

Joint inspections of services for children and young people

A report on the findings of inspections 2014-16

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Key messages

When children, young people and families are provided with services appropriate to meet their needs, these are having a substantially positive effect on improving outcomes in the short- and long-term.

Across the country, there is a clear direction of travel towards prevention and earlier intervention.

The strongest performance in improving outcomes for children is characterised by an assertive and shared commitment to closing outcome gaps. Improving the life chances of children and young people, giving them the best start in life and ensuring that they are ready to succeed are high priorities for the Scottish Government¹, but in a small number of areas more aspiration for the most disadvantaged children and young people need to be demonstrated.

Children, young people and families experience better services and are more likely to benefit where they get help from reliable, caring individuals who show persistence in building trust.

The use of the wellbeing indicators is supporting the creation of a shared language and concepts around wellbeing and helping staff work together to identify where children and young people need additional help.

Overall, services are responding well to concerns about children's safety. Practice is less consistent where adult behaviour is impacting on children's wellbeing rather than their immediate safety. For example, where there are repeated instances of lower-level concerns. Examples could include children missing health appointments or school, incidents of anti-social behaviour in the community and children living with domestic violence.

Both assessment and planning for individual children have been strengthened although more work is required in some aspects to achieve consistently high performance. In almost all areas, there is a need to strengthen quality assurance.

Transitions are not managed consistently well, particularly at the interface between children's and adults services. The quality of plans and planning tend to deteriorate as children get older. Important information contained in children's plans is sometimes lost in the transition to pathway plans for young people leaving care, which take a different approach and format.

1 <http://www.gov.scot/About/Performance/scotPerforms/objectives/smarter>

There is mixed performance in leadership and strategic planning across the country in a hugely challenging context. Approaches to joint performance data and reporting need to be strengthened. Joint approaches to strategic needs assessment and strategic commissioning in services for children and young people are at an early stage.

Child protection committees need to be an authoritative voice for vulnerable children and young people integrated health and care partnerships. We found significant variation in the effectiveness of child protection committees across the areas inspected.

Self-evaluation is being undertaken in all areas inspected but not all could evidence how the insights gained are supporting improvement.

Reliable and caring individuals who are able to win the trust and co-operation of children and families, and who persist in building helpful relationships, make a very positive difference to children's lives.

Robust strategic planning and effective collaborative leadership are critical in achieving the transformational change needed to secure better outcomes for all children and closing outcome gaps.

Introduction

About this report

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other regulators to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

This report describes the findings of 12 joint inspections of services for children and young people. The inspections were carried out between June 2014 and June 2016 as part of a national programme of inspections led by the Care Inspectorate at the request of Scottish Ministers, which is due to conclude in December 2017.

Part 1 of this report describes key findings round nine quality indicators, which are evaluated in each inspection using a six-point scale. We identify elements of good practice, common themes and areas for improvement. It is important to bear in mind when considering evaluations that performance may have improved since the inspection was carried out. All inspection reports can be found on our website www.careinspectorate.com.

Since April 2015, at the request of Scottish Government's ministerial working group on child sexual exploitation, we have collected information from community planning partners about how they are responding to prevent and reduce risks to children and young people from child sexual exploitation. We describe these responses in part 2 of this report.

Joint inspection methods

Joint inspections are led by the Care Inspectorate and conducted in partnership with colleagues from Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. All of these partners are represented in each inspection team and make an important contribution throughout the inspection. Their participation and commitment are invaluable in reaching sound and well considered conclusions on the effectiveness of multi-agency work to improve outcomes for children and young people.

These inspections report on 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. They include all those who contribute to achieving good outcomes for children and young people including a range of local authority and NHS services, Police Scotland, the Scottish Fire and Rescue Service, the Scottish Children's Reporters Administration and services provided by the third sector.

Inspection teams include young inspection volunteers. These 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.

In order to reach confident conclusions in each area we undertake a range of activities to collect evidence. The inspection timetable is designed to answer the specific questions we have of each area, based on our intelligence, and will vary according to the design and delivery of services locally. However, in all areas we:

- analyse and take into account inspection findings of care services for children and young people and findings from relevant inspections carried out by other scrutiny bodies
- review national and local data relating to children and young people
- review any self-evaluation undertaken by the partnership, and the evidence that supports it
- read a wide range of documents provided by the partnership
- conduct a survey of staff with named person and lead professional responsibilities
- meet with children and young people, parents and carers in order to hear from them about their experiences of services and what difference they think the support they have received is making
- speak with staff at all levels across the partners, including senior officers and elected members and large numbers of staff who work directly with children, young people and families
- review practice through reading records held by services for a sample of the most vulnerable children and young people
- observe key interagency meetings.

The quality improvement framework

In September 2014, we published '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', following consultation and review of its use in pilot inspections. The framework (Appendix 1) is based on a model developed by the European Foundation for Quality Management, which is widely used by local authorities and other bodies across Scotland and other parts of the UK. A suite of 22 quality indicators is grouped under six high level questions. Illustrative examples are provided for two of the six levels of our evaluative scale, namely 'very good' and 'weak'. Each indicator is broken down further into themes. The framework supports self-evaluation by helping partners focus on the outcomes (results) of their work and assisting them to identify how key processes (enablers) are either helping or acting as barriers to achieving positive outcomes for children, young people and their families.

While inspection teams consider the quality improvement framework in its entirety, we report findings and evaluations against a selected nine of the quality indicators in each report to help us answer the following questions.

How are outcomes for children and young people improving?

Quality indicator 1.1 Improving the wellbeing of children and young people

Quality indicator 2.1 Impact on children and young people

Quality indicator 2.2 Impact on families

How well do partners work together to improve outcomes for children and young people?

Quality indicator 5.1 Providing help and support at an early stage

Quality indicator 5.2 Assessing risks and needs

Quality indicator 5.3 Planning for individual children

Quality indicator 6.2 Planning and improving services

Quality indicator 6.3 Participation of children, young people, families and other stakeholders

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

Quality indicator 9.4 Leadership of improvement and change

Using self-evaluation to drive continuous improvement

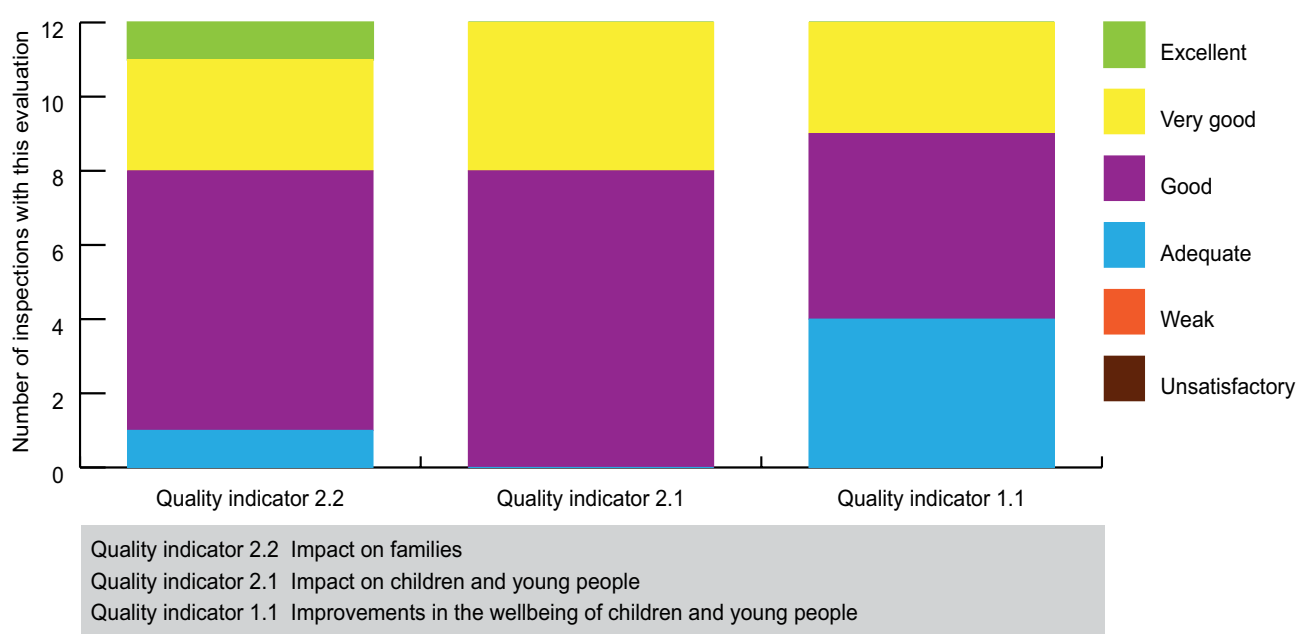
The quality indicator framework described above is designed to support partnerships to review their joint work and use the insights gained to support continuous improvement.

