

## Services for children and young people in West Dunbartonshire

February 2017

Report of a joint inspection

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## 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 West Dunbartonshire Council, NHS Greater Glasgow and Clyde, Police Scotland, the Scottish Fire and Rescue Service.

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.

In September 2014, the Care Inspectorate 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*. This framework is 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 change and improvement; 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 conducted the inspection

The joint inspection of services for children and young people in the **West Dunbartonshire Community Planning area** took place between 29 August and 14 October 2016. It covered the range of partners in the area that have a role in providing services for children, young people and families.

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 persons 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 96 of the most vulnerable children and young people. We met with 103 children and young people and 39 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.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by West Dunbartonshire 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 West Dunbartonshire Council area published by Her Majesty's Inspectorate of Education in 2012 to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at [www.educationscotland.gov.uk](http://www.educationscotland.gov.uk)

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

With a population of 90,340, West Dunbartonshire is one of Scotland's smallest local authorities. It is an area of geographical contrasts and diverse communities; from remote rural villages to the densely populated former industrial areas on the River Clyde. Almost half of the population live in Clydebank. The town of Dumbarton serves as the civic headquarters for the local authority and the Vale of Leven area attracts visitors to the Loch Lomond and Trossachs National Park. There is a strong sense of pride in the area's shipping heritage and tourist industry. The Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying communities suffering from deprivation. The index divides Scotland into small areas, called data zones, each containing around 350 households. The most recent 2016 index identified 48 data zones as among the most deprived 20%, highlighting West Dunbartonshire as one of the most deprived areas in Scotland. As at 2011, approximately 1.6% of the West Dunbartonshire population belonged to an ethnic minority, which was less than the Scottish figure of 4%.

The population of children aged 0-15 is 15,913 equating to 17.5% of the population. Young people aged 16-19 years, at 4,494 make up 5% of the population. Many communities have experienced lower employment rates than the rest of Scotland for an extended period, with 7.2% of the population being described as unemployed compared to the national figure of 5.6%. West Dunbartonshire has 9.8% lone parent households, which exceeds the national average of 7.2%. The percentage of the population living in low-income families at 25% is also above the national average of 18%.

During 2013-14 the community planning partnership implemented a new framework for community planning. A single **community planning partnership management group** titled **Community Planning West Dunbartonshire** replaced previous structures with a view to strengthening partnerships and ensuring effective participation. The community planning partnership management group is chaired by the leader of West Dunbartonshire Council. The membership of the group includes elected members, chief officers from key public agencies such as Police Scotland, Scottish Fire and Rescue Service and the Health and Social Care Partnership as well as important third sector partners and other stakeholders. The management group is responsible for agreeing joint priorities and delivery of resources. It also acts as the final approval and scrutiny body for the partnership.

The Single Outcome Agreement 2014-17 expresses four priorities for children, young people and families with specific intentions of improving attainment, increasing positive destinations and ensuring families are confident and equipped. These priorities are delivered through groups aligned to the community planning management group: the public protection chief officers group; **the child protection committee; delivery and implementation groups;** and **review and improvement subgroups.** All of these groups report on progress through a performance framework. Commitments to community engagement and empowerment are being taken forward by the Your Community and Youth Alliance initiatives.

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

### Improvements in the wellbeing of children and young people

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 good. We recognised the clear challenges partners faced in advancing the life chances of children given the high levels of enduring poverty and inequality across communities. Partners had a strong commitment to early intervention and had invested in approaches and services to prevent problems escalating. While there were improving trends in a number of health measures, others remained stubbornly difficult to shift, in spite of the concerted efforts of staff across services. This led us to conclude that current joint approaches to give children the best start in life were unlikely to significantly narrow outcome gaps unless partners are supported in taking a more radical approach. Importantly, partners had achieved strong and improving trends in early literacy, raising attainment and narrowing the attainment gap. Increasing numbers of vulnerable young people were able to remain within their families. Care leavers were being well supported into education, employment and training. The most recent performance report helpfully combined progress reporting on the single outcome agreement and integrated children's services plan. However, several areas of strategic importance lacked identified measures of success. Consequently, this limited the ability of partners to demonstrate the extent to which investments in early intervention and prevention and the commitment to corporate parenting were delivering improvements in the lives of children and young people, particularly the most vulnerable.

