR. A case file audit had been carried by the Quality Assurance Sub-Committee of the CPC. There were clear processes for identifying strengths and areas for improvement and an inter-agency action plan had been produced. The CPC had begun to monitor staff compliance with the new inter-agency child protection procedures. The Authority Reporter had been unable to fully engage in joint approach to self-evaluation.

Within West Lothian Council, Social Policy, education, housing and psychological services had established self-evaluation processes which had resulted in service improvements. SCET had used questionnaires to obtain feedback from service users. The police had carried out a review of the Family Protection Unit key processes which had led to the development of very effective guidance for staff to improve consistency of approach to joint investigations. The NHS Lothian Child Protection Action Group (CPAG) monitored board-wide improvement objectives. The West Lothian CHCP monitored local improvement objectives. A self-evaluation of CAMHS had led to a significant reduction in waiting times.

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

Summary

Inspectors were very confident that children who needed protection were known to services. There were robust arrangements to ensure that the necessary immediate action was taken to make children safe. Staff took steps to ensure that their needs were met and their circumstances improved. Children were very aware of how to keep themselves safe and identified a range of trusted adults to help them. Children and families received help at an early stage and they continued to receive this help for as long as they needed it. They were fully involved in key processes. Staff across services needed to ensure that they took all available information into account when assessing risks and needs and when making plans to keep children safe.

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

- improve assessment of risks and needs to ensure that the longer term needs of all children are clearly identified;
- improve the processes for joint planning to meet the individual needs of children and families; and
- improve the service provided by SCRA to provide sufficient staffing and suitable accommodation to meet local needs.

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 re-visit to assess and report on progress made in meeting these recommendations.

Jacquie Pepper
Inspector
September 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	Very 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	Very Good
Recognising and assessing risks and needs	Good
Effectiveness of planning to meet needs	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	Very Good
How good is individual and collective leadership?	
Vision, values and aims	Excellent
Leadership and direction	Very Good
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

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