In preparation for each inspection, we ask the partnership to provide us with any joint self-evaluation work they have undertaken, along with the evidence that supports their assessment. We review this self-evaluation, testing the approach and probing the supporting evidence to check its rigour. We look for evidence that the partnership is using the knowledge and insight gained from self-evaluation to identify and build on areas of strength and to prioritise improvement actions. The more robust self-evaluation processes are, and the more evidence there is that it is being used to drive improvement, the greater our level of confidence in the partnership to take forward continuous improvement without the need for further external scrutiny. The quality of the partnership's self-evaluation thus has a direct influence on the scope of the inspection and the nature and focus of the activities carried out. It also influences future risk assessment and inspection planning.

Part 1: Joint inspection findings

How are outcomes for children and young people improving?

This question takes account of the findings of three outcome indicators that consider the difference the community planning partnership is making to the lives of children, young people and their families. Using the EFQM model described above, these three indicators together demonstrate the 'results' of services' joint work.



Quality indicator 1.1 Improvements in the wellbeing of children and young people

Quality indicator 1.1 addresses improvements partners are making in the wellbeing of the children and young people in, and from, their area. It focuses on tangible results in improving the wellbeing of all children and includes a specific theme about improving trends through prevention and early intervention. To be evaluated highly in this indicator, partners must also be able to demonstrate that they are successfully tackling inequalities, closing outcome gaps and improving the life chances of vulnerable and disadvantaged children and young people.

In two thirds of the 12 areas inspected, we evaluated this indicator as good or better. Three areas evidenced very good performance and while four were adequate (strengths just outweigh weaknesses) none was below adequate.

Across all partnerships, we could see a very clear positive impact of national initiatives being driven forward at local level to support better health outcomes for young children. Examples include the universal health visiting pathway, the child healthy weight programme, Childsmile and the Unicef UK baby friendly initiative (supporting breastfeeding).

In every area, even those where performance was less strong overall, there was a clear direction of travel towards prevention and earlier intervention. This was paying dividends for children and young people right across the country. For example, the work of the Scottish Fire and Rescue Service in preventing accidents and reducing casualties among children and young people was very evident.

The Early Years Collaborative² had been a helpful vehicle to support some important tests of change to this end, although these were not yet always being translated into mainstream practice to have a greater impact. In an increasingly challenging financial situation, partnerships were finding it difficult to identify the resources required to invest in new approaches (albeit they knew these could eventually be more cost effective) while still needing to fund services in the here and now. For example, developing alternative resources to support young people in their own communities while funding high-cost placements to meet needs in the interim.

Where implemented, the Whole System Approach³ was having a notable impact in reducing offending among young people. Also positive was the evidence of fewer vulnerable children and young people needing to be accommodated away from home, and away from their home area and the use of family-based options rather than residential care.

There was evidence of national positive trends in relation to a reduction in smoking and the use of alcohol among young people. Some areas were also able to show reducing rates of pregnancy among young people. Closer exploration of the data however, showed that these positive trends were not always inclusive of disadvantaged young people. For example, improved educational attainment and reduction in school exclusions across the whole pupil population in an area did not always apply equally to looked after children. On occasion, we noted a lack of aspiration for disadvantaged children and young people and a lack of ambition to address long-standing performance issues.

² 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.

³ The Whole System Approach is a Scottish Government programme for addressing the needs of young people involved in offending. It highlights the importance of supporting children and young people on a multi-agency, multi-disciplinary basis and aims to put in place tailored support based on the child or young people's individual needs.

Only a minority of partnerships was able to demonstrate a coherent joint approach to improving outcomes for care leavers with an emphasis on providing stable and secure housing options.

The strongest performance was characterised by an assertive and shared commitment to closing outcome gaps by clear identification of the most vulnerable in the population and targeting particular attention on these groups. Moreover, it was supported by data collection approaches that were sufficiently robust to evidence improving trends over time. The rationale for targeting resources was underpinned by data about the needs of children across the area. In a few areas, there was a clear recognition of the detrimental impact of poverty on children's life chances and determined work to ameliorate the impact through income maximisation and prioritisation for services.

A common challenge was the lack of, or underdeveloped approaches to, joint performance data and reporting, which meant that partnerships were largely working in the dark about how much of their considerable efforts were paying dividends. Implementation of some initiatives was patchy as a result.

Quality indicator 2.1 The impact of services on children and young people

Quality indicator 2.1 considers how children and young people experience the services they are receiving (when they are indeed receiving them) and the difference those services are making to their wellbeing across all of the eight wellbeing indicators⁴. It includes the impact of universal services as well as the difference being made by targeted services such as social work. In this indicator, we often see the impact of services provided by the third sector. We look at the difference made when staff in universal and targeted services work together to give children and young people the best possible start in life, and to support them at times when they may be vulnerable, for example during family crisis or periods of transition.

We evaluated all 12 areas as good or better, with four that we evaluated as having a very good impact. Across all areas, performance in this indicator is inevitably better than performance in the processes because this indicator is focused on the experience of children and young people who are actually getting services. It does not fully address unmet need. Nonetheless, it is challenging for services to have a positive impact across the range of wellbeing indicators and there is much to be proud of in how they are doing so.

A review of our findings for this indicator across the inspections show a richness of evidence about the impact of the work undertaken by staff across services to build

⁴ Safe, healthy, achieving, nurtured, active, respected and responsible, included

supportive and trusting relationships with children and young people and to support their wellbeing every day. The importance of reliable and caring individuals in making a difference to children's lives was striking.

Safety was a clear priority for services and we found very strong evidence of children and young people being, and feeling, safer as a result of intervention and support. This included being safe from accidents and crime as well as in relation to child protection concerns at home.

There was considerable evidence about positive impact on children's health and their achievements. Active Schools and the introduction of the 'daily mile' in some areas were supporting better health. In some areas, concessionary passes for transport and/or admission were instrumental in supporting disadvantaged young people and families to be more active. In others, a lack of transport options was a critical barrier to inclusion, and an increasing problem within tightening financial constraints.

