

Services for children and young people in Shetland

July 2015

Report of a joint inspection

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Note: where you see terms in this report written in **bold**, you can find an explanation in Appendix 1 or Appendix 3.

1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from Shetland Islands Council, NHS Shetland, Police Scotland, the Scottish Fire and Rescue Service and Voluntary Action Shetland.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate Assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area. This inspection team was also joined by two members of staff¹ from Shetland who participated in our review of practice through reading children's records.

A framework of quality indicators was published by the Care Inspectorate in September 2014. The indicators in *How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality*

¹ One colleague from Shetland Islands Council Children's Services; the other from NHS Shetland.

indicators are used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading improvement and change; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we inspected

The joint inspection of services for children and young people in the Shetland Community Planning Partnership area took place between January and March 2015. It covered the range of partners in the area that have a role in providing services for children, young people and families.

This inspection was part of a combined approach, bringing together two inspections: one concerned with services for children and young people; the other focusing on services for older people. This was not an integrated inspection. The intention was rather to combine the two inspections by delivering them within the same 'footprint' and joining up activities wherever possible. The aims of delivering a combined inspection were to minimise the burden of scrutiny on an island council area like Shetland, and prevent staff, in a small workforce, being involved in unnecessary duplication of activities during the inspection programme.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons² and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 36 of the most vulnerable children and young people. We met with children and young people and parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

² Items in bold type are included in the glossary contained in appendix 3

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Shetland Islands Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Shetland Islands Council area published by the Care Inspectorate in January 2012, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found on the Care Inspectorate website³.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Shetland is situated 338 kilometres from Aberdeen, covers 1,468 square kilometres in area and has over 2,700 kilometres of coastline. It is made up of more than 100 islands located at the confluence of the North Sea and the North Atlantic. Shetland's relatively remote location – approximately midway between Aberdeen and Bergen - has had a significant influence on island culture and heritage, reflecting both Scottish and Scandinavian influences. The largest island, referred to as the mainland, has an area of 967 square kilometres, making it the third-largest Scottish Island and the fifth-largest of the British Isles. There are an additional 14 inhabited islands. The waters around Shetland are some of Europe's richest fishing grounds, and the islands' position makes them a hub for North Sea oil and gas exploration. The natural beauty of Shetland draws many visitors – tourism making an important contribution to the local economy. Modern, efficient transport links connect the islands, and there are regular ferry and air services linking Shetland to the Scottish mainland.

Latest population figures for Shetland put the population at 23,167 – an increase of just over five per cent since 2001. Lerwick is the main centre of population with around 7,500 inhabitants. The remainder of the population is dispersed widely – from Unst in the north, Foula to the west and Fair Isle to the south. The population's age profile is relatively young – 19 per cent of the population are aged under 16 years, compared with a figure of 17.3 per cent in the rest of Scotland. The population of Shetland is expected to remain stable over the next few years, although the proportion of older residents (those in the 75+ age group) is set to increase, whilst the number of those under 16 years is projected to decline, in line with trends across Scotland.

³ www.careinspectorate.com

The Community Planning Partnership in Shetland is known as the Shetland Partnership. Partners are drawn from the public, private and voluntary sectors, providing strategic leadership, ensuring that the actions of their organisations reflect the priorities detailed in the **Single Outcome Agreement**. In keeping with national objectives set by the Scottish Government, the Shetland Partnership has agreed a set of local objectives for the delivery of children's services. These are:

- a shift from crisis intervention to prevention and early intervention
- the promotion of resilience and wellbeing of children, young people, families and communities
- timely engagement with children and young people to ensure their views shape current and future planning
- continued development of the workforce in delivering the best outcomes for children and young people through multi-agency working.

Efforts to achieve these objectives are being built on two key policy initiatives:

- the work of the **Early Years Collaborative** – which aims to ensure that every child gets the best possible start in life and tackle generational cycles of inequality
- implementation of **Getting it right for every child** – providing a set of values, principles and a common approach to delivering services and improving outcomes for children, young people and their families.

4. How well are the lives of children and young people and families improving?

Key performance outcomes

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was evaluated as good. Approaches aimed at prevention and early intervention were beginning to show signs of positive impact, but the Shetland Partnership was still at an early stage in demonstrating the progress they were making to close outcome gaps and address inequalities.

Shetland's children and young people were in very good health. They performed well at school, and almost all went on to positive destinations once their school education had been completed. They benefitted from high quality, accessible sport and leisure facilities. The uptake of these opportunities was encouraged through widespread distribution, good transport links and the success of Active Schools in Shetland.

A number of indicators showed that outcomes for children with disabilities were generally positive, delivered by well integrated statutory and voluntary services throughout Shetland. The application of the Barnardos outcomes framework demonstrated some promise in moving towards the effective measurement of the difference that services were making to the lives of vulnerable children and young people.

How well are trends improving through prevention and early intervention?

Approaches aimed at prevention and early intervention were beginning to show signs of positive impact, but the Shetland Partnership was still at an early stage in developing outcome measures. However, some of the work in this area was encouraging. Local adaptation and implementation of the Barnardo's outcomes framework had been introduced as part of the wider implementation of Getting it right for every child in Shetland. The use of the outcomes framework was being used across the Shetland Partnership to measure impact on children and young people and to support consistency of approach, language and understanding. We found evidence of the Barnardo's outcomes framework were beginning to be used in our review of practice through the reading of a sample of case records. Moreover, this common framework for measuring outcomes had been extended in some of the Early Years Collaborative improvement projects – for example, applied to the Young Mums group, Busy Dads, and the multi-agency Antenatal Parenting Programme. Partners were confident that, in time, this approach would provide valuable information regarding the effectiveness of prevention and early intervention in Shetland.

The Early Years Collaborative had introduced specific projects to break the inter-generational cycle of poverty, poor parenting and deprivation. The vulnerable parents pathway had led to the establishment of projects such as Shetland Young Mums, and Busy Dads. The Antenatal Parenting Programme was providing additional support to women considered vulnerable in pregnancy. The aim was to provide a service to at least 90 per cent of women who met the programme's criteria, improving the women's knowledge, skills and confidence in child development, child attachment and child safety. It was too early to assess the extent to which this work was having a positive impact on the women referred and their children. However, the Early Years Collaborative was making good progress against the five agreed work streams, and agreed milestones were being met.

How well are outcomes improving for children and young people?

Health outcomes for Shetland's children were generally positive. During pregnancy, the figures for mothers smoking at pregnancy remained consistently below 14 per cent, assisted by a good uptake of smoking cessation support amongst pregnant women and their partners. There were very small numbers of low birth weight babies, and low neonatal mortality rates in Shetland. The uptake of the measles, mumps and rubella vaccine at two years of age was consistently above 90 per cent, showing an improvement from previous years, making steady progress towards a target of 95 per cent. Moreover, the figure for MMR uptake at five years had recently reached 100% for the first time.

Shetland continued to be ahead of the national target of 50 per cent of mothers breastfeeding at six to eight weeks, making continued progress towards a local target of 58 per cent. The UNICEF Baby Friendly Hospital award had been achieved some years ago, and partners were moving closer to achieving the community award, in recognition of a community wide commitment to breastfeeding.

Dental health outcomes for children in Shetland ranked highly when compared with the rest of Scotland. Seventy-five per cent of three and four year old children in each SIMD⁴ quintile in Shetland receive at least two applications of fluoride varnish per year. This was well above the national target of 60 per cent. Partners were looking to make further improvements, by mapping uptake of fluoride varnish over the coming year against other indicators of deprivation and vulnerability, in order to identify the most appropriate ways of reaching those children who might not otherwise benefit from this preventive programme. Overall, these efforts meant that Shetland children started school with the lowest level of tooth decay in Scotland.

Shetland demonstrated a consistently low rate of teenage pregnancy (2.3 per 1000 population, 13-15 year olds). A three year rolling average was used to smooth out the effects of small numbers. Sexual health services were well attended by young people. Efforts continued to develop the Shetland Sexual Health Strategy to ensure that teenage pregnancy rates remained low.

Shetland's children were performing well at school. Recent school inspections identified both primary and secondary schools that were performing to a very high standard. Young people were gaining increased confidence and skills as independent learners in a safe and supportive environment. Shetland pupils achieved well against comparator and national figures. Performance in literacy and numeracy at SCQF level 4 in 2014 was significantly higher than the virtual comparator⁵. This was an improvement on the previous year's results. In response to children identified as starting school with weight

⁴ Scottish Index of Multiple Deprivation

⁵ Part of the Scottish Government's Senior Phase Benchmarking Tool, a virtual comparator is made up of pupils selected from across Scotland who share the same characteristics as a particular school.

problems a child healthy weight programme had been introduced across Shetland schools. However it was too early to see evidence of impact at the time of this inspection.

The Shetland Recreational Trust had invested in high quality sport and leisure facilities over the years. This investment could be seen throughout the islands, making access to leisure a part of everyday life in Shetland. The positive impact of this provision was highlighted in a Social Impact Evaluation, published in November 2014. This study concluded that for an investment of £3.3 million in sport and leisure, there had been a social return on investment of at least £10.1 million. This included:

- a reduction in health (physical and mental) and social care costs
- reductions in sickness absence
- a reduction in the number of young people not in employment, education or training
- improved employability and earning potential
- reduced cost access to facilities when compared to commercial alternatives.

The success of this approach was underlined by participation rates, recorded under the banner of Active Schools. This initiative had demonstrated a year on year increase in the numbers of children and young people involved in physical activity, both at school and at home – a reported 52 per cent increase in participation rates since 2011.

The benefit accrued from all this activity was well demonstrated in the Active Schools Annual Report for academic year 2013-14. The report not only captured the growth in activity and participation, but also the sense of fun and achievement gained by the participants. Fees were kept low to hire facilities, but in some of the more rural settings these could still be prohibitive. Community activities included a wide range of sport, with increasing numbers making the transition from school to community facilities. The Partnership needed to move towards a position of being able to demonstrate the extent to which the successes in this area of work were impacting on levels of childhood obesity in Shetland.

In relation to positive destinations for young people leaving school, post 16 policy identified and targeted groups of young people who were most at risk of disengagement. Resources such as the **Bridges** and **Hub projects** had been developed to better facilitate the early identification and on-going tracking of individual young people to ensure they got the support they needed to take up opportunities and sustain progress. As a result, Shetland could point to 95 per cent of young people moving on to positive destinations. Moreover, partners were confident in their ability to identify the remaining five per cent, and target help to this group of young people.

How well are the life chances of vulnerable children and young people improving?

Although in comparison to national figures, communities in Shetland did not feature prominently in the Scottish Index of Multiple Deprivation (SIMD)⁶ the Shetland Partnership demonstrated a positive awareness of the nature of poverty in Shetland's island communities. Evidence gathered by partners in April 2014 highlighted:

- that day to day existence for one in ten of the population was a challenge
- the isolation of many poor households, exacerbated by a combination of low income and a relatively high cost of living
- the dispersed nature of poverty on the islands, making it a relatively hidden phenomenon.