#### How well are trends improving through prevention and early intervention?

There were positive improvements in a number of health measures such as childhood immunisations, the numbers of women attending for antenatal care by the twelfth week of pregnancy and health screening for newborn babies. In 2015-16, uptake of 27-30 month developmental assessments was above the national average. Positively, 77% of children assessed were found to be meeting their developmental milestones compared to the national figure of 71.6%.

In spite of concerted efforts, achieving improvements in other key early-years indicators continued to prove challenging. Smoking in pregnancy was higher than the national average. Although the numbers of women involved were very small, a successful **Early Years Collaborative** approach to smoking cessation was beginning to show positive results. This approach has been upscaled across NHS Greater Glasgow and Clyde.

In 2015-16, the percentage of babies who were exclusively breastfed at 6-8 weeks and mixed-fed on breast milk and formula were lower than national rates (17.4% and 24.7% compared to 28.2% and 38.9% respectively). Although partners were proactive in addressing this issue, progress was slow.

West Dunbartonshire had a higher rate of hospital admissions due to unintentional injuries than any other area of the NHS Greater Glasgow and Clyde Board. However, specific initiatives had helped reduce the number of incidents of children ingesting medication prescribed to parents from 18 in 2013 to one in 2015.

Self-reporting by secondary school pupils within the 2010-2013 Scottish Schools Adolescent Lifestyle and Substance Use Surveys showed significant improvements in smoking, alcohol consumption and drug use. This change in behaviour was reflected within a reducing trend in alcohol-related admissions to hospital among 15-19 year old young people.

Extensive activity was taking place to alleviate the adverse consequences of deprivation, including community-led approaches. School breakfast clubs were provided and clothing grants had been enhanced. There were successes in maximising income and reducing debt. However, available data did not identify those who had benefitted, such as households with children or young people living independently. As a result, opportunities to demonstrate the difference strategies to tackle child poverty and inequality had made to the lives of children and young people were missed.

Rates of reported domestic abuse were the second highest in Scotland. Prevalence was markedly worse in the most deprived areas, with 49% of reported incidents from Clydebank. Numbers rose from 768 incidents in 2014-15 to 975 in 2015-16. Partners had been unsuccessful in their bid to secure government funding which would have enabled them to deliver the accredited **Caledonian** programme. As a result, they were attempting to co-design and deliver an integrated approach from within available resources. Partners had purposefully analysed data and identified the number and age of children present during domestic abuse incidents. The number of children and young people involved rose from 1578 in 2014-15 to 2008 in 2015-16. Given there were families with repeat incidents, the numbers of children reflect some duplication. Overall, the numbers indicate an increase of 27% in both incidents and children. Work had also been undertaken to change operational practice and raise awareness among staff. However, a lack of mutually agreed outcome measures hindered partners' ability to evaluate the effectiveness and impact of early intervention and prevention approaches.

Investments in all strands of the **Whole System Approach** had resulted in the delivery of a wide range of early intervention approaches. As a result, children and young people at risk of offending were being appropriately diverted from formal systems. Between May 2015 and April 2016, the children's reporter received 37 referrals on offence grounds, only three of which needed to proceed to a children's hearing.

The Lord Advocate's guidelines direct the police as to when children and young people over the age of 12 are reported to both the procurator fiscal and to the children's reporter. Of the young people who were "jointly reported", the majority avoided prosecution due to the use of diversion and restorative approaches.