An exception to the positive impact of services on children's health was in the area of mental health and emotional wellbeing. Here there were clear gaps for individuals, with some children and young people waiting for significant periods for intervention following assessment. In addition, we saw how children were sometimes missing out on health care (physical and mental) when parents did not keep appointments. Higher performing areas had systems in place to pick this up and strategies that supported children to get the care they needed, regardless.

We could see vulnerable children being given appropriate support to achieve, in school and out, although the lack of aspiration noted earlier in this report compromised outcomes at times. A shared problem was the lack of a mechanism to capture and share information about children's achievements systematically. Without one, it was not always clear what staff and carers could do to help children develop their interests and build on their achievements. Children with additional needs or those in difficult family circumstances who require more help would benefit most from improvements in this area.

Across the country, nurture approaches and high quality alternative care with foster carers and residential placements were clearly benefiting some very vulnerable children. Notwithstanding the sharper focus on permanence planning noted later in this report, a few children were still being affected by delays in identifying the need for a permanent placement or matching to suitable carers. A few areas lacked a robust system for assessing the extent to which a placement with kinship carers was sufficient to meet the child's needs beyond the immediate crisis. With a few exceptions, transitions were not

managed consistently well, particularly at the interface between children's and adults services.

Quality indicator 2.2 The impact of services on families

Quality indicator 2.2 considers the extent to which families are strengthened as a result of the partnership's work. We look for evidence of increased resilience, greater confidence in parenting and the difference made when families get the help and support they need. Evaluations for this indicator are made on the basis of evidence that services making a positive difference to families. We consider the mechanisms of how, where and when services are provided under the next question.

Again, it was clear that, where families are receiving help, this is having a substantially positive impact and doing much to strengthen parents' abilities to meet the needs of their children. In all areas but one, we evaluated performance as good or better. In one partnership, we evaluated performance as excellent.

Common to the highest performing areas was the provision of a wide range of supports combining universal and targeted services, delivered flexibly to meet identified needs and able to respond as needs changed.

In a few areas, parents, young people and other family members were confident that family breakdown had been prevented by the provision of very early help and intensive support in families' own homes, at times when it was most needed, including in evenings and at weekends.

Valuable support provided for pregnant women and new parents was also evident, in line with improvements in pre-birth planning, described later in this report.

As with the previous indicator, the importance of trusting relationships and staff showing persistence to engage with families was striking in the areas of best practice. In a few areas, difficulties in recruitment and retention of health visitors and social workers was impacting on families' ability to get help from a consistent person who knew them well.

Structured parenting programmes were available in all areas, though some were more responsive than others to a range of needs, including targeted help for fathers and intensive support for families at risk of breaking down. Overall, parents accessing parenting programmes were positive about their impact in helping them build confidence and competence. Parenting programmes were more easily available for families with younger children than for those with children in the teenage years.

Families of children with disabilities greatly valued the supports on offer, including respite,

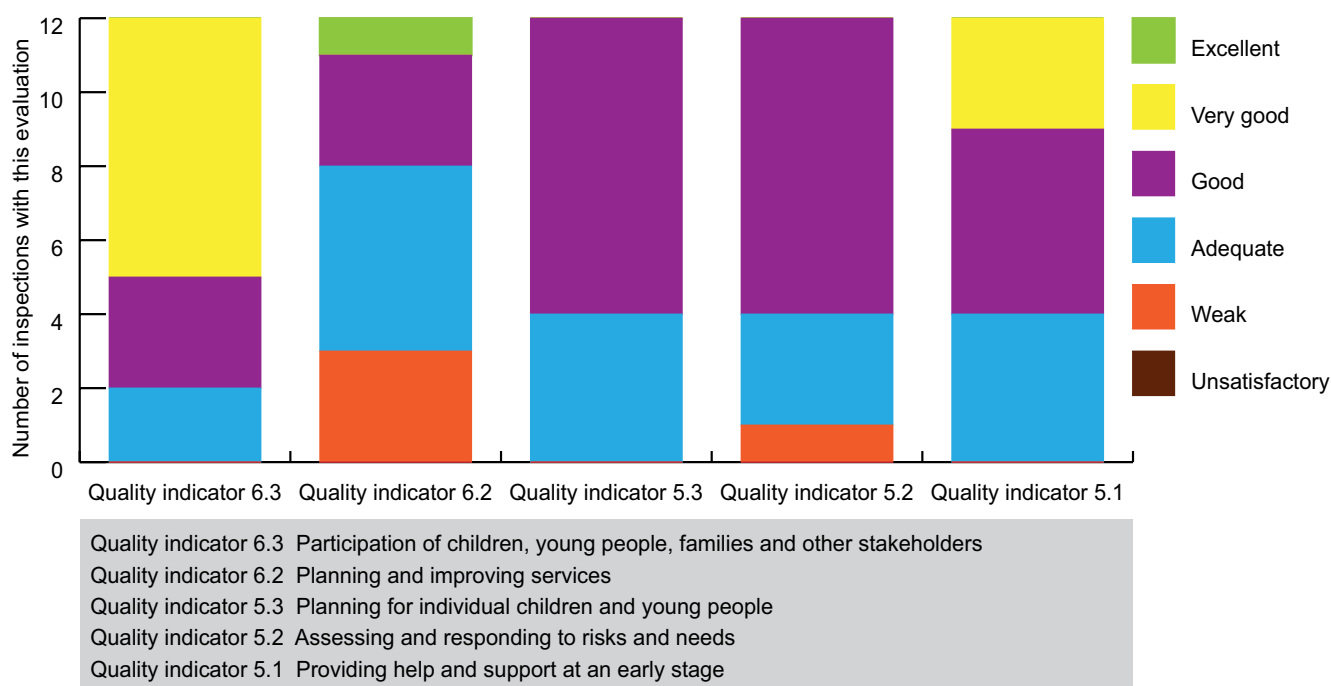
but did not always find it easy to access them. In some areas, choice was limited and their experience of transition to adult services as their children grew was not always a positive one.

Where we evaluated performance less positively, it was usually related to delays in providing help for families before difficulties escalated, services being withdrawn too quickly or unequal access. This latter problem was exacerbated by limited transport options in some areas. In a few areas, transport options had reduced as the financial context in which partners operated had become more challenging.

Substance misuse services usually prioritised parents with dependent children. In a few cases, where family members had mental health difficulties, a lack of services that could be provided quickly impacted negatively on children and young people.

How well are services working together to improve outcomes for children, young people and families?

This question takes account of the findings of five quality indicators that consider key processes impacting directly on outcomes for children and young people. Quality indicators 5.1, 5.2 and 5.3 address how staff work together at operational level. Quality indicators 6.2 and 6.3 consider joint working at strategic level across the partnership. Using the EFQM model described above, these indicators (including leadership) are 'enablers', in that strong performance should enable better outcomes to be achieved for children, young people and their families.



Quality indicator 5.1 Providing help and support at an early stage

This quality indicator focuses on the extent to which staff recognise that something may be getting in the way of a child or young person's wellbeing and respond appropriately. To be evaluated highly, services must demonstrate that they have effective processes in place to share information to identify when children and families need extra help, and that children and families can get the support they need early enough to prevent difficulties escalating or becoming chronic.

Two thirds of areas were performing at a level of good or above in this indicator, with three that we evaluated as very good. No areas were below adequate.