Since 2012, the Shetland Partnership's response to this issue had been to tackle poverty through Fairer Shetland – a multi-agency partnership - with the stated aim of reducing poverty, deprivation and social exclusion in Shetland. To achieve this aim, this partnership was responsible for the development, implementation and monitoring of a framework aimed at achieving the outcomes and targets, as set out in Shetland's Single Outcome Agreement. The framework was reviewed annually. However, progress made in relation to reduction in inequalities was unclear from the evidence available.

Across Shetland, the life chances of children and young people were improving. In relation to impact of deprivation on attainment, children from more deprived backgrounds⁷ in Shetland performed better than their peers on the mainland.

There were indications that outcomes for children and young people with disabilities were very positive. Staff across a number of disciplines had good awareness of additional support needs. Supporting children and young people to make effective transitions was a key strength. Children with additional support needs were offered assistance in their transition into pre-school provision and primary school through the Pre-School Home Visiting Service. This made good use of early individual child and family outcome focussed planning to facilitate smooth transition to primary school, with appropriate support and onward referral to appropriate services. Disability Shetland organised a comprehensive programme of clubs and activities across the islands. As a result, young people were developing improved personal and social skills. They were happier and enjoyed participating in the comprehensive and varied programme on offer. Parents also benefited from having time to devote to other siblings, whilst being confident their child was being both stimulated and well looked after.

⁶ In 2012, none of the 976 data zones in the 15% most deprived in Scotland were found in the Shetland Islands. Of the 2602 data zones in the 40% most deprived data zones in Scotland, 1 (0.04%) was found in Shetland.

⁷ Scottish Index of Multiple Deprivation (SIMD) deciles 4, 5, and 6.

Effective targeted interventions and restorative programmes were reflected in a steady fall in the number of children and young people referred on offence grounds to the Children's Reporter. Programmes such as Bridges and the Restorative Arts project were effectively supporting young people involved in offending behaviour to progress and to acquire alternative ways of dealing with conflict.

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in Shetland was good overall. Children and young people were generally well protected from abuse, neglect or harm at home, at school, and in the community. They were helped to avoid all forms of exploitation and were well equipped with the knowledge and skills they needed to keep themselves safe. Children and young people in Shetland enjoyed high standards of physical and mental health, helped to make informed choices and lead healthier lifestyles. They were equipped with the skills, confidence and self-esteem to progress successfully in their learning and development and achieve their full potential.

Children and young people thrived as a result of secure attachments, stable relationships and caring experiences. Those who were not able to live at home benefitted from consistent and trusting relationships with carers and staff who knew them well and provided continuity in their lives. On the other hand, improvements in the life chances of some of the most vulnerable children and young people were being compromised due to the limited availability of foster placements when it was no longer appropriate for children and young people to continue to live at home or with kinship carers. Therapeutic services, designed to help them recover from childhood experiences of trauma, abuse and neglect were under pressure, with some children and young people having to wait until some services became available.

Children and young people were physically active and benefitted from opportunities to explore the world around them. They were aware of their rights and displayed confidence in exercising these. They were well able to express their views and be involved meaningfully in decisions that affected them.

Children and young people were taking on appropriate levels of responsibility through volunteering and participation in pupil councils, enabling them to experience the rewards of citizenship. They were regarded as valued contributors

in the communities in which they were growing up. Young Shetlanders had a strong sense of identity and felt they belonged, reinforced by notably high levels of participation in music and other cultural activities.

How well are children and young people helped to be safe?

A range of public information leaflets were available, both in public buildings, offices and via the internet, on how to keep children safe and report concerns. Professionals were reporting their concerns with confidence – most staff holding the view that services were able to ensure that children referred were well protected from abuse, neglect or harm⁸. However, despite such expressions of confidence on the part of staff, our inspection revealed some weaknesses in the way that child protection matters were being dealt with. This meant that some children did not get the response they needed quickly enough. We discuss this in more detail later in our report, under the heading Assessing and responding to risks and needs.

Children and young people were benefitting from a number of initiatives in Shetland aimed at avoiding unnecessary accidents. These included road safety in schools (undertaken by the police), cycling proficiency (police and council colleagues) and ‘driving ambitions’ – a driving course aimed at sixth year pupils, comprising of a partnership that included police, ambulance service, fire and rescue, and a local garage.

Children and young people received appropriate advice and guidance about harmful risk-taking behaviour. A variety of innovative and creative projects delivered in schools were aimed at prevention on a range of subjects –for example, the Our Peer Education Network (OPEN) group⁹, which delivered a programme of information to secondary age pupils on different subjects. This included staying safe online, sexual health, drugs and alcohol, and mental wellbeing. Shetland child protection committee worked with the OPEN project to help it develop a safe online session, which had been rolled out to schools and youth groups from August 2014.

Some young people benefitted from having safe places where they could meet. We met young people in the youth café in Scalloway. This provided a safe venue in which to socialise. Other groups of young people told us that they felt safe growing up in a small island community like Shetland. Parents told us about effective anti-bullying practices in some schools – borne out further by results from school inspection parental and pupil questionnaire responses, where bullying had not emerged as a matter of concern.

In Shetland, we found many examples of effective joint working to manage and mitigate risks to children and young people, including those who might exhibit self-harming,

⁸ Based upon results from the joint inspection staff survey (Named Persons and Lead Professionals), and subsequent discussions with professionals in the course of the inspection.

⁹ Good practice example – see Appendix 1.

substance misuse, or other high risk behaviour. As well as social work, police and health, we came across positive contributions from a number of agencies. For example, children living with domestic abuse were being identified and referred to Women's Aid and supported through therapeutic work. Young people referred to the Bridges Project were offered support to return to education, employment or training, making many of them safer as a result. Care leavers linked to the Hub benefitted from having a source of emotional and practical support, helping them make a safe transition into their own tenancy.

How well are children and young people helped to be healthy?

Agencies worked well together to ensure children and young people living in Shetland attained good health outcomes. There had been a shift toward the promotion of healthy eating and positive lifestyles, alongside a focus on programmes that identified and reached vulnerable children and those in greatest need.

A health promotion team had been given the role of developing new approaches to tackling health issues and inequalities in Shetland and developing the skills of other professionals, volunteers, agencies and organisations in promoting health. Projects that were of particular relevance to the health of children and young people included sexual health, mental health and wellbeing, alcohol and drugs, smoking cessation and healthy eating. Young people told us they were healthy, doing lots of walking, sport and other leisure activities. They valued being taught about mental health, healthy diets in school and how to look after themselves. Health statistics (some of which we have already touched on in this report) seemed to bear out the success of some of these measures. Work aimed at promoting healthy eating amongst looked after young people and young care leavers, along with weekly health promotion drop in evenings had also made a contribution to the health and wellbeing of the young people.

We found evidence of significant early health intervention, resulting in improvement to the health of vulnerable children and young people. There was good recognition of health needs with appropriate referrals being made into midwifery, health visiting, school nursing, speech and language therapy, GP and dental services. However, a few children were not fully benefitting due to the absence of a rigorous and systematic approach to health assessment in some child protection cases we looked at. The health of looked after children had been identified as an area for improvement by the Shetland partnership, and looked after children and young people, and care leavers, were beginning to benefit from an improved way of carrying out health assessments and meeting identified need.

Out in the wider community, the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey had indicated that drug use by 15 year olds in Shetland was nine per cent lower than the national average and the survey indicated a 14 per cent reduction

in the number of 13 year olds who reported having had an alcoholic drink¹⁰. Reflecting this, police figures for recorded alcohol seizures from young people found in possession of alcohol in a public place had steadily fallen from 55 separate incidents in 2011, down to six in 2014. Other than a slight increase in the proportion of 15 year olds claiming to have used alcohol, the position in Shetland was generally positive. Research undertaken by Community Alcohol and Drugs Support Shetland had revealed that fewer young people were experimenting with drugs such as cocaine, and heroin with alcohol. The research showed that experimenting with psychoactive substances (also referred to as legal highs) had replaced alcohol and drugs to some extent. It was this evidence that had led to a short film¹¹ being made, including some young people involved in the STYPP project (**Shetland Team of Young People and Police**¹²), intended to warn young people of the risks associated with such dangerous substances.

A sexual health clinic was open weekly at the Gilbert Bain hospital in Lerwick. It was well used by young people. Recognising that young people living out of Lerwick might find it difficult to attend the clinic, partners had taken steps to pilot a combination of information provision, drop in sessions and clinics in one of the more deprived areas in Shetland.

How well are children and young people helped to achieve?

Agencies demonstrated a strong commitment to seeing their children and young people reach their full potential. Partnerships worked well together in helping young people toward positive destinations and independence. The distinct culture and identity of the islands strongly influenced activities in music and traditional crafts.

There was a strong sense of achievement amongst the children and young people we met during this inspection. Equally, the adults we met – ranging from parents and carers through to teachers and senior managers – took great pride in the achievements of their children and young people.

There was ample evidence of parents being supported in giving their children a good start with their learning. The **Dollywood** Imagination Library Book scheme has been introduced in Shetland. At the time of the inspection, eleven children were subscribed, each receiving a book a month until the age of five. The Library in Shetland ran **Bookbug** – intended, through the distribution of free books, to develop children's language skills, enhance self-confidence and encourage children to draw and write. Close to 100 per cent take up had been achieved, working in partnership with NHS Shetland for the first two stages, with early years settings for the third stage, and with primary schools providing the setting for stage four. The Library had trained 16 Bookbug leaders, and there had been a good uptake of sessions delivered throughout Shetland (including the outer

¹⁰ Figure relates to the period 2010 and 2013.

¹¹ Entitled 'Legal highs: A losing game'; available on YouTube. <https://www.youtube.com/watch?v=Ih9P9vb3Dgs>

¹² Good practice example – see appendix 1.

isles) – 1,896 adults and 2,012 children had attended in 2013-14. The library had also provided a number of other services, including school and nursery visits, story times for early years groups, outreach sessions, joint events with other agencies, and special events such as an extremely popular Gruffalo tour.

The library had also brought the **Play Talk Read bus** to Shetland three years in a row, working in partnership with the Bruce Family Centre, NHS Shetland and other agencies. It had visited places all over the isles, for example Yell, Mossbank, Urafirth and Dunrossness, involving communities and partners in the organisation of these events. The events included Bookbug, play sessions and family information stalls, for example healthy eating and road safety. The bus was reported to have been very popular with big turnouts to events, resulting in more people learning about library services or signing up for Bookbug.

Children and young people in Shetland were well supported in making effective transitions, particularly those with additional support needs. This helped children to settle quickly into their new surroundings and facilitated learning from the outset. Children with additional support needs were offered assistance in their transition into pre-school provision and primary school through the Pre-School Home Visiting Service. This made good use of early individual child and family outcome focused planning to facilitate smooth transition to nursery or primary school with appropriate support and onward referral to appropriate services.