In 2014-15, there were 445 homeless applications by young people. This represented 23.6 per 1,000 of the population under 18 years compared to 15.3 nationally. Although the trend in homeless applications by young people was decreasing, we found performance was worse than other local authority areas, including cities. Partners recognised the need to achieve sustained improvements through more effective approaches to youth homelessness and a new strategy was in the final stages of development at the time of inspection.

### How well are outcomes improving for children and young people?

Health and education services made a significant contribution through partnership working to improving the wellbeing of all children and young people. As part of the national Childsmile programme, supervised, daily tooth brushing was taking place in all nurseries and almost all primary schools. Similar to other areas, the percentage of fluoride varnishing treatments had yet to reach the expected national target. In 2015/16, the percentage of children in Primary 1 with no obvious signs of tooth decay was 66.3% compared to 69.4% nationally. Over the past decade, childhood obesity rates have been similar to the child population for Scotland as a whole. The latest data for body mass index of children in Primary 1 showed that 82.1% of children achieved a healthy weight compared to 84.8% nationally. Although still above the national figure, teenage pregnancy rates were reducing.

A whole-child approach to nurture within schools had utilised Scottish Index of Multiple Deprivation data to target approaches aimed at improving the emotional wellbeing of children and young people and combat the impact of domestic abuse. Nurture groups, the widespread delivery of the **Seasons for Growth** programme and external evaluation of the **Roots of Empathy** initiative reported improvements in the emotional wellbeing of children. These findings were complemented by Young People in Mind and the Life Link Youth school counselling service using "before and after" self-reporting. Child and adolescent mental health services had successfully reduced waiting times over the previous three years to an average of five to six weeks, well below the national target of 18 weeks.

The council's 2014-15 Standards and Quality Report demonstrated improving performance in early literacy, raising attainment and closing the attainment gap. Attendance in primary schools was in line with the national average, and in secondary schools sat just below the national figure (89.6% compared to 91.8%). Attendance at schools for children with additional support needs was higher than the national average. Partners were tracking attendance at early years and childcare centres and nurseries with specific areas for improvement being taken forward by the Early Years Collaborative. Although the percentage of primary and secondary school exclusions were less favourable when compared to national figures, rates were reducing.



The proportion of children excluded from primary school was slightly above the national figure and in secondary school sat at 57 per 1,000 pupils compared to 49.5 per 1000 nationally. The proportion of children and young people excluded from schools for children with additional support needs was well below the national figure (62.5 compared to 126.4 per 1000 pupils.)

A high percentage of children and young people were living in the most deprived areas. Despite this, some secondary schools performed better than others in comparator areas. Levels of attainment in reading, writing and mathematics for primary-aged learners had been increasing, most notably in schools that served areas of deprivation. Although attainment for older young people at levels 5 and 6 was less positive than comparators, in 2013/14 there were improvements by the end of S4, S5 and S6 on almost all measures, particularly at SCQF Level 2. There was evidence that partners were beginning to close the outcome gap. Significantly, the percentage of pupils from deprived areas gaining five or more awards at SCQF Level 5 was higher than the national average and the majority of comparators. Following a period of above average performance, in 2014-15, the percentage of young people who entered a positive destination fell below comparators and the national rate, now standing at 90% compared to 93% nationally.

A snap shot at September 2015 of children affected by homelessness identified 28 families in temporary accommodation, all of whom were appropriately placed, with none in bed and breakfast establishments or hostels.

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

The partnership was able to demonstrate improvements in the life chances of vulnerable children. However, an absence of outcome focused indicators within the existing performance framework meant that measures tended to relate to volume and frequency of activities.

Partners were committed to reducing the use of out-of-area placements. This approach was supported by the Alternative to Care service which had proved highly successful in sustaining young people within their families and local communities. The use of independent foster care placements had increased and a highly visible campaign was aimed at recruiting local carers. The proportion of children who needed to be looked after was, at 31 July 2015, equivalent to 2.2% of the child population compared to 1.5% nationally. The balance of care at 85% community-based and 14% in residential accommodation was below the national rates of 88% and 12% respectively. While there were significantly more children placed with kinship carers than nationally (38% compared to 27%), measures of improved wellbeing for this particular group had yet to feature within performance frameworks.