We could see clearly that services were preparing for the full implementation of legislative changes through the Children and Young People (Scotland) Act 2014. A number of partnerships had been using the wellbeing indicators to inform their thinking about practice for months, if not years. We could see the positive impact of this in terms of creating shared language and concepts around wellbeing, which was helping staff from different disciplines (including in some places, staff in adult services) to work together to identify aspects where children and young people may need additional help.

Most areas had developed mechanisms for sharing information about individual children with the relevant services to assess whether additional help might be required, while carefully balancing the need to ensure children's safety with the requirements of data protection legislation. The clarification letter issued by the Information Commissioner's office to all community planning partnerships was widely reported as being very helpful.⁵

Staff in substance misuse services were appropriately sharing information about parental difficulties in most cases, as were criminal justice social workers. The extent to which staff in mental health services were aware of the potential impact on children of parents' difficulties and willing to share information at an early stage was more variable.

In some areas, there were delays between identifying that additional help was needed and the provision of that help, either because of cumbersome processes in getting the right information to the appropriate individuals or services that could provide help, or because of a lack of services. The highest performing areas could show not only effective and efficient information-sharing processes, but were able to provide without delay a range of responsive, flexible and coordinated interventions to meet children's and families' needs.

We could see significant improvement across the country from previous (child protection)

⁵ <http://www.gov.scot/Resource/0041/00418080.pdf>

inspections in pre-birth planning. Services were sharing information about vulnerable pregnant women more effectively and were cooperating well to provide a range of supports put in place before the baby is born, and continued thereafter.

A common challenge across the country was in ensuring children get early help when parents are reluctant to engage or resistant to change. Protocols were in place in a few areas to alert managers and relevant people in other services quickly when families did not engage with agreed supports or where cooperation started to wane. However, these were not in place, or not working effectively, in most.

Quality indicator 5.2 Assessing and responding to risks and needs

Strong performance in this indicator requires services to demonstrate that they consistently take effective action in response to concerns about the safety or wellbeing of children and young people. It considers the quality of assessments and how these inform staff's judgements about the actions they need to take. A specific theme focuses on how well staff develop and use chronologies to identify patterns of significant events or experiences and how well they use the insights gained from chronologies to inform decisions.

This is a challenging indicator as partnerships are required to demonstrate consistently high performance in assessment of risks and needs. This is a key indicator in ensuring that services work effectively together to identify and respond to both child safety and child wellbeing concerns. We evaluated eight partnerships as good, the highest evaluation in this inspection programme thus far. We found performance in three partnerships to be adequate and we evaluated the remaining area as weak. We have planned a progress review in the partnership where we gave a weak evaluation.

Partnerships responded well to initial concerns about children in most cases. Overall, there was a high level of alertness, with staff recognising where children may need protection and reporting concerns without delay. Among services for adults, staff were appropriately aware of how adult problems can impact on children and there was rarely reluctance to share information to ensure children were kept safe.

When a concern about a child's safety was identified, prompt and effective action was taken in almost all cases. Appropriate legal measures were used and alternative care arrangements made where this was required to keep children safe.

In most areas, decisions about child protection concerns were made jointly, informed by all relevant services. Areas where there this had been problematic in the past had prioritised improvements. Recording of initial referral discussions still required

improvement in a few areas.

Practice was less consistent where adult behaviour was impacting on children's wellbeing rather than on their immediate safety. It is undoubtedly very challenging for services to consistently make balanced judgements about proportionate intervention for families who find parenting a significant challenge. Nonetheless, we did find examples where children's physical and emotional development had been compromised by their remaining too long in situations where their needs were not met well enough. Partnerships need to develop mechanisms to help staff and managers routinely review their work. This should enable greater challenge where families are not sufficiently engaged in change, where insufficient progress is made or to ensure children are provided with enough support outside the family to meet their needs while they remain in their parents' care.

The quality of risk and needs assessments was improving since previous (child protection) inspections, but was still variable. We found inconsistent application of the national assessment framework across the inspections carried out in the last two years, often within individual areas. There was a very clear relationship between investment in quality assurance processes and better performance in this regard. Performance in assessing and managing risks where young people are presenting risks to themselves or others was generally lacking and less strong for older young people, many of whom were using aftercare services.

We found a clear need for improvement across the country in the way in which chronologies are used to support assessment. In almost all partnerships, staff understood they should be maintaining a chronology. However, everywhere, a significant proportion was not fit for purpose. More attention had been given to developing a format for chronologies and ensuring there was a chronology in all records than had been given to how to use them well.

Quality indicator 5.3 Planning for individual children

This indicator relates to situations where a specific plan is needed to help direct staff in supporting children and young people and meeting their needs. To reach judgements for this indicator, we look at the quality of children's plans and how well they address risks and needs. We also consider the robustness of processes to develop, review plans and update plans so they stay relevant to meet children's needs. A specific theme in this indicator looks at success in securing stable, nurturing environments for children and young people and minimising periods of uncertainty.

We found reasonable performance in planning for individual children. Two thirds of the

areas inspected were evaluated as good. Disappointingly, there were no very good or excellent evaluations, however, none was less than adequate.

There was a clear improvement in planning for children in need of protection, compared with findings of the previous programme of joint inspections for services to protection children. Where children's names were on the child protection register, the multi-agency core group system was now well established across the country and working effectively to make and monitor plans to keep children safe.

Services were more attuned to the need to create formal processes to make, implement and review plans where children are not on the child protection register or subject to statutory measures. In most areas, core groups were continuing to meet and monitor progress post deregistration, although sometimes they did not continue for long enough to be confident that change in a child's circumstances was truly established and being maintained. Reviewing processes for children who were looked after at home were not sufficiently well embedded or robust in most areas. In some partnerships, the same was true for children living long-term in kinship care placements.

Overall, there were appropriate arrangements in place to chair key meetings for vulnerable children with increasing use of chairs who are independent of the child's circumstances. Ensuring chairs have sufficient authority to successfully challenge lack of progress across the range of agencies involved remained a challenge.

The quality of plans was highly variable, often within the same partnership. As with assessments, the more investment there was in quality assurance, the better the plans. Best practice was characterised by children's plans that were specific and aspirational rather than generic and high level. Although all 12 partnerships were using a single child's plan structured round the eight wellbeing indicators to support multi-agency working, most had identified the need to retain specific child protection plans following child protection investigations and case conferences to monitor the actions required in the short term to manage and reduce risks. Some areas were further ahead than others in making children's plans SMART⁶ and outcome-focused, but we found this needed more work in almost all areas. The breadth of our inspection activity assured us that multi-agency working to implement plans often went well beyond what was captured within the plan. Nonetheless, it was evident that staff and managers found it much more difficult to review and measure progress or hold each other to account when plans were vague.

A key theme in this indicator is the extent to which planning processes are successful in securing stable and nurturing environments for children and young people. We noted a sharper focus on permanence planning, particularly in the past year. More attention was

⁶ Specific, measurable, achievable, realistic and time-bound.

given to collecting meaningful management information that can help managers identify barriers to moving children through the various stages of the journey to a permanent placement. The work undertaken by CELCIS through the PACE programme⁷ to stimulate and support improvement was evident. Services also noted a greater focus on this agenda in Care Inspectorate inspections of fostering services, which was creating opportunities for dialogue with accountable managers. The best performance was often associated with the development of a wider nurture approach across services for children.