In Shetland's schools, effective arrangements were in place for improving attendance and reducing exclusions. During 2012-13 Shetland attendance and absence was slightly better than the national figure. It was extremely rare for a looked after child or young person's learning to be interrupted by being excluded from school.

Shetland's overall attainment in Scottish Qualifications Credit Framework qualifications demonstrated a consistently strong performance in almost all key measures. Performance in literacy and numeracy at SCQF level 4 in 2014 was significantly higher than its **virtual comparator**. This represented an improvement on the previous year. Performance in literacy and numeracy at SCQF level 5 in 2014 continued to be higher than the virtual comparator. Arrangements to improve learner attainment could be seen to have been effective. Performance of the middle attaining 60 per cent, the lowest attaining 20 per cent and highest 20 per cent was significantly higher across the board when compared with the virtual comparator.

As well as SCQF awards, young people in Shetland were acquiring an array of awards, reflecting an impressive range of activity and achievement. These included Saltire Awards (by far the most popular), Duke of Edinburgh, John Muir discovery and explorer awards, Dynamic Youth, Shetland environmental awards, and Shetland volunteering awards. All

this served to increase a sense of achievement and self-confidence in many children and young people.

Shetland's looked after school leavers achieved the second highest tariff score¹³ when compared with Scotland's 31 other local authority areas, measured over the four year period ending in academic year 2012-13. This notable achievement provided evidence that barriers to achievement were being tackled well by staff, who employed a flexible approach that involved agencies working together toward shared goals with the child or young person. Foster carers were particularly positive in their account of good communication and supportive relationships with schools.

For those young people leaving school, and finding transitions to independence difficult, a range of activities and support were well coordinated, and plans we read reflected appropriate goals and aspirations. Activity Agreements were in use for 40 young people who were finding it difficult to access employment. This was helping young people achieve more positive outcomes over time. Services including the Bridges Project and The Hub afforded young people training and support for independence, training and employment opportunities. They were also able to focus effort on those young people who were beginning to disengage from employment, education and training.

How well are children and young people helped to experience nurturing care?

The Shetland Partnership had identified the need for a nurturing strategy, reflected in their children's services plan, in order to bring all this activity together into a single, coherent approach.

Children and young people in Shetland were supported and nurtured at key stages as they grew and developed. Children and young people's social and emotional needs were supported well within universal services. Antenatal parenting groups and the **Triple P Positive Parenting Programme** focused on the pre-birth stage and the importance of attachment, with parents who needed support.

The Educational Psychology Service had led the development of nurture in schools, aimed at improving outcomes for children and young people who had experienced emotional difficulties. This had seen the establishment of nurture groups in some schools, complemented by a range of group work programmes, including **Seasons for Growth**.

Young people with additional support needs who could sometimes feel socially isolated benefitted from participation in the Voxter group. This provided regular activities and short breaks, opportunities to have fun, establish and develop relationships with peers,

¹³ The average tariff score is an overall measure of attainment, applied across all 32 local authority areas in Scotland.

at the same time building confidence and self-esteem. Staff supporting this group went to considerable lengths to ensure that young people from some of the more remote communities in Shetland were able to participate in and benefit from membership of the group. For young carers, efforts were beginning to be made to provide additional help in the form of one to one support, regular drop in sessions and the establishment of a young carers group.

We know from other Care Inspectorate scrutiny¹⁴ that fostering services provided good quality care and support for looked after children who were appropriately placed. Sensitive yet rigorous assessments, planned preparation and matching processes, together with ongoing support and training provided by the family placement team, had been evaluated as very good in providing quality care and support to children. Some young people had clearly flourished, having been able to form trusting relationships with foster carers and residential care workers in the children's house. Looked after young people were strongly encouraged to remain in foster care or residential care after they reached school leaving age until such time as they felt ready to live independently. After moving on from their care placement, young people were being encouraged to maintain contact with carers on a regular basis. Shetland had also seen an increase in the number of adoptive parents providing nurturing family environments and positive outcomes for children.

How well are children and young people helped to be active?

Children and young people were physically active and benefitted from opportunities to explore the world around them. They experienced healthy growth and development. Participation in sport and leisure activities was encouraged and enhanced through the provision of high quality facilities, located throughout the islands. Shetland Islands Council provided and maintained 71 play areas and 20 multi-courts, located across the whole of the Shetland mainland and outer isles. These were important community assets, located in both school and community settings and were accessible to children and families all year round.

The Shetland Partnership understood the important link between physical activity, tackling obesity and improving mental health and wellbeing. Young people enjoyed access to a wide range of sports including cycling, football, swimming and golf. The integrated children's services plan contained a clear commitment to improving the activity levels of children and young people in Shetland. There were plenty of opportunities for children and young people to be fit and active and have fun in school or in their communities. The number of activity sessions offered under the Active Schools programme increased from 1,092 sessions in 2011-12 to 1,719 in 2013-14. Reflecting this, participant sessions

¹⁴ http://www.careinspectorate.com/index.php?option=com_content&view=article&id=7644&Itemid=489

(the actual take up) increased from 17,804 to 29,621 during the same period. After a dip in female participation during 2012-13, figures had since recovered, and the activity level for girls was now moving back towards achieving the aim of 50:50 participation rates between girls and boys. All this activity was having a positive impact on children and young people's healthy development, mental wellbeing and resilience.

The Active Schools programme had successfully engaged children and young people of all ages. Sessions in pre-school centres, held throughout Shetland, involved music, individual and group sessions, and fun. The Early Years Collaborative was promoting activity for young children and babies within parenting programmes and nurseries. Children in vulnerable and isolated families were assisted to become more involved in their community by health visitors who were able to provide vouchers for leisure activities. Not all schools had managed to achieve the goal of providing the required periods of physical activity. By June 2014, 94 per cent of primary schools and 75 per cent of secondary schools were hitting the recommended target. The provision of additional, extra-curricular events demonstrated the personal commitment of staff. In 2013-14, there was a 26 per cent increase in the number of school to club links created, helping children and young people to connect with clubs in their community and to achieve the recommended daily physical activity levels.

For school leavers, through their involvement with the Hub, the young people were able to participate in a range of local activities of their choice free of charge using leisure passes which the Hub provided to them with pre-paid funding. Young people were encouraged to make the transition from school to community sport, allowing them to continue sport and physical activity participation outside of the school day.

Looked after children and young were encouraged to participate in sport and leisure activities. The Shetland Recreational Trust provided free passes for all looked after children to the gym and swimming pool in the leisure centres in Shetland. Partners were planning to monitor the numbers of looked after children and young people who either accessed Active Schools supported activity, and/or were members of Shetland Sports clubs. From our review of professional practice through case file reading, we noted how looked after children and young people usually experienced a wide range of support and access to facilities to lead active lifestyles. This included effective practical and emotional encouragement from carers and staff. However, in some instances, we saw that children and young people who had expressed interests in sport or other activities did not always have their requests followed through and supported in plans.

How well are children and young people respected?

Some children had developed their skills and confidence to represent Shetland at a national level. For example, three young care leavers had been supported to attend a

Leaving Care Festival (Time to Shine) in Edinburgh in October 2014. Some young people had been encouraged to deliver road safety training for primary school children. The Our Peer Education Network Project, managed by Voluntary Action Shetland was successfully training young people aged 16-25 years as peer educators, to deliver workshops across Shetland in current issues relating to sexual health and relationships, alcohol and drug use, mental health, and adult and child protection.

Rights Respecting Schools had been established in Shetland, although this initiative was still in its initial stages. This was intended to ensure and demonstrate that children and young people in Shetland enjoyed the right to have a say in all matters affecting them, to have their views taken seriously, and to play an active role in their own learning. It was clear from what young people told us that children in Shetland had opportunities to participate in decisions that affected them in a school setting. Depending on school capacity, pupil councils were in place, in order to encourage children and young people to have a say in their school experience.

Vulnerable children using services were afforded opportunities to participate in decision making, sometimes with the assistance of advocacy or supported by the children's rights officer. In seven out of ten records read, the way in which staff had involved the child in key processes, including seeking and recording their views, had been good or better. Young people were actively encouraged and supported to be involved in making plans for their future and having their views taken into account. Looked after young people living in children's houses had their choices in personalising and decorating their rooms respected. In just over six out of ten case records we looked at, we considered that the child had been supported to understand and exercise his/her rights (including making a complaint) to a good or better standard of performance.

How well are children and young people helped to be responsible citizens?

We saw some evidence of young people being consulted about their views when policies affecting their lives were being developed. For a significant number of children, it had been important for them to have been consulted on the future of their school – particularly in circumstances where this included the question as to whether the school should be closed. Teachers and senior managers expressed a strong commitment to this, and most of the education staff we surveyed agreed that the views of children and young people were fully taken into account at a strategic planning level. Young people that we spoke to appreciated the opportunity to get involved at this level of discussion.

There was a strong culture of accredited youth volunteering. High numbers of young people were successfully gaining Saltire Awards and awards associated with voluntary activity.

A fall in the level of youth crime provided further evidence of young people taking their responsibilities as members of the community seriously. This has been achieved, in part at least, by agencies effectively establishing a positive dialogue with children and young people, including those who were considered to be at risk of getting into trouble. Shetland Team of Young People and Police was an example of good practice in this regard, improving dialogue and understanding between the police and young people.

Looked after young people were being helped to make more successful transitions to independent living through practical and emotional support, derived from staff at the Hub and the through care and aftercare team. The Hub, established in 2012, provided supported accommodation for homeless young people supplemented by two outreach flats. Workers at the Hub skills centre had successfully mentored and supported some young people to move on to live independently. Young people involved with the Hub were shown to have acquired skills in managing a tenancy, improved their employability, become more confident and better included in the community. They had also benefited from continuity of relationships with staff in the through care and aftercare team, who played an important part in getting them through unsettled periods in their lives.

Young people we spoke to believed that these services were making a significant difference to how they felt, both about themselves and their potential. Young people using the support provided by the Hub described being provided with the security they needed to help them to 'cope with life' and make more positive choices for themselves as they matured.

Children and young people were taking up opportunities to exercise leadership and appropriate levels of responsibility. The Young Ambassadors programme, managed by Sport Scotland, involved around 40 Young Ambassadors aged 14-17 years. They were going about this by promoting sport and physical activity, organising events and activities and motivating peers to adopt a more physically active lifestyle. This in turn provided opportunities to take part in lifelong learning workshops on communication, organisation, leadership and presentation skills which they used to help inform and inspire others. It was noteworthy that Shetland had achieved the highest ratio of Young Ambassadors to schools in Scotland. Leaders in Primary was a collaborative project between Active Schools and the Anderson High School. S6 pupils, as part of their normal school timetable, were given an opportunity to engage in sessions with primary pupils on a weekly basis. Spending up to three hours per week in the classroom, they learned about working with primary school children. As their confidence grew, they were able to prepare and take the lead in some classroom sessions. There were opportunities for Leaders in Primaries to be involved in training offered by Active Schools.