Over time, there have been consistently fewer children on the child protection register than the national average (currently 1 compared to 3 per 1,000).

With high levels of deprivation and domestic abuse, leaders sought assurance that decision making in response to child protection concerns and removing children's names from the register was effective by routinely analysing quantitative and qualitative data and requesting additional information as required.

Although there had been a decreasing trend in the number of school exclusions of looked after children, other data was limited. Education services planned to include analysis on the attendance, attainment and achievements of looked after children in the next standards and quality report.

Of the children and young people eligible for aftercare support in 2014-15, 89% were in contact with services, which significantly exceeded the national figure of 69%. Within this group, 41% was in employment, education or training compared to the national figure of 28%. However, there was more work to be done in terms of increasing the proportion of looked after young people remaining in care placements over the age of 16, which in 2015 was 7% compared to the national average of 12%. As corporate parents, partners had very few ways of measuring the extent to which the actions they were taking resulted in improvements in the wellbeing and life chances of looked after children and care leavers. Measures of trends among care leavers that reflect success in moving towards independence were not being tracked, for example sustaining suitable accommodation, increased employability, keeping active and being included.

## 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 helped to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

**The impact of services on the wellbeing of children and young people was very good. Children benefitted from positive and respectful relationships with highly committed and motivated staff. A wide range of innovative programmes raised awareness of risk and enabled children and young people to make informed decisions to ensure their personal safety at home, online and in the community. Children and young people were important, effective contributors within their communities via a range of volunteering and mentoring opportunities. Access to universal and specialist health provision promoted the physical and emotional wellbeing of children and young people. For some of the most vulnerable children and young people, there had been insufficient attention paid to identifying and recording strengths and deficits in wellbeing within their individual plans.**

## **How well are children and young people helped to keep safe?**

A wide range of projects and diversionary activities were raising awareness about personal safety among large numbers of children and young people, promoting opportunities to make informed decisions and choices. Experiential learning programmes alerted primary pupils to dangers such as carrying knives and fire-raising. Secondary school pupils attending the Safe Drive Stay Alive programme were better able to understand the importance of driving safely.

Children and young people previously at risk of serious harm and abuse had been helped to be safe as a result of effective multi-agency interventions and close monitoring of their progress. Some children were ultimately protected by appropriately removing them from parental care. Children looked after away from home benefitted from the security offered within their respective care placements. Care experienced young people were making safe transitions towards independence as a result of the highly effective support they received. There were clear processes in place to identify, manage and mitigate risks in respect of young people who had potential to cause harm to themselves or others.

Children were clearly safer when their parents received the support they needed to address issues related to substance misuse, domestic abuse and parental mental health. In a small number of instances, we found that children's safety was less assured because staff held an overly optimistic view of the improvements made by parents over relatively short timescales. On a very few occasions, actions taken met children's needs in the short term only, with insufficient consideration of what contingency arrangements were needed.

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

The health of babies was promoted through increased attendance at antenatal appointments and uptake of specific supports offered by the Special Needs in Pregnancy Service (SNIPs) and Family Nurse Partnership. Within early years children's centres, nurseries and primary schools young children benefitted from health promotion activities and provision such as breakfast clubs, healthy eating and supervised tooth brushing. Early identification of need within 27-30 months assessments had enabled young children and their parents to access specific supports at an early stage.

An extensive range of early intervention, universal and specialist services contributed to improvements in the emotional wellbeing of children and young people, often helping them to come to terms with significant loss and trauma. Sexual health was promoted through specialist after-school drop-in and advice services, with vulnerable young people benefitting from a priority, same day service. Structured services, delivered by third sector partners alongside crisis intervention through GPs, enabled young people with substance misuse issues to access comprehensive support.

Children looked after away from home benefitted from comprehensive health assessments. The majority of children and young people looked after at