In the main, the quality of plans and the rigour of planning processes were poorer for older young people using after care services. Only in a few cases were the principles underpinning Getting It Right For Every Child being applied to care leavers. In many cases, plans for older young people started afresh and were not informed by the young person's history. We accept that this was often at the request of young people themselves, and it was certainly the case that there was a high degree of involvement of young people in developing their own plans. However, the result was that plans for older young people did not always address the key areas of their wellbeing sufficiently well. Important strengths and risks identified at an earlier stage were sometimes lost in the transition between one plan and another, so work was less effectively focused as a result.

Quality indicator 6.2 Planning and improving services for children and young people

A high evaluation in this indicator requires partnerships to perform well across three themes. They should be able to show successful collaboration in developing and implementing an integrated children's services plan based on a sound assessment of need and that they can measure and report effectively on progress in its implementation. The child protection committee should demonstrate effective joint working to monitor and continuously improve performance in protecting children and young people. Lastly, the partnership must show that it has an effective way of identifying new and emerging risks to children and young people and can develop strategies to help keep them safe.

We found greater variation in performance against this quality indicator than in any other. We evaluated one area was as excellent and three as good but the majority of our evaluations were within the lower half of the scale (five adequate and three weak). This is an important finding because, while improving assessment of risks and needs and care planning will make a significant difference on a case by case basis, robust strategic planning and effective collaborative leadership are critical in achieving the

⁷ The PACE (Permanence and Care Excellence) programme is a whole systems approach developed by CELCIS in partnership with Scottish Government to support local authorities to design and implement improvement in systems, process and practice critical to achieving good outcomes for children requiring long-term care.

transformational change needed to secure better outcomes for all children and close outcome gaps. This indicator also considers the effectiveness of the child protection committee in overseeing a consistently high standard of multi-agency practice for children and young people at times they are most vulnerable, and in anticipating and responding proactively to emerging risks.

It was clear that in some areas, a focus on integrated children's services planning had been lost in the upheaval caused by the restructuring taking place in preparation for integration of health and care services. Key personnel had changed or had been given new remits and responsibilities. In some areas, there was confusion about what was required and public reporting on progress against plans was limited. A common experience was that new plans were being developed without checking whether previous priorities remained relevant. This had caused a critical lack of momentum in taking forward some areas for improvement.

Most strategic plans for children linked well to overarching strategic plans such as councils' single outcome agreements and community plans. However, few plans were supported by robust strategic needs assessment. A feature of the high performers was the understanding the partnership had on local needs, what they already had and where they required to invest and disinvest. The Dartington⁸ model had been used to very positive effect in one area of the 12 covered by this report. Finding the resources required to implement the model was described as a significant challenge in others. Some areas would benefit from support from the Realigning Children's Services project to help them design a needs assessment process. Joint approaches to strategic commissioning in relation to services for children and young people were still at an early stage in almost all areas.

The second theme in this indicator considers the effectiveness of the child protection committee. Most child protection committees had put in place mechanisms to drive forward improvements in protecting children, including improved quality assurance and self-evaluation to support more consistently high standards of practice and better outcomes for children and young people. The best committees appropriately challenged the data collected, asked pertinent questions and ensured there was a clear and continued focus on outcomes for children and young people. They were highly effective in keeping abreast of developments across the country, identifying new and emerging risks and leading on strategies to respond effectively. This included risks in relation to child sexual exploitation.

However, in a few areas, the child protection committee was not able to demonstrate

8 <http://investinginchildren.eu/interventions>

that it was a sufficiently authoritative voice within the partnerships for vulnerable children. It had limited influence in the development of the partnership's strategic priorities. Committee members were not challenging themselves, or being challenged by chief officers, about the difference that changes in processes were making to improving safety and wellbeing and how their performance compares with other areas.

Quality indicator 6.3 Participation of children, young people, families and other stakeholders

This indicator considers the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development. A high standard of performance in this area will mean that partnerships are ensuring that the views of children, young people, families and other stakeholders have an appropriate influence on strategic planning and development. They will be able to demonstrate that young people and families from disadvantaged groups are included and able to participate. Partnerships should also be able to show that they have an effective approach to raising awareness and upholding the rights of children and young people.

This was an area of strong performance across the country. We evaluated seven of the 12 partnerships as being very good; three as good and two as adequate.

The strongest practice was characterised by:

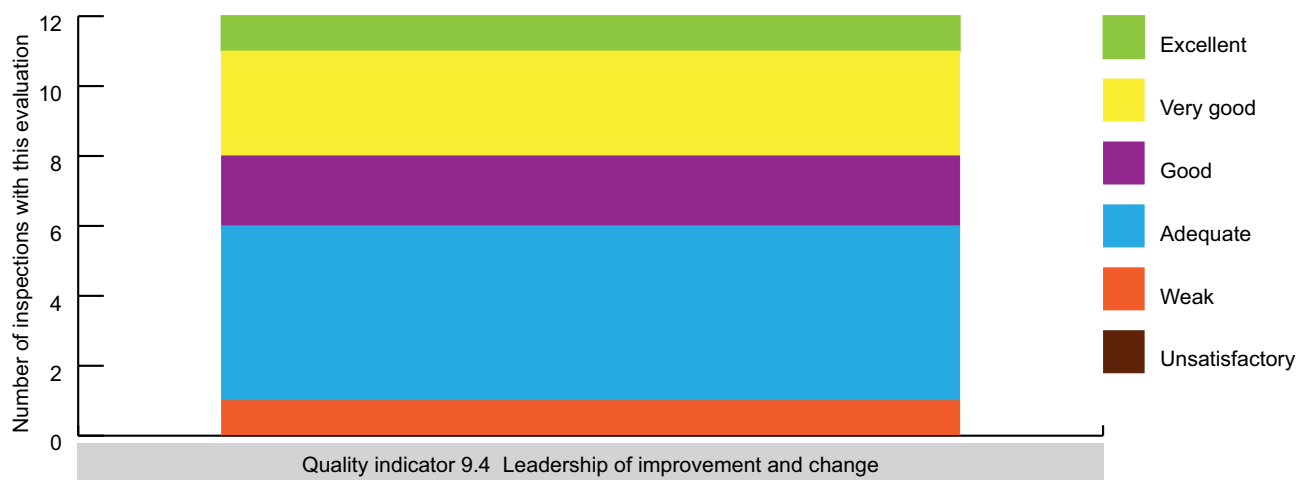
- a strongly embedded culture of participation and inclusion with a clear understanding of, and respect for, children's rights
- staff who demonstrated a genuine willingness to hand over authority to young people around their participation and were prepared to give priority to addressing young people's concerns
- young people who knew what had changed as a result of their participation
- investment in a structured approach to participation that builds capacity and ensures it becomes everybody's business
- additional steps taken to ensure that the children and young people are included at times when they are most vulnerable (such as when they are involved in child protection processes) and to promote the participation of children, young people and families from disadvantaged groups
- strong strategic partnerships with the third sector.

Participation was less effective when there was no overarching participation and engagement strategy. This made it difficult for partners to be sure they were making best

use of the opportunities that exist to engage with children, young people and families, and assure themselves they were reaching seldom heard groups. In some partnerships, there was the need for a deeper understanding of children's rights and how to embed a rights-based approach across all activities.

How good is leadership and direction for services for children and young people?

To answer this question, we take account of the extent to which the partnership has developed a shared vision for children and young people and has disseminated it effectively across the partnership, so that staff at all levels feel they are working to a common end. We consider the effectiveness of collective leadership and direction and look for evidence that leaders are working together to solve problems and address challenges in order to implement the vision. We take into account how well leaders communicate with, and support, their staff and the efforts they make to maintain staff morale. We evaluate leaders' collective commitment and effectiveness in striving for excellence in the quality of services for children, young people and families and achieving transformational change.