How well are children and young people helped to feel included?

Children and young people were well integrated in their communities. Overall, for minorities resident in Shetland, the Shetland Mainstream and Equality outcomes 2013-17 considered a range of equality activity within a comprehensive action plan, addressing all aspects of the protected criteria and with evidence of public survey and participation in developing the programme of work. Where there were potential barriers to inclusion, staff working in Shetland's schools and communities worked well in challenging obstacles, promoting positive outcomes for all Shetland's children and young people. Agencies offered tailored support to children to build and develop social interaction skills. This was provided at all stages, and in a range of services - pre-school through to young people making the transition to employment, training or further/higher education. Additional support needs teachers, and learning support assistants worked towards independence with the majority of pupils attending mainstream classes. There was an agreed enhanced transition process for children and young people with additional support needs at all stages of a child and young person's transition, from entry into nursery to leaving school. Children and young people with disabilities benefitted from appropriate opportunities to socialise and maintain peer relationships.

Exclusion rates in Shetland's primary and secondary consistently demonstrated a better performance than the national average. At primary school level, the national average exclusion rate in 2012-13 was six per thousand children. Shetland's average was 1.1. At secondary level, Shetland's exclusion rate was again much lower – 10.2 per thousand, compared to a national average of 40 per thousand children. Exclusions of looked after children, recorded locally, were very low, both in terms of the number of children affected, and the duration of any period of exclusion imposed.

There was a stated commitment to the identification, support and inclusion of young carers, and we saw evidence of this service beginning to develop. Partner agencies were active in trying to keep vulnerable children within their community, maintaining suitable attachments and peer relationships. Where this was not possible, an expansion in the number of vulnerable children and young people placed with kinship carers provided evidence of partner agencies looking to maintain links with families and communities.

Young people we spoke to confirmed that there was a strong cultural identity in Shetland. Living within small communities was generally regarded as positive and supportive by the young people we spoke to, although for a minority, greater awareness of the personal circumstances of others sometimes led to a feeling of being stigmatised. Young people of secondary school age felt that they needed more places with activities more suited to their age to meet other young people and socialise with their communities – on similar lines to the youth café in Scalloway.

A strong common culture in Shetland formed the basis for a significant level of intergenerational activity. For example, Chatterbox Fitness involved P7 pupils from Sound Primary School planning an activity programme for adult day care service users on a weekly basis for a whole term, with the participation of the Active Schools coordinator. P5 pupils at the same school undertook an intergenerational dance project, bringing together pupils, their grandparents and service users from a local day centre for older people, culminating in a summer tea dance in the local community hall.

Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

Impact of services on family wellbeing was good. Most families experienced help and support from a wide range of services. Many families experienced valuable help and support from universal services which prevented difficulties arising or getting worse. Wellbeing had been strengthened with the introduction of Getting it right for every child. Most families were confident about the way in which information was being shared between agencies to ensure personal information was treated sensitively.

The Early Years Collaborative was working well - particularly in pre-birth and pre-school services, responding to the needs of vulnerable families. There was an extensive range of parenting courses available which helped to improve parental confidence and skills. These were often delivered at an early stage and customised to provide a flexible approach. A range of supports reached out to rural communities, resulting in a positive impact on families, by reducing social isolation. However, some vulnerable families did not receive additional help and support early enough when they needed it. This included inconsistent approaches and delays experienced by families from services including social work, language translation, advocacy services, and adult mental health. Families who were reluctant to seek help or were distrustful of services were helped to engage positively through staff persistence in reaching out to them. However, some staff would have benefitted from additional line management support to improve on this.

Parents we met told us that Shetland was a very safe place, both for themselves and their children. They held the view that the local community 'looked out for you'. The nature of small communities could, on the other hand, present challenges when concerns were raised about individual children, resulting in possible stigma and adverse community reaction. Other parents told us about their decision to come and settle in Shetland

(around one in five of Shetland's residents were not born there) – again reflecting both a view and experience of Shetland as a safe place for children to grow up in.

Most families experienced help and support from a variety of services. There was a positive impact on families from universal services. Families had a good quality of life and access to very good sport and leisure facilities. There was a variety of services working effectively together to reduce social isolation for families in rural areas.

Overall, families were valued as effective contributors to ensure positive outcomes for their children and young people. For families considered more difficult to engage with, a variety of approaches from all agencies was being used to good effect. Families were generally satisfied with the way in which information was being shared across agencies to ensure personal information was treated sensitively, although we came across strongly held views to the contrary. However, there was some evidence of poor engagement and support for families, which sometimes resulted in failure to deliver services as agreed in the child's plan. However, in most cases, families worked as partners with agencies, increasing their resilience.

On occasion, case records we read presented a focus on parental issues that appeared to deflect attention from the primary focus of improving outcomes for children and young people. Whilst advocacy services were being used to facilitate and improve family contributions to assessment and planning, there was evidence of an inconsistent approach in respect of access to this type of support. Advocacy and translator services were not consistently being offered to families. This raised the risk of some families not being fully listened to, potentially undermining their ability to fully participate in working with professionals.

A variety of tailor-made parenting programmes was available to families, contributing to improvements in parental confidence and skills. Prospective parents were well served by early pre-birth planning, effectively led by a team of midwives. Early years work delivered from a Playbus had provided remote communities with access to Bookbug, health eating and road safety messages, increasing confidence and reducing social isolation. Participants in the Shetland Young Mums group were developing confidence, skills, knowledge and motivation to participate fully in community life. A number had successfully progressed to further education and employment. Universal services were providing high levels of support to parents - for example, when difficulties in transition were anticipated. The Pre-School Home Visiting Service facilitated smooth transition to primary school with appropriate support and onward referral to appropriate services.

There was positive evidence of support and early intervention aimed at families with children, although a few (one in ten in our sample) experienced some delay in the assessment of their child's circumstances. Significantly more (one in five) experienced

delays in the provision of key services following assessment. For example, social work offers of resources were sometimes subject to delay, resulting in a negative impact on families not receiving services identified for them.

However, we also came across some very positive sources of support for parents. Short breaks provided valuable support to parents of children with disabilities, who told us they made use of the respite provided to regain their energy levels and have some time to focus on their own couple relationship or other children in the family. They regarded this as making a huge and valued contribution to their resilience as a family. The Bruce Family Centre was an important focal point for a range of family support services. For example, a team of family support staff provide a mothers group for those parents who otherwise might have felt more socially isolated. Those parents located in rural communities were provided with transport to and from the Centre, facilitating the participation of more geographically isolated families. For families with older children on the verge of leaving home (and potentially presenting as homeless), all 16 and 17 year olds, and their parents or carers, who were experiencing difficulties that might lead them to become homeless, were invited to engage with Family Mediation¹⁵. Education and peer education was being used to raise awareness of child sexual exploitation to young people and their families.

Staff trained in the use of the **Solihull Approach** were helping to promote greater confidence in parenting, emotional health and wellbeing in children and families in particular pre-birth and pre-school. We saw significant early health intervention resulting in improvements to the health of vulnerable children and young people. A range of parenting courses was provided at an early stage to meet the family's needs, rather than as a response at point of crisis. The early years collaborative was working well, particularly in pre-birth and pre-school services to improve the needs of vulnerable families. Health Visitors and midwives were calling Getting it right for every child meetings. Evidence of appropriate escalation to pre-birth case conferences provided opportunities for families who require additional support and protection to get this at an early stage. Addiction services provided a flexible approach for families. However, pressure on adult mental health services sometimes resulted in families not getting the help they required – for example, support and treatment in response to post natal depression.

¹⁵ Good practice example – see Appendix 1.

5. How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which staff provided help and support at an early stage was evaluated as adequate. The implementation of Getting it right for every child had been well accepted and understood by the majority of staff, although there were mixed opinions regarding the extent to which it had been made easier to help children, young people and families. There was a range of services in place, offering practical, positive help to children, parents and carers at an early stage.

However, despite the availability and value of this help to families, practice was too variable in the recognition, information sharing and response to concerns at an early stage. Staff across the partnership were not always sufficiently alert to signs that a child or young person might be in need of additional support. Sometimes information was recorded and shared between staff, but they did not then go on to take the required action that would improve the wellbeing of the child or young person. Some staff were not always clear about the basis for sharing information or did not do so quickly enough when a significant change occurred in the circumstances of a child or young person. Whilst effective intervention from a range of staff helped some children, young people and families, delay or an inappropriate response to others meant they did not always get the timely help they needed.

A significant proportion of families were receiving flexible and highly valued support which was making a real difference for them and their children. Most staff who completed our survey (84 percent) believed that their service was doing everything possible to ensure that children and young people received timely help and support to give them the best start in life. Sometimes, however, services were too slow in recognising when families and children needed additional support at an early stage to prevent further difficulties arising. As a consequence, opportunities to intervene effectively at an earlier stage were being missed. In some instances the response was neither proportionate in response to the circumstances evident, nor appropriate to the risks and needs being presented. Whilst there were examples of a range of services providing effective and timely help for some children and young people, there was variability in whether or not some families went on to receive a level of service that was suited to their needs, at an early enough stage to prevent their difficulties arising or

escalating. Sometimes the focus of working was not sufficiently child-centred, and staff involved with parents did not always evaluate the effectiveness of their work in bringing about sustained improvements for the child or young person.

Suitable information-sharing guidance and protocols were available to staff, such as the Getting it right for every child guidance and Shetland data sharing policy. However, despite evidence of extensive and well-received training on Getting it right for every child implementation, staff still did not consistently share relevant information when more than one service was involved with a child or young person. Because of such unresolved issues surrounding information sharing, some staff including GPs, child and adolescent mental health workers and those working in voluntary organisations such as Women's Aid and community alcohol and drug services were yet to contribute fully to shared assessments of risks and needs. There was a lack of clarity amongst some staff, in particular those in a lead professional role or working in specialist services, around matters such as consent to share information. These staff were working with a generally held understanding that, in cases not deemed to be clearly child protection matters, consent must always be sought prior to any sharing of information. Some staff we spoke to were not aware of current best practice as advocated by the **Information Commissioner**, and they did not always demonstrate confidence in their sharing of information in line with the wellbeing principle and best interests of the child or young person. In particular, it was important that front line staff should not wait until a situation had reached crisis point. Rather, they should share information when smaller changes are apparent, revealing emerging patterns that could potentially reveal more serious concerns and allowing appropriate help to be offered at an early stage¹⁶. For example, where children and young people were involved with child and adolescent mental health services, the other staff involved in supporting them could be left unaware of potentially significant developments such as missed appointments, becoming aware of these only when told the service was going to be withdrawn.

More generally, the implementation of Getting it right for every child had met with the approval of the majority of front line staff. Some practitioners, including midwives and health visitors, had embraced their role as named persons, beginning to use multi-agency meetings in order to ensure an earlier team approach to supporting children and families. Nearly all the staff we surveyed understood their role either as a named person or lead professional. However, only just over half agreed that Getting it right for every child had made it easier to help children, young people and families at an early stage.