It is important to note the extremely challenging context in which leaders are operating. The integration of health and social care is a seismic shift in the delivery of care and health services. Partners have had to respond to new legislation, particularly the Children and Young People (Scotland) Act 2014, which radically changes the expectations of what and how they should deliver. This includes the implementation of a Getting It Right for Every Child approach. Awareness of risks to children and young people through child sexual exploitation, communication technology use and psychoactive substances is growing, which all require a response at strategic and operational levels. The financial context for public services has never been more challenging in recent times.

Quality indicator 9.4 Leadership of improvement and change

Within this context, we evaluated joint leadership of services for children and young people as adequate (strengths just outweigh weaknesses) in five areas, and in one, as weak. Encouragingly, we found excellent performance in one area, very good performance in three and good performance in a further two. This shows considerable variation in the quality and effectiveness of leadership from area to area.

In almost all areas, we heard that structural change had required energy and resources, which stretched managers considerably and had, at times, diverted attention away from other service priorities. Some areas were managing this more successfully than others.

High performance was characterised by a strong drive and shared ambition to improve the lives of children, with investment in strategies and initiatives to tackle inequalities. There was a compelling vision for children, shared and owned across the partnership. Staff were encouraged to test out new ways of working and innovate to meet local need, and sufficient direction, oversight and evaluation was in place to ensure that successes were rolled out more widely to reduce, rather than increase, inequalities. In these partnerships, there tended to be a strong and sustained focus on performance management, quality assurance and self-evaluation.

Also shared by the highest performing areas was wide implementation of successful approaches to early intervention and prevention, and effective implementation of the Getting It Right For Every Child approach. In a few partnerships, leaders had not taken effective action to ensure sufficient capacity or confidence among staff in universal services to take on their responsibilities as named persons.

In some areas, tangible improvements in the life chances of looked after children and young people were being achieved as a result of leaders grasping their responsibilities as corporate parents and implementing system change to ensure the needs of their looked after children were being met. Elsewhere, some important outcome gaps between looked after children and their peers were not closing as quickly as they need to.

Some managers described concerns about the profile of children's issues within integrated structures dominated by the urgency of concerns around meeting the needs of an increasing population of older people. This added to pressure on leaders to be highly effective individuals, with a strong voice for children. Action to strengthen the role of the chief social work officer, including the development of a recognised development programme, was welcome. Chief officers were best supported by coherent structures that could provide them with well evidenced information and performance data, for example a well-functioning child protection committee and corporate parenting board.

There was a strong correlation between improving outcomes for children and partnerships where leaders across services evidenced a high degree of collaboration, mutual respect, constructive challenge and a shared responsibility for problem solving. In a few areas, we noted confidence in new leadership teams in terms of the direction set and the actions they were taking although it was too early to see tangible improvements in outcomes for children, young people and their families.

All partnerships were carrying out self-evaluation of some kind. In a few areas a systematic approach had been taken, the process was robust and comprehensive and there was a clear audit trail from the insights gained to improvements made in systems and processes. In three areas, we could see a direct line to tangible improvements for children and families as a result. A weakness evident in some partnerships' self-evaluation was failure to ensure that the evaluation was rooted in reliable data rather than based on what staff and managers believed to be the case. In some areas, there was also a lack of focus on the difference that strengthened processes had made. More use could have been made of the views of children, young people and families themselves, and of frontline staff and other stakeholders to check the impact of any changes.

In all areas, leaders were making themselves aware of the inspection findings elsewhere. The most effective leaders were benchmarking their work against other areas in a spirit of learning and ambition to improve, rather than to be assured their area was performing better than another. In some partnerships, key staff were making good use of existing national forums and established relationships to find out about innovation elsewhere and were supported to implement and adapt it to meet needs locally. Elsewhere, staff needed more encouragement from leaders to do so. In all areas, key managers said they would welcome more opportunity to learn from experience across the country.

What happens after the conclusion of an inspection?

At the conclusion of each inspection, we request that a joint action plan is provided, which clearly details how the partnership that has been inspected will make improvements in the key areas identified by inspectors. A link inspector from the Care Inspectorate has a specific role in monitoring the partnership's progress in taking forward its action plan. The link inspector plays a key role in providing ongoing support for improvement, drawing on support from the other scrutiny partners where needed and signposting partnerships to examples of best practice and sources of advice and guidance. Education Scotland also has an Area Lead Officer for each local authority, who maintains regular contact, providing support and challenge for improvement. The findings of each inspection are used to inform a range of improvement activity carried out or instigated by the scrutiny partners. They also inform the annual Shared Risk Assessment for every

local authority, which results in the publication of local authorities' Assurance and Improvement Plans. Inspection findings also inform the national scrutiny plan.

Where we find performance in one or more quality indicators to be weak, our inspection team will consider together whether, and when, to carry out further inspection activity to check that the necessary improvements are being made. We always undertake further inspection activity and publish a progress review report where our inspection findings give us concerns that children's wellbeing may be significantly compromised in any aspect. We have agreed to carry out progress reviews in two of the areas covered by this report.

Good practice examples

Before we begin an inspection, we invite each partnership to nominate examples of good practice in improving outcomes for children, young people and families. Examples should show creativity, innovation and step change and should be resulting in demonstrable improvements in the wellbeing of children and young people.

Our inspection team reviews the evidence provided and undertakes any activity necessary to validate good practice examples.

We commended 31 good practice examples over the course of the 12 inspections. Click on the links below to find these reports on our website.

East Renfrewshire

- Parent Led Committee
- The Big ShoutER
- Role of campus police officers in whole systems approach to early and effective intervention

South Lanarkshire

- Artsnet
- Give us a break
- The Youth Council

Aberdeen City

- Innovative approach to the implementation of GIRFEC
- City of Play
- Attachment in Aberdeen City

North Lanarkshire

- Motherwell Football Club Community Trust
- Strengthening Families Programme
- Youth Bridges

Shetland

- Our Peer Education Network Project
- Shetland Team of Young People and Police (STYPP)
- Housing and Family Mediation

Aberdeenshire

- Young People's Organising and Campaigning Group
- Approach used to develop My Voice consultation/survey tool

Renfrewshire

- Innovative approach to child sexual exploitation – The Safer Choices – Missing Service
- Street Stuff
- FACT

Outer Hebrides

- Cool2talk Western Isles
- Croitear Og/Castlebay School with Hebridean Living

Dundee

- Dundee Early Intervention Team (DEIT)
- Champions Board: Young People's Participation Group (YPPG)

Fife

- Get on My Level – a targeted approach to reducing teenage pregnancy
- Springfield Project

Falkirk

- Implementation of the Psychology of Parenting Project
- Looked after children's psychologist

Scottish Borders

- Youth Borders and Community Learning and Development Partnership
- Scottish Borders Safe Housing Options service
- Early years centres

Part 2: Local responses to child sexual exploitation

This section describes how partnerships across the country are responding to prevent and reduce risks to children and young people from child sexual exploitation. It is not an exhaustive description of everything that partnerships have undertaken to respond to this issue. It does provide assurance of the seriousness with which the risks of sexual exploitation present for young people are being taken by community planning partnerships across the country.

In all areas, the child protection committee had been given key responsibility for developing an action plan and taking forward work on child sexual exploitation. In a number of areas, managers commented on the usefulness of the Scottish Government-led pilot using the self-assessment tool developed by the University of Bedfordshire. This had helped them prioritise areas of strength and the most important areas to meet local need.

Most partnerships had focused on raising staff awareness across a range of services. Some had developed more specialist training for staff in key positions, such as social workers, residential and foster carers and staff working in sexual health clinics. All partnerships had strengthened child protection and/or vulnerable person procedures. We heard about examples of imaginative engagement with the community. There were some impressive initiatives to engage with people working in the night-time economy who may be in a good position to identify young people needing help. Only one area described significantly strengthening information sharing by establishing a mechanism to share intelligence that may uncover criminal activity.

Most partnerships were including risks of sexual exploitation into the safety awareness provided in schools, building on existing Curriculum for Excellence programmes. The role of third sector organisations, particularly Barnardo's, in working alongside community planning partnerships to raise awareness and promote innovation, was commendable.

A few partnerships had lost momentum following an initial burst of activity. Staff and managers acknowledged the challenges of sustaining a focus specifically on child sexual exploitation in the context of changing structures and a range of competing demands.

East Renfrewshire

At both the operational and strategic levels, partners in East Renfrewshire were at the forefront of developments in practice around child sexual exploitation. Multi-agency training aimed at raising awareness and ensuring appropriate responses had been embedded for a number of years. East Renfrewshire staff had made an

important contribution to the development of policy and practice at both a regional and national level as members of the West of Scotland child protection network and as a lead contributor on joint work with Barnardo's. Staff were working as part of the Police Scotland-led Operation Dash to identify and respond quickly where child sexual exploitation was identified.

South Lanarkshire

An extensive range of multi-agency approaches were very successfully increasing children and young people's knowledge and skills about how to keep themselves safe at home, in schools and colleges and in their communities, when using mobile phones and online. Safe and Sound was an outstanding example of a participative and effective approach to delivering safety messages including risks associated with child sexual exploitation. Children and young people learned more about their right to be safe through staff delivering the Child Exploitation and Online Protection (CEOP) Think U Know and the Rights Respecting School programmes. The redesigned Child Protection Committee website provided a user-friendly point of contact for children and young people seeking to report concerns about their safety. Operation Dash was operating successfully across South Lanarkshire. Staff were increasing their efforts to engage with young runaways once they had been found and to ensure they had not been victims of exploitation.

Aberdeen City

The child protection committee had identified training as a priority to make sure that staff had the skills, knowledge and capacity to deliver high-quality protection services. Links between the child protection committee and the Community Safety Hub were developing and influencing positively interventions around both domestic abuse and sexual exploitation. The committee had also taken responsibility for raising the awareness of staff across all services on child sexual exploitation. It had commissioned the Community Safety Hub to carry out a mapping exercise to establish what support, data collection and training was currently available. Sexual exploitation was a category on the social work core record, facilitating better awareness and identification and which collated information able to be used in service planning. The child protection committee had also launched the innovative mocked-up teenager's bedroom 'Abby's Room' as a training resource to promote social media safety.

North Lanarkshire

Children and young people were learning about their right to be safe and about child sexual exploitation through a range of partnerships between education services and

community learning and development and Child Exploitation and Online Protection (CEOP). Methods of reaching out to large audiences to raise awareness of child abuse included the use of football programmes containing specific information, through an innovative partnership between the child protection committee and Motherwell Football Club Community Trust. Peer education approaches were particularly positively evaluated by children, and trials conducted in schools had also informed the planning and design of posters about child abuse. Parents and children were engaged in gatekeeping safety on social media sites through workshops provided by staff in schools. Foster carers too were very well supported to understand online and internet safety to improve the safety of the children and young people in their care. Effective partnership work with Rape Crisis around sexual stereotypes and the Violence Reduction Unit's Bystander Programme, which targets gender-based violence, were being piloted in Calderhead High School with over 30 young people becoming mentors.

Renfrewshire

Young people identified as at risk of child sexual exploitation benefitted from prompt responses to maximise their safety. This included young people with challenging behaviour, sexually harmful behaviour, mental health problems and substance misuse. During 2013/14, the Safer Choices Missing Service undertook 64 sexual exploitation risk assessment framework (SERAF) assessments of vulnerable young people. Over a quarter of the young people who engaged with the service felt more able to identify exploitative behaviour and, for over a third of young people, there had been a reduction in the level of risk of harm. Children and young people identified as a risk to themselves or others received valuable support from staff in residential care placements, which was increasing their safety. Supported accommodation in the new throughcare resource provided a safe, secure environment and positive relationships for young people preparing to leave care. Young people had their own self-contained flat within a community complex and had 24-hour access to staff for support, which helped keep them safe. The service had helpful close links with the public protection unit and staff were alert to risks of child sexual exploitation. Accommodation options for care leavers were carefully considered to ensure that their safety was maximised. This included young people remaining in foster care over the age of 18 years, supported carers and supported tenancies.

Shetland

Limited capacity in Shetland meant that progressing all of the identified actions on this agenda was dependent on a small number of individuals who already had many other demands on their time. Nonetheless, there was evident commitment to doing so. A Survey Monkey questionnaire was conducted with the aim of improving data collection

on child sexual exploitation. Education and peer education was being used to raise awareness of young people and their families. Managers from police, health, education and social work met weekly to consider 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 or at risk of child sexual exploitation. Specific training was designed for staff working in the sexual health clinic and in the throughcare and aftercare service.

Aberdeenshire

Senior leaders had recognised the importance of taking a more strategic approach to addressing the needs of particular groups. This included applying the national child sexual exploitation strategy as a basis for seeking out potential risks at a local level. Some early achievements included a programme of staff briefings that resulted in a reported significant increase in confidence in recognising and responding to suspicions of sexual exploitation, and the adoption of a checklist for staff to use when assessing risks and needs. There had been some consultation with young people about what they would find helpful. Managers regularly reviewed reports on looked after children who are reported missing, for risk factors in relation to sexual exploitation. The child protection committee had established a group to consider responses to child sexual exploitation but leaders acknowledged the need to make more rapid progress on developing and implement a local child sexual exploitation strategy.

Outer Hebrides

The child protection committee spearheaded activity to raise awareness of child sexual exploitation. Given the small size of the community, it made particular efforts to find out about strategies and practice in other areas that could be adapted to fit the local context. Awareness raising and training was made available to staff, with good use made of national materials and publications, reaching an impressively high proportion of the workforce as a result. Attention had been given to engaging with the community, including a road show using a mobile cinema that showed information films about the issue. A theatre group gave information to children and young people in schools about sexual exploitation, gender-based violence and bullying. An underage sexual activity protocol had been developed, which supported staff to identify sexual exploitation where it exists. Instances of exploitation were identified, both on island and in respect of young people placed at a distance from home, and a number of successful prosecutions were brought. Processes to review risks of exploitation for all young people who are looked after or experiencing homelessness were being strengthened.

Fife

The partnership in Fife established a multi-agency working group to draw up a detailed action plan, aimed at strengthening identification of, and responses to, child sexual exploitation at operational and strategic levels. The child protection committee devoted its annual conference to the issue, exploring the national picture, online safety and engaging with practitioners and managers about the support and tools they needed to improve their recognition and response. The need for improved data capture was highlighted and existing information systems, both single-agency and multi-agency, were strengthened. The plan was to collate and analyse the information and use it to inform practice development, service delivery and training plans. Guidance was being developed for practitioners who may not initially recognise that they are in a key position to identify and respond to risk. This includes housing staff and people in the night-time economy such as taxi drivers, street pastors and the hospitality industry. Guidance and protocols for staff working in sexual health services, and to support practice when looked after children go missing, have been revised to ensure they capture concerns about possible sexual exploitation.