¹⁶ <http://www.gov.scot/Topics/People/Young-People/gettingitright/information-sharing>

There was a range of early intervention services in place to support children, young people and families who were identified as needing support. These services could be delivered on an outreach basis through home-link workers, health visitors and family support workers or through children's attendance at family centre or nursery placements. Families could make use of other specific groups or programmes, including a variety of services geared to improving parental confidence and skills. Examples such as the Triple P Positive Parenting programme were helping some parents and carers to have a better understanding of children's developmental stages and were helping to improve the relationships between these parents and their children. A proactive approach to supporting transitions – for example, in the early stages of education or to help a child and family make use of short breaks /respite care, was a real strength in ensuring that these changes in a child or young person's life were carefully managed. Practical support was also making a difference to the uptake of services. Some children and young people, however, did not receive timely and effective help and support when they needed it. Of the children and young people's records sampled where this would have been appropriate, almost three out of five case records sampled were rated by inspectors as demonstrating either a weak or unsatisfactory response in this respect.

Pre-birth planning and intervention services were recognised as being key to providing important early help for families. The Antenatal Parenting Programme was signposting those parents who were considered to be more vulnerable to ensure they received early help and support at this critical stage.

Staged intervention approaches in schools were providing a clear pathway for the provision of support to those children deemed to be requiring additional help. School nurse support for children who were looked after was to be introduced, aimed at ensuring that these children's needs were receiving attention. The school nursing service generally was stretched to capacity due to an unfilled vacancy, and despite the best efforts of front line practitioners and managers, children who might benefit from the service, or colleagues wishing to consult about a child, were sometimes having to wait for the service.

Growing pressure on Child and Adolescent Mental Health Services (CAMHS) was in evidence during our inspection. CAMHS in Shetland had recorded a 30 per cent increase in referrals during 2013. Despite this, a reduction in resources allocated to children's primary mental health in Shetland, coupled with a more challenging HEAT¹⁷ target, meant that the NHS board did not meet the relevant target in March 2015.

¹⁷ A set of targets agreed by the Scottish Government and NHS Scotland relating to health improvement. Up to December 2014, the target had been to offer a CAMHS appointment within 26 weeks of referral. In March 2015, this period was reduced to 18 weeks.

A few families of children and young people with complex needs were beginning to benefit from self-directed support provision whereby they could take control of a personalised budget to secure bespoke, local provision that best suited the needs of their family. This service was being developed with the intention of encouraging more families to make use of self-directed support.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

Assessing and responding to risks and needs was weak. Initial responses to concerns about the safety and wellbeing of children and young people were not sufficiently robust. Decision-making about accommodating children and young people away from home was sometimes compromised by a shortage of suitable foster placements. Partners recognised they were at an early stage in using chronologies of significant events in a child's life as an effective tool to identify accumulating concerns. More positively, the quality of assessments of risks and needs was improving, most notably where these were undertaken by children and families social workers.

Initial response to concerns

In almost two thirds of the cases in the sample, there were concerns in the previous two years that a child or young person had been at significant risk of harm, abuse or neglect. In three quarters of these cases, the initial response was evaluated as adequate or above, with most rated as good or very good. However, in a quarter of such cases, the initial response was evaluated as weak or unsatisfactory. There were notable strengths in the initial response in the few cases in the sample where young people had posed a risk to others. Variability in practice was largely attributed to issues previously faced by the children and families social work team, which had experienced serious staffing difficulties up to March 2014, in regard to competence, turnover and the filling of vacancies. In recent months, a renewed and strengthened team had delivered significant improvement in the quality and consistency of practice.

Partners convened strategy meetings¹⁸ in response to concerns that a child or young person might be at risk of significant harm. These meetings involved appropriate staff from police, social work, health and education when children were of school age. The purpose of these meetings was to share relevant information, carry out an initial risk assessment, agree an appropriate course of action and jointly record the rationale for

¹⁸ Often referred to as an initial referral discussion (IRD) in other local authority areas.

decision-making. However, a strategy meeting was not always convened when the criteria were met. Moreover, the recording of strategy meetings did not always include a clear rationale for decision making. This included the reasons for decisions relating to child protection medical examinations, where we found some evidence of poor practice. For example, in some instances, medical examinations had not been carried out where circumstances pointed to a clear need for such an intervention. This shortfall was compounded by a lack of evidence of professional discussion or challenge surrounding these decisions.

Early assessment and intervention with vulnerable pregnant mothers was reducing identified risks and improving parenting skills. However, when it became necessary to convene a pre-birth child protection case conference, partners did not always plan for this well in advance of the baby being born so that the mother and other family members could participate fully in decision-making.

In the case file sample, emergency placements were found for 10 out of 14 instances where alternative accommodation was needed to keep the child safe. Where children and young people could not be placed with suitable kinship carers, social workers were faced with a shortage of foster placements. While a time limited placement could be found for a younger child for the first 72 hours, we came across situations where groups of brothers and sisters and a few older children had remained at home for too long, particularly in situations where they were experiencing long term neglect due to compromised parenting. Police checks were carried out prior to placing children and young people in an emergency with friends and relatives. However, corresponding health checks were not always completed, meaning that social workers did not always have sufficient information to place children safely.

Managers from police, health, education and social work met weekly to monitor the progress of child protection investigations and pre-birth child protection planning, monitoring cases until a satisfactory conclusion was reached. This was known as the child protection screening meeting. They also considered individual children and young people identified by any service as being at risk including those misusing substances, running away, involved in unsafe use of communications technology, and engaged in under age sex and/or at risk of child sexual exploitation.

This meeting provided a very useful forum for sharing relevant information, carrying out joint risk assessments and monitoring actions to keep children and young people safe. Some helpful interventions, tailored to meet the individual needs of children and young people were agreed and activated - for example, behaviour management, additional support in schools, information and advice on safe use of the internet and sexual health and direct work with families. However, the effectiveness of these weekly child protection

meetings was variable. Information shared at the meeting was not always discussed timeously with key staff, particularly in schools, and key aspects of risk were not always explored fully or acted upon sufficiently well. In particular, potential risks to other children and young people with whom alleged abusers came into contact were sometimes overlooked.

Participants in the child protection screening meeting were learning together how best to fulfil what had been an evolving and complex remit. They needed to be supported in doing so by more robust challenge and monitoring of their work. They required more clarity about how to manage child protection concerns regarding young people approaching 16 years of age and beyond - especially given the inappropriateness of considering some vulnerable 16-18 year olds under adult protection procedures and the introduction of new duties for care leavers up to 25 years¹⁹.

Partners were looking into ways of improving the efficiency and effectiveness of their response to child protection concerns out of office hours. This formed part of reviews of both police and social work emergency arrangements for responding to public protection concerns.

Developing and using chronologies

Almost 50 per cent of lead professional case records in the sample contained a chronology of significant events evaluated as fit for purpose. Carefully completed chronologies by social workers were increasingly provided to children's hearings and assisted panel members in gaining a better understanding of a child's life. Chronologies in the case sample completed by police, health and education were at a much earlier stage of development. There was some confusion amongst staff when differentiating between lists of agency involvement at the front of a child's record, and identifying significant life events that should be included in a child or young person's chronology. Chronologies were not reviewed regularly or kept up to date. Consequently there was little evidence that chronologies were being used by multi-agency teams as a tool to identify important risks or patterns of accumulating concerns to inform risk assessments.

Midwives, acting as named persons, had made a positive start to compiling chronologies of significant events for new born babies. A system had been put in place to notify staff in accident and emergency of children presenting with injuries whose names were on the child protection register. This was helpfully being extended to all children and young people who had a multi-agency child's plan. Health visitors were routinely notified of children and young people who had attended accident and emergency, enabling them to benefit from appropriate follow up. However, some staff were not aware that there was a system in place to help them identify concerns arising when children and young

¹⁹ Due to come into force in April 2015

people did not attend outpatient appointments. Named persons in schools were starting to record significant events, including patterns of absence or late coming, adversely impacting on a child or young person's educational experience. However, the impact of significant events on a child or young person's safety and wellbeing was not recorded by staff across services, either from their own perspective or that of parents and young people themselves. Chronologies of significant events in a child's life were due to be reviewed as part of the implementation of the Getting it right for every child approach. Partners had not yet agreed on a shared format for compiling chronologies as a first step towards achieving a single integrated chronology.

Assessments of risks and needs

In nine out of ten cases in the file reading sample, the quality of assessment of risks and needs was evaluated as adequate or better. Furthermore, two out of every three risk assessments, and three out of every four needs assessments were considered to be good or better. Talking to front line staff and their managers, we found not only a positive picture in relation to assessment, but also one that was improving. Areas for development included a need for sufficient attention to be given to needs in relation to children and young people's racial origin and disability. The quality of assessment of risks and needs was more variable in relation to those who were no longer looked after.

Improvements in the quality of assessments had been assisted by staff training aimed at implementing the national practice model and risk assessment framework. Staff who responded to the survey strongly agreed they had the necessary guidance and tools to carry out an assessment of risks and needs and were largely positive about the training they had received. Nevertheless, survey results reflected continued anxiety amongst some named persons about the additional work this role entailed. Midwives and health visitors were expected to take on new responsibilities as named persons and to implement the Getting it right for every child approach using paper based systems. This presented a significant barrier to effective partnership working. Some named persons were not sufficiently confident about completing assessments proportionately, so that the level of detail reflected a child or young person's needs. Staff found it hard to comprehend how additional paperwork was reducing bureaucracy and described how they had frequently been confused by constant revisions.

Social workers, as lead professionals, routinely made effective use of a number of well recognised and helpful assessment tools including a planned and purposeful way of carrying out assessments of parenting capacity. Assessment reports submitted to children's hearings frequently contained a single recommendation. This appeared to be inconsistent, and did not accord with the wishes of the panel members we met, who considered that an option appraisal, setting out alternative ways forward and the reasons

for and against each one, was a better way of achieving a more informed decision in a child or young person's best interests.

The introduction of a new format was beginning to improve the standard of health assessments for looked after children by health visitors, increasing their effectiveness in making appropriate onward referrals to other health services. However, looked after children and care leavers were not benefitting consistently from a comprehensive assessment of their physical and mental health needs, along with a corresponding child's plan that promoted healthy life choices. Children and young people at risk of physical and emotional neglect were not benefitting routinely from consideration at child protection case conferences of the need for a comprehensive medical assessment. Health visitors had started to submit reports and attend relevant children's hearings, enhancing decision-making by panel members.

Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was evaluated as good. Child's plans were mostly of an acceptable quality or better. Planning arrangements usually took place at intervals appropriate to the child or young person's needs. However, quality assurance systems were not yet providing sufficient support and challenge to further improve consistency in the standard of plans and planning. A promising start had been made to measuring improvements in outcomes for individual children and young people over time. Some looked after children and young people benefited from kinship care, foster and residential placements. Others were benefitting from timely permanency planning. Most children and young people were provided with stable and secure home environments. However, increased provision was urgently required to better meet the needs of children and young people who could no longer remain at home, providing them with local foster placements when this was required.

The quality of children and young people's individual plans

In the case file sample, the quality of child's plans to reduce risks and meet needs was evaluated as adequate or better in approximately three quarters of cases, with most evaluated as good or very good. However, a quarter of child's plans were evaluated as weak or unsatisfactory. A few children and young people in the case sample did not have a plan in place as required. While three quarters of child's plans set out desired outcomes for the child or young person, less than half were evaluated as SMART²⁰. Most staff who responded to the survey agreed they had the necessary guidance and tools to prepare

²⁰ That is to say they were Specific, Measurable, Achievable, Resourced and Time bound.

a child's plan. However, some health and education staff had yet to be convinced that the Getting it right for every child approach was improving the way partners planned together to meet children and young people's needs.

Partners were strongly committed to measuring improvements in outcomes for children and young people. To this end, they had adopted the Barnardo's outcomes framework, and invested in associated staff training. They had started to apply this tool to the measurement of improvements in wellbeing, as a result of the help and support children and young people received from services. Initial results were encouraging. Managers of early years services were adapting the tool to make it more suitable for measuring improvements in the wellbeing of younger children. Staff viewed the skills they were acquiring in the measurement of improvements in wellbeing positively, but were of the view that the criteria for measuring outcomes could be simplified. There were examples of the outcomes framework being used very well in the case reading sample. However, especially when children and young people did not have SMART plans, there were occasions when aspects of wellbeing were scored as improving without any apparent supporting evidence.

The format of child's plans had been amended to include the outcomes framework. Unfortunately, in the process of doing so, these plans were no longer as child-friendly. Managers acknowledged they had more work to do to streamline planning processes - for example, to integrate individualised education programmes and co-ordinated support plans into a single child's plan.

The quality and effectiveness of planning and reviewing

In three quarters of cases we read, child's plans were reviewed at intervals appropriate to the child or young person's needs. The quality of reviewing of the child or young person's progress was evaluated as adequate or better in almost three quarters of cases read, with over half being evaluated as good or better. However, in approximately a quarter of cases, the quality of reviewing of the child or young person's progress was evaluated as weak or unsatisfactory. Partnership working to implement the child's plan was evaluated as effective in most cases. When this was not the case, partners who most frequently required to make a greater contribution were health and housing. There were difficulties in implementing plans in almost a quarter of cases due to lack of availability of services, often caused by waiting lists for a particular service.

Independent reviewing officers had for some time chaired review child protection case conferences and looked after child care reviews. Partners planned to strengthen the quality assurance and performance management remit of this role. Core groups were held regularly for children whose names were on the child protection register. Where a child was deregistered, planning arrangements continued, helping to ensure that

improvement was sustained. Staff were becoming more child-centred in considering the preferences of looked after children and young people regarding times and locations for holding child care reviews.

Supervised contact arrangements for children and young people looked after away from home were carefully recorded, and this informed future planning to meet their needs. Supervised contact normally took place in the Bruce Family Centre. When this proved to be unsuitable (for example, where older children were involved) suitable alternative venues were not always available, in order to provide a sufficient degree of confidentiality within a small community.

Staff ensured that most parents, extended family members and carers were very well involved in planning processes and that their views were listened to, recorded and carefully considered. In over three quarters of cases in the sample, staff had sought and recorded the views of children and young people and took account of these in making decisions affecting their lives. In most of these cases, the involvement of children and young people in planning and decision making was evaluated as good or better. However, some children and young people were not sufficiently empowered to express their views and become meaningfully involved in planning and decision-making processes. The paper forms given to children and young people to write down their views were not always suitable – particularly for older children. More children and young people would benefit from spending time with a worker they trust, assisting them to use a medium of their choice to communicate their hopes and fears for the future. Towards this end, work was well advanced in the development of the **My Life My Say App** - an innovative approach aimed at improving the participation of looked after children young people and care leavers at child care reviews and pathway planning meetings using a specific App, accessible via mobile phone, tablet and PC.

Planning to achieve successful transitions for children and young people, including those with additional support needs, was an area of practice where many strengths were evident. As referred to earlier, this included the contribution of the Pre-school Home Visiting Service, Bridges and Hub projects, as well as the work of the through care and aftercare team.

Securing stable and caring environments

A growing number of children had been looked after at home and in kinship care arrangements in recent years. Children and young people usually thrived in these placements which were supported well by staff. Extended family members were included fully in planning meetings when they were able to act as a protective factor in a child or young person's life.

However, a few children and young people in the case file sample lived for too long with the impact of parental alcohol misuse without experiencing the necessary level of support to achieve sustained improvement in their situation.

Permanency planning was working well and improvements planned to further strengthen practice. In 2013, a mapping exercise identified stages in the process where delay was occurring in permanency planning, particularly for older children. Successful action was then taken to address these delays, including engagement with key stakeholders such as council solicitors, as well as skilling up and mentoring social workers to complete the necessary paperwork within specified timescales. A few children in the case sample needed a permanent substitute family by means of adoption or permanent fostering. Practice in these cases was of a high quality and plans were progressed with minimal delay, providing children with the opportunity to make secure attachments. There was currently an unprecedented number of children identified as needing permanency. This presented a challenge going forward in maintaining current performance. In order to do this, a tracking system was being established to report quarterly to the children's social work quality improvement group.

The concept of permanency planning had been extended to young people in Grodians, one of the two local children's houses used for residential care. The aim was for young people who were resident to regard the children's house as their permanent home and to enable residential staff to make them feel secure. In order to make such a commitment and meet new duties to provide supported accommodation for care leavers, the Hub project offered supported shared accommodation and satellite flats. Constructive relationships already existed between staff in social work and housing services to facilitate this development as a component of the council's homeless strategy.

There were some positive examples of young people staying on in foster care placements after their eighteenth birthday. However, the shortage of a range of appropriate resources, including fostering and short break/respice placements, had become a problem in a more constrained financial climate, which had limited the use of the second children's house. This situation had impacted adversely on children and young people who needed to be accommodated away from home. This resulted in some significant costs associated with placements elsewhere in Scotland which had not always resulted in better outcomes for the young people concerned.

There was a waiting list for the provision of suitable supported accommodation so that young people with additional support needs could live independently of their parents. This situation was causing significant anxiety for parents as they became older and less able to cope on their own with meeting their children's needs.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

We found joint planning and improving of services to be adequate. Integrated children's services planning had shown significant improvement over the past 12 months. All partner agencies demonstrated commitment to the planning process. There was a shared understanding of the need to develop a plan that was SMART, so that partners could be better equipped to identify and report on progress made in relation to aims and actions. The partnership in Shetland had made a positive start in this respect. The integrated children's services plan was well structured, and partners were keen to continue to develop and refine the plan, identifying key areas of need. Corporate parenting was well embedded in a strategy for looked after children, the implementation of which was supported by a multi-agency group.

Child protection business planning was also improving. Along with children's services planning, the child protection committee was looking to develop more outcome focused performance data. It had undertaken self-evaluation successfully, and now needed to do more, ideally as part of an overall strategic approach to self-evaluation in Shetland, led by the chief officers group.

There was evidence that the child protection committee was actively addressing emerging risks and trends, and had started to address the potential threat of child sexual exploitation by developing a local child sexual exploitation plan. Given the impending retirement of the chief social work officer, it was important that this post was filled and afforded sufficient status within integrated health and social care and children's services, in order to ensure that risks within social work services were consistently identified and brought to the attention of partners to manage and mitigate.

Integrated children's services planning

Children's services planning was set within a coherent planning landscape. There were a common set of aims, priorities and themes running through the single outcome agreement, council plan and Getting It Right for Children and Young People in Shetland: Integrated Children's Services Plan 2014-17. The integrated children's services plan 2014-17 was recognised as pivotal in supporting continuous improvement in the delivery of service priorities for children and young people. The current version of the plan was well

structured, setting out the Shetland Partnership's vision, aims and priorities. In keeping with the strategic objectives set out in the single outcome agreement, Getting it right for every child and the Early Years Collaborative occupied a prominent position within the integrated plan. In addition, it demonstrated a strong outcome focus, setting a number of targets and actions against each of the eight wellbeing indicators. The Getting it right for every child implementation group reported to the integrated children and young people's strategic planning group, providing a clear line of accountability.

Despite this strong outcome focus, partners recognised that some of the targets and actions contained in the integrated children's services plan were not sufficiently SMART, and needed to be reviewed. As the partnership develops and improves the way in which it assesses need in the partnership area, it plans to amend existing targets and actions, and /or introduce new ones as part of a dynamic process. For example, targets and actions in relation to finding suitable placements for all children who need to be looked after and accommodated should be given greater priority.

The integrated children's services plan was supported by all partner organisations. A multi-agency strategic group and children and young people forum were responsible for the development and monitoring of the plan. The integrated plan was complemented by a set of joint plans and strategies, including the Shetland Strategy for Looked After Children 2014-19. Again, this strategy was well set out, incorporating corporate parenting as one of six strategic priorities, taken forward by a multi-agency group.

Strategic planning was improving. Following a review of Getting it right for every child, partners had adopted an outcomes approach to planning. As a result, it was intended that every child's plan would have one or more outcomes recorded. Although it was too early to see any clear impact, Partners were challenging themselves to improve their ability to collect, share and analyse data to inform planning. The link between targeted and universal services had been highlighted by the introduction of Getting it right for every child. There was a clear recognition that front line staff in universal services needed to work together to support families, and where appropriate, take early and effective action at the first signs of any concern about wellbeing rather than only getting involved when a situation has already reached crisis point. Managers understood their responsibility to provide leadership and strategic support to implement the changes in culture, systems and practice required within and across services.

However, the current integrated children's services plan did not contain evidence of progress made in relation to actions set out in the previous plan. Partners had faced difficulties in doing so as the plan was not sufficiently measurable. In response, partners had made a good start in ensuring that this would not recur, by setting out actions, timescales, and targets. In addition, the plan contained little information about funding

attached to each of the priorities objectives, and corresponding actions. Given the severe financial constraints around at the time of this inspection, it was important for partners to be clear and explicit about the resources allocated to implement the plan – particularly in relation to actions or services that were joint in nature.

Partners were at a very early stage in evaluating the impact of implementing Getting it right for every child. As stated earlier, they had started to measure improvements in wellbeing for individual children using the Barnardos wellbeing tool. At a child population level, they were also measuring developmental progress at 24-27 months and had more recently started to do so earlier at 12-14 months, and were looking to introduce measures of nursery and school readiness. More generally, and as part of integrated children's services plan monitoring and evaluation, the partnership were looking to establish baseline data, developing a fuller understanding of the priority needs of vulnerable children in Shetland.