Dundee

The multi-agency self-assessment carried out using the University of Bedfordshire tool was described by managers as very helpful in identifying the partnership's strengths and prioritise areas for improvement. As a result, links were made with the community safety partnership to implement a range of actions to engage with communities on their use of the internet and to promote a joint approach towards taxi drivers, a group that had been identified as potential victims, perpetrators and witnesses of crime. There was investment in raising awareness of staff and foster carers and providing training to develop consistency in identification and reporting of sexual exploitation. A multi-agency operational group hosted by Police Scotland had been established to share intelligence about online trends, young people going missing, substance misuse, the night-time economy, gangs, substance misuse and party flats. Age appropriate educational materials on issues such as gender, consent and sexual violence had been used in secondary schools and care homes for children. Processes for assessing risks and needs for looked after children who go missing had been strengthened.

Falkirk

The child protection committee and Falkirk Children's Commission Leadership Group engaged with elected members to highlight the issue of child sexual exploitation locally. Following participation in the self-assessment pilot, work was undertaken

to collate information in relation to young people about whom there were known concerns. This resulted in a much clearer picture about the nature of risks and informed priorities going forward. A number of awareness raising events were held and there was successful engagement with practitioners on the issue at learning events and through a questionnaire issued to early years and school staff. A model of child sexual exploitation champions was tested but did not meet with success, although there were plans to revisit it at a later stage.

Scottish Borders

Training in recognition of child sexual exploitation had been embedded in Scottish Borders since 2011. In addition to general awareness raising, all child protection training was specifically addressing risks and the impact of sexual exploitation. Bespoke briefings had been delivered in Borders College, and for taxi and bus drivers. Plans were in place to roll these out in due course to staff in hotels, supermarkets and fast food outlets. Staff from Police Scotland were working closely with education staff to deliver awareness raising sessions in internet safety in schools and across the library network. Training had also been delivered to youth-work sector staff, volunteers and young people, with a particular focus on reaching children and young people assessed as being most at risk. Child protection procedures and the vulnerable young person's protocol had been strengthened to improve responses to young people who may be subject to exploitation.

Appendix 1: The quality indicator 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 wellbeing 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 6.2 Planning and improving services 6.3 Participation of children, young people, families and other stakeholders 6.4 Performance management and quality assurance	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			
	3. Impact on staff			
	3.1 Impact on staff			
	4. Impact on the community			
4.1 Impact on the community		7. Management and support of staff	8. Partnership and resources	
		7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support	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 2: The six-point scale

The six-point scale

Level 6 Excellent; outstanding or sector leading

Level 5 Very good; major strengths

Level 4 Good; important strengths with areas for improvement

Level 3 Adequate strengths just outweigh weaknesses

Level 2 Weak; important weaknesses

Level 1 Unsatisfactory; major weaknesses

An evaluation of **excellent** applies to provision that is a model of its type. The experiences and outcomes achieved by children, young people and families are of a very high quality. An evaluation of excellent represents an outstanding standard of performance that will exemplify the very best practice and will be worth disseminating beyond the area. It implies that these very high levels of performance are sustainable and will be maintained.

An evaluation of **very good** will apply to provision characterised by major strengths. There will be very few areas for improvement and any that do exist will not significantly diminish the experiences of children, young people and families. While an evaluation of very good represents a high standard of performance, it is a standard that should be achievable by all. It will imply that it is fully appropriate to continue the delivery of service without significant adjustment. However, there will be an expectation that professionals will take opportunities to improve and strive to raise performance to excellent.

An evaluation of **good** will apply to performance characterised by important strengths that, taken together, clearly outweigh areas for improvement. An evaluation of good will represent a standard of performance in which the strengths have a significant positive impact on children, young people and families. However, the quality of experiences of children, young people and families will be diminished in some way by aspects in which improvement is required. It implies that services should seek to improve further the areas of important strength, but take action to address the areas for improvement.

An evaluation of **adequate** will apply to performance characterised by strengths, which just outweigh weaknesses. It implies that children, young people and families have access to basic levels of provision. It represents a standard where strengths have a

positive impact. However, while these weaknesses will not be important enough to have a substantially adverse impact, they will constrain the overall quality of outcomes and experiences of children, young people and families. It will imply that services should take action to address areas of weakness while building on strengths.

An evaluation of **weak** will apply to performance that has some strengths but where there are important weaknesses. In general an evaluation of weak may be arrived at in a number of circumstances. While there may be some strengths, the important weaknesses, either individually, or collectively, are sufficient to diminish the experiences of children, young people and their families in substantial ways. It may imply that some children and young people may be left at risk or their needs and wellbeing are not met. It will imply the need for structured and planned action on the part of services involved.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in performance in critical aspects that require immediate remedial action. The outcomes and experiences of children, young people and their families will be at risk in significant respects. In almost all cases, staff will require support from senior managers in planning and carrying out the necessary actions to effect improvement. Urgent action will be required, across services, to ensure that children and young people are protected and/or to ensure their needs are met and their wellbeing improves.

Appendix 3: Summary table of evaluations

Community planning partnership and date inspection completed	Evaluations achieved under quality indicators								
	1.1	2.1	2.2	5.1	5.2	5.3	6.2	6.3	9.4
East Renfrewshire Jun 2014	Very good	Very good	Excellent	Very good	Good	Good	Excellent	Very good	Excellent
South Lanarkshire Aug 2014	Good	Good	Good	Adequate	Adequate	Adequate	Adequate	Very good	Good
Aberdeen City Oct 2014	Adequate	Good	Good	Good	Good	Good	Adequate	Good	Adequate
North Lanarkshire Nov 2014	Very good	Very good	Very good	Very good	Good	Good	Good	Very good	Very good
Renfrewshire Feb 2015	Very good	Very good	Very good	Very good	Adequate	Good	Good	Very good	Very good
Shetland Mar 2015	Good	Good	Good	Adequate	Weak	Good	Adequate	Good	Good
Aberdeenshire Jun 2015	Good	Very good	Good	Good	Good	Good	Weak	Very good	Adequate
Outer Hebrides Jun 2015	Adequate	Good	Good	Adequate	Good	Good	Weak	Adequate	Weak
Fife Oct 2015	Good	Good	Very good	Good	Good	Adequate	Good	Very good	Very good
Dundee Oct 2015	Adequate	Good	Adequate	Adequate	Good	Adequate	Weak	Good	Adequate
Falkirk Dec 2015	Adequate	Good	Good	Good	Good	Good	Adequate	Adequate	Adequate
Scottish Borders Feb 2016	Good	Good	Good	Good	Adequate	Adequate	Adequate	Very good	Adequate

Evaluations

■ Excellent
 ■ Very good
 ■ Good
 ■ Adequate
 ■ Weak
 ■ Unsatisfactory

Quality indicators

- 1.1 Improvements in the wellbeing of children and young people
- 2.1 Impact on children and young people
- 2.2 Impact on families
- 5.1 Providing help and support at an early stage
- 5.2 Assessing and responding risks and needs
- 5.3 Planning for individual children
- 6.2 Planning and improving services
- 6.3 Participation of children, young people, families and other stakeholders
- 9.4 Leadership of improvement and change

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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