Child Protection Committee Business Planning

The child protection committee annual report and business plan (2013-14) was stronger than those produced in previous years. Work in the past year focused on self-evaluation, case review and learning, training (including extending this to third sector), setting up a new website and organising an internet safety day. The business plan was devised with strong multi-agency participation. Having attracted some criticism about too many items included in the previous business plan, members had tried to ensure that the current business plan was more focussed and time-bound. With the adult protection committee independent chair appointment coming up for renewal in August 2015, the chief officer's group was taking the opportunity to consider a joint, independent appointment for both adult and child protection committees. Previous, relatively recent concerns regarding attendance and partner representation appeared to have been resolved, with regular police attendance restored.

Partners recognised the need to develop more meaningful performance management information and outcome indicators for children in need of protection. The child protection committee quality assurance sub-committee received performance data, and much of this was in relation to volume and frequency of referrals. Child protection committee members recognised the need to be able to see how services were making a difference – that is, what outcomes for children were being achieved. Towards this end, the introduction of the Barnardo's outcomes framework had brought a welcome, additional focus, helping staff to articulate the outcomes being sought in more child-centred ways. However, scrutiny by chief officers and the chief social work officer could be strengthened by interrogating existing data more thoroughly to gain a better understanding of the effectiveness of joint working practices.

The child protection committee had developed an inter-agency policy to support self-evaluation based on the quality indicators in *How well are we improving the lives of children and young people?*²¹ In February 2013, a first multi-agency review of practice took place using a sample of child protection cases, followed by meetings with the networks of support²². Case file reading was supported by two strategic inspectors from the Care Inspectorate. Staff increased their skills and confidence in carrying out joint self-evaluation. Strengths and areas for development were identified, both for staff members and for services as a whole.

Some progress had been made since the last child protection inspection²³ in terms of input from the chief officers group. Chief officers received quarterly reports from the chair on the work of the child protection committee. This provided both the child protection committee and the chief officers group with an opportunity to identify trends and emerging risks. However, in the course of this inspection, we came across areas of risk that were not readily recognised as such by senior managers, and had not attracted a necessary set of responses to mitigate any adverse impact on children and young people. Direct observation of the chief officer's group meeting strongly suggested that more could be done to enable the chief officers group to strengthen their role and responsibilities in offering scrutiny and challenge.

There was evidence that the child protection committee was actively addressing emerging risks and trends. For example, we considered a briefing paper from the child sexual exploitation sub group, outlining the response to potential child sexual exploitation in Shetland, including an impact assessment of this issue, set against findings of the Jay Report²⁴. The briefing paper outlined that whilst there was no evidence to suggest current exploitation of children and young people in Shetland, there were gaps in the knowledge and skills base of staff that would suggest that this issue needs to remain in focus, and specific actions identified to progress this area of work.

Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development

We considered the participation of children, young people, families and other stakeholders to be good. Community planning partners voiced a strong commitment to involving young people in developing and reshaping service provision. Recent development of the youth strategy was a positive step. However, children, young

²¹ http://www.scswis.com/index.php?option=com_content&view=article&id=8123&Itemid=743

²² Also known as 'teams around the child', referring to those front line staff and others responsible for implementing the individual child's plan.

²³ http://www.scswis.com/index.php?option=com_docman&task=cat_view&gid=4736&Itemid=100181

²⁴ http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

people, families and communities had yet to be given the opportunity to fully engage and become actively involved in integrated children's services planning. The Shetland Partnership was intent on developing a more systematic approach to engagement and participation, providing a framework to help embed this more routinely into service planning and development. Despite this shortfall, young people were very well supported and encouraged to be influential through a series of forums. Shetland Youth Voice, the local youth forum, was well established, with representatives active throughout Shetland. It was effectively involved in consultation, campaigning, and representing young people's views to individuals, organisations and elected members.

There were important strengths in the involvement of children, young people and families in policy, planning and service development. Youth Voice was well established, having operated for over ten years, providing young people from all over Shetland with the opportunity give their views and opinions to local decision makers, both within the local authority, as well as the wider Shetland Partnership. Youth Voice members consulted with young people in their local areas, campaigned on issues which affected them, and represented their views to individuals and organisations which make decisions affecting the lives of young people. Youth Voice members were positive about recently improved links with elected members of the council.

We came across a number of examples of children and young people being consulted and involved in policy, planning and service development. Examples included consultation regarding changes to school and public bus links, and potential merging or closures of schools. Equally, young people we met were generally positive about the extent to which they were listened to and respected. Very good use was being made of different forms of communication to consult with young people. The Members of the Scottish Youth Parliament for Shetland had public Facebook and Twitter accounts which they used to feedback and gather views from groups that were seldom heard.

However, in relation to more vulnerable children and young people, it was sometimes difficult to find evidence of consultation and participation in key areas of policy and planning – most notably in regard to integrated children's services planning and the development of the looked after children and young people strategy. On the other hand, the children's rights officer was making a very positive contribution to promoting children's rights, both at an individual and service level. Given the importance of understanding both how and to what extent children and young people were influencing policy (reflected in the Shetland Partnership's strategic objectives), a more systematic approach to engaging children and young people was required.

In terms of other stakeholders, we heard consistently how levels of consultation, participation and partnership working had improved in recent times. Two thirds of the front line staff we surveyed agreed that their views were fully taken into account when services were being planned at a strategic level, and well over half agreed that the views of children, young people and families were listened to. However, senior managers across the partnership acknowledged that stakeholder involvement was not sufficiently well coordinated, and had identified this as an area for development.

6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was good, and was continuing to improve. Partners were dealing with the challenges created by a demanding change agenda, including Getting it right for every child implementation, integrated health and social care, and a set of significant financial challenges. Managers and staff were open to new ideas and outside influences. Initiatives such as Getting it right for every child and the Early Years Collaborative had been taken on board with some enthusiasm. However, progress had sometimes been hindered by a lack of capacity at various levels within organisations, although this was to some extent offset by the willingness of managers and staff to work flexibly. Recent difficulties in the children and families social work team had been recognised and were being actively addressed. More widely, the challenges of recruiting and maintaining a workforce capable of delivering the expectations set by the National Outcomes Framework strategic objectives were being met, although periodic staff vacancies, in a small community planning partnership area, often had a disproportionate impact on service delivery.

There was evidence of a clear focus on improvement. The **integrated children's services plan** was recognised as a key vehicle in supporting continuous improvement in order to deliver priorities. Partners agreed that health and social care integration, Getting it right for every child and the early years collaborative had all contributed to better collaborative work at a senior level, focused on the needs of children, young people and families. Self-evaluation was becoming an increasingly important factor in informing partners how well their services were performing.

There was evidence that leadership offered by chief officers in Shetland was improving. Chief officer group meetings were well attended, with senior representation from all relevant agencies. The chief officer group was becoming increasingly self-aware, assisted by a recent self-evaluation exercise. The approach taken was constructively critical in some areas, and posed important questions for the chief officer's group to consider, including the involvement of stakeholders in strategic planning. In order to take advantage of this work, the chief officers group needed to consider what action it needed to take to improve further. In other areas, however, it was evident that links between the chief officers group and the community planning partnership were being strengthened,

including an undertaking to provide twice-yearly reports on public protection arrangements to the Shetland Partnership board.

Elected members we met demonstrated a positive awareness of the challenges facing the council and its community planning partners. They showed understanding of inequality and the way it manifested itself in an island community, and appreciated the geographical, demographic and financial challenges they faced. They were able to demonstrate an understanding of corporate parenting, and considered this to be a responsibility they shared increasingly with other partners. They considered that the proposed champions board, including representatives from across partner agencies, would strengthen this still further.

The director of children's services and director of community health and social care had recently commissioned a review of social work services. This has included the recruitment of an external consultant, resulting in a set of agreed actions designed to address and improve a number of areas across the social work service. As a result of the response to the review, we saw promising signs of improvement in the performance of social work services.

The Shetland Partnership faced a number of significant challenges. Statutory consultations on the proposed strategy for secondary education in Shetland were now on hold until 2017 at the earliest. This was likely to lead to further financial challenges for Shetland Islands Council's Children's Services directorate, and difficult decisions for elected members.

Across all organisations in the partnership, there was a growing recognition of the value of self-evaluation. This was evident at a variety of levels, from joint self-evaluation undertaken on behalf of the child protection committee, self-evaluation undertaken in relation to the implementation of Getting it right for every child, through to single service audits and monthly quality assurance meetings. This built on the well-established culture of self-evaluation found in Shetland's schools.

Performance management systems were evident, both at service and partnership levels. Whilst performance indicators in relation to integrated children's services planning and outcome measures were being developed, performance information at the single service level was evident from a number of sources – children's services (education and social work), Police Scotland, NHS Shetland and the Scottish Children's Reporter Administration.

We found evidence of an outward looking, pragmatic approach to change, with leaders on the lookout for opportunities to learn from other areas, bringing in external bodies or consultants for specific, defined purposes (such as the review of social work), or joining and fully participating in national initiatives such as the Early Years Collaborative. In the

period prior to the announcement of this inspection, staff at various levels in Shetland had worked well with the Care Inspectorate link inspectors in supporting improvement. Senior managers were outward looking - keen to learn from good practice elsewhere.

In relation to the Early Years Collaborative, after what some staff considered to be a slow start, significant progress had been made. Staff from various organisations were much more involved in the Early Years Collaborative. The ethos and morale of those involved had improved and staff regarded the developing of team working as one of the notable areas of success, with a more integrated approach and overview of improvement projects.

Given the size, scale and capacity of Shetland and its children's services, it was evident that, in terms of transformational change, the overriding challenge for leaders was to ensure the successful implementation of Getting it right for every child and the Early Years Collaborative. This twin approach was well articulated and presented in the single outcome agreement and the integrated children's services plan. Whilst some staff were critical of some aspects (for example, the additional administrative responsibilities introduced by the named person and lead professional roles), there was evidence that the introduction of Getting it right for every child was changing the way in which staff communicated, both with children and families and each other, as well as the way in which services were delivered.

In order for services to change and improve, a suitable workforce needs to be recruited, retained, trained and supported. In general, partners had been relatively successful in recruiting and retaining staff, and we came across many examples where staff worked flexibly, supporting colleagues from other services who were short staffed and/or working in more remote locations. Staff felt adequately trained to carry out their duties, and well supported in working collaboratively with colleagues from other agencies. Social work managers were aware of a need to develop a workforce development programme for all registered social workers.

7. Conclusion, particular strengths and areas for improvement

The inspection team was confident that the lives of many children and young people growing up in Shetland were improving as a result of the services delivered to them by the Shetland Partnership. On the whole, young Shetlanders were healthy, well-educated and participated actively in their communities through a range of leisure and cultural activities. However, for more vulnerable children and young people, practice was too variable in the recognition, information sharing and early response to concerns about wellbeing. Staff across the partnership were not always sufficiently alert to signs that a child or young person might be in need of additional support.

Despite recent improvements in professional practice, we also had some concerns about the protection and wellbeing of a small, but significant number of at risk children and young people. Building on good leadership, positive attitudes and a commitment to Getting it right for every child, the Shetland partnership needed to further improve children's services planning, as well as maintaining and improving the quality and impact of services for vulnerable children and young people. The challenge for the Shetland Partnership going forward will be to demonstrate more clearly trends that indicate closing outcome gaps, achieved through prevention and early intervention.

In the course of the inspection we identified a number of particular strengths which were making a positive difference for children and young people in the Shetland Community Partnership area. These were:

- positive and sustained responses to recent difficulties and challenges, based upon good leadership, improved service planning and the determination of the Shetland Partnership, its stakeholders and staff to improve outcomes for children and young people
- innovative responses to meeting need in sparsely populated areas – staff working creatively and collaboratively to achieve positive outcomes
- staff at all levels in the Partnership who were outward looking, looking to import new ideas, and eager to collaborate with prospective partners outwith Shetland
- a clear commitment to **Getting it right for every child**, which was becoming established at the core of strategy, policy and practice.

We are confident that partners in Shetland will be able to make the necessary improvements in response to this inspection. We base this conclusion on evidence of good leadership, improvement in key areas, and a willingness to collaborate with external partners. However, our inspection findings include some important areas for improvement, and through our existing linking arrangements with the Shetland Partnership, we will work closely with chief officers and managers, supporting them in making the necessary improvements and ensuring that progress is made and sustained.

In taking forward the need for improvement, the Shetland Partnership should now:

- take effective and timely action to address the shortage of appropriate local placements for looked after children and young people, and prioritise the recruitment of foster carers, including fee paid carers, and the development of residential services to meet the range of needs
- ensure that weekly multi-agency child protection screening meetings are effective in agreeing and co-ordinating actions in response to at risk children and young people
- establish more rigorous quality assurance processes, in order to ensure that recent improvements in service responses to risks and needs of vulnerable children are built upon and sustained
- build on recent self-evaluation by adopting a more systematic approach. This could take the form of an annual programme of joint self-evaluation right across children's services, based on agreed priorities, reflecting and informing the work of the integrated children's plan strategic group and the child protection committee
- review and revise the priorities contained within the integrated children's services plan, in light of our inspection findings and recently completed self-evaluation, and ensure these are SMART and budgeted for.

8. What happens next?

The Care Inspectorate will request that a joint action plan is provided which clearly details how the Shetland Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. We will also monitor the Partnership's progress in taking forward their action plan, and report on progress made in meeting specific areas for improvement set out in this report. This will take place within 18 months of the date of publication.

Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland.

In addition to those examples of good practice referred to in the body of this report, we commend the following examples:

Our Peer Education Network Project

OPEN involves young people aged 16-25 years, enabling them to design, develop and deliver peer education workshops and activities. They provide support and training for young people, helping them become confident and effective peer educators. The volunteers develop and deliver issue based workshops and activities for all young Shetlanders.

OPEN has reached out to hundreds of young people to increase their awareness and reduce harm. They work in a variety of social settings, including schools, youth clubs, events and open days and have delivered workshops that give sound, relevant and up-to-date information on important issues including sexual health and relationships, alcohol and drug use and mental health.

Following on from the Peer Education is Awesome – Evaluation Report 2012, strong working relationships had been built with key professionals in Education, Health Improvement and Youth Services. OPEN identifies gaps and seeks solutions, working in partnership with other agencies and organisations to increase the number of young people accessing existing information, support and advice services.

Shetland Team of Young People and Police (STYPP)

The main aim of the Project is to improve relations between the Police and young people. The idea arose from the referrals the Children's Rights Officer was receiving with regard to how police officers were sometimes engaging with young people.

The STYPP project is fully supported by the Chief Inspector of Police and the Early Intervention Officer.

Trust and mutual respect have developed over a period of time between the police and young people. The young members of STYPP have been involved in a joint campaign to raise awareness of the dangers of legal highs. This took place with support from other agencies, including Community Mediation, Community Alcohol Drugs Service and Support. Shetland Arts produced posters, information leaflets and arm bands for the campaign. The campaign culminated in the production of a film called Legal Highs

– a Losing Game. The film was planned and performed by the young people, with the production supported by Fixers UK. The film was a success and is currently available to view on YouTube²⁵.

The group of young people have achieved much through their involvement in STYPP, which has included winning the One Team Shetland Youth Volunteering Award in 2013. Currently, two members of the group are now involved in the Police Scotland Youth Advisory Panel. This is an exciting new initiative that builds upon the voices and experiences of many young people across Scotland. The panel comprises of 16 young people aged between 12 and 25.

STYPP continues to build on their success, to further engage with young people in Shetland.

Housing and Family Mediation

In 2011, Family Mediation and Shetland Islands Council's Housing Service developed a partnership project aimed at reducing young people's homelessness. All 16 and 17 year olds, and their parent(s)/carers, who are experiencing difficulties that might lead to a young person becoming homeless are invited to engage with Family Mediation. Outcomes for young people are tracked under the following headings:

- those able to remain at home
- those who leave home, but in a planned way that maintains positive relationships with family
- those who leave home in crisis, but through mediation re-connect with family and re-establish relationships
- those who leave home in crisis, and no immediate reconnection is made.

Referrals from the Housing Service continue to be received by Family Mediation at the point of homeless presentation. Local and national statistics, and research, confirms experience in Shetland, in that, when the young person reaches 16, it is often too late to effect positive family change through engagement in mediation services. Thus there is an increased focus on earlier identification of families where:

- there is a pattern of young people leaving the family home at 16
- there is ongoing conflict following parental separation and/or subsequent blended family/step parent involvement.

Where these issues are identified, Getting it right for every child assessments and the child's plan will include assessment around the impact of separation/divorce on those children and young people.

²⁵ <https://www.youtube.com/watch?v=Ih9P9vb3Dgs>

Appendix 2: Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. ‘How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators’. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

How well are the lives of children and young people improving?	
Improving the well-being of children and young people	Good
Impact on children and young people	Good
Impact on families	Good
How well are partners working together to improve the lives of children, young people and families?	
Providing help and support at an early stage	Adequate
Assessing and responding to risks and needs	Weak
Planning for individual children	Good
Planning and improving services	Adequate
Participation of children, young people, families and other stakeholders	Good
How good is the leadership and direction of services for children and young people?	
Leadership of improvement and change	Good

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

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

The quality indicators framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improving the well-being of children and young people	2.1 Impact on children and young people	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children 5.4 Involving children, young people and families	6.1 Policies, procedures and legal measures	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	2.2 Impact on families		6.2 Planning and improving services	
	3. Impact on staff		7. Management and support of staff	
	3.1 Impact on staff		7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support	
	4. Impact on the community		8. Partnership and resources	
4.1 Impact on the community	8.1 Management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self evaluation			
10. What is our capacity for improvement?				
Global judgement based on an evaluation of the framework of quality indicators				

Appendix 3: The terms we use in this report

Active Schools is a sportscotland led programme designed to encourage children and young people to get active and stay active. sportscotland works in partnership with local authorities and associated partners. The aim is to ensure there are more and higher quality opportunities to participate in sport within schools and that these opportunities are well connected to and supported by other local and national partners.

Bookbug – the Scottish Book Trust - works with partners throughout the country to inspire, support and challenge the people of Scotland to fulfill their potential as readers and writers. In order to achieve this, the Trust gives free books to every child in Scotland, supports teachers to inspire children to develop a love of reading, and works with adult learners to increase literacy skills and encourage creative writing.

The **Bridges project**, established in 2005, provides alternative learning intervention aimed at helping young people aged 15 to 19 years to return to education, training and /or employment.

Child protection committee: Child protection committees are locally based, inter-agency strategic partnerships responsible for child protection policy and practice across the public, private and voluntary sectors. On behalf of chief officers, their role is to provide individual and collective leadership and direction for the management of child protection services.

Community planning is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives.

The **Dollywood** foundation is the name of the organisation, based in the United States, that oversees Dolly Parton's Imagination Library - a free children's book distribution programme started by Dolly Parton in 1996.

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and the Police Service of Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

Getting it Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. To achieve this, practitioners need to work together to support families, and where appropriate, take early action at the first signs of any concern about wellbeing, rather than only getting involved when a situation has already reached crisis point.

The **Hub project** was established in 2012 following a successful Big Lottery funding bid. It comprises a shared unit which can support two young care leavers, plus two outreach flats. In addition, the Hub skills centre provides a programme of activities targeted at meeting the individual needs of looked after young people who are making the transition to adulthood.

The Scottish **Information Commissioner** promotes and enforces both the public's right to ask for the information held by Scottish public authorities, and good practice by authorities. Through her work she supports the openness, transparency and accountability of public bodies.

An **integrated children's services plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

Lead professional – where two or more agencies or services need to work together to meet a child's needs, a practitioner from one of these agencies will become the lead professional. The lead professional will co-ordinate assessment, planning, and action. They make sure everyone is clear about their contribution to the achieving the outcomes in the Child's Plan and ensure that all of the support provided is working well.

My Life My Say App – An app, launched in November 2014, that enables children and young people to use their mobile phones, tablets and PCs to input their views across key areas relevant to Looked After Children's Reviews and Pathway Plans.

Named person – the Getting it Right approach includes making a named person available for every child, from birth until their eighteenth birthday (or beyond, if they are still in school). Depending on the age of the child or young person, a health visitor or senior teacher, already known to the family, usually takes the role of named person. This means that the child and their family have a single point of contact who can work with them to sort out any further help, advice or support if they need it.

Play Talk Read bus – a national project comprising two buses, touring round the communities of Scotland, providing a range of play and learning resources for families with pre-school children.

Promoted by UNICEF, the **Rights Respecting Schools** Award (RRSA) recognises achievement in putting the United Nations Convention on the Rights of the Child at the heart of a school's planning, policies, practice and ethos. A rights-respecting school not only teaches about children's rights but also models rights and respect in all its relationships: between pupils and adults, between adults and between pupils.

Seasons for Growth is a loss and grief peer-group education programme to support young people aged 6-18 years and adults who are affected by change, loss and grief.

A **Single Outcome Agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

The **Shetland Partnership** is the Community Planning Partnership for the Shetland Islands Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Shetland.

Shetland Team of Young People and Police – see good practice example.

The **Solihull Approach** is an integrated model of working for care professionals working with families, babies, children and young people. It is used by a wide variety of practitioners including health visitors, school nurses, family centre workers, midwives, social workers, foster carers and parents.

The **Triple P – Positive Parenting Program** – aims to give parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships.

A **virtual comparator** is a benchmarking tool, made up of pupils selected from across Scotland who share the same characteristics as a particular school. The aim is to allow users to see how performance compares to a similar group, in a more refined way in terms of the gender balance within a certain age group, staying on rate for pupils, or a school's background in terms of deprivation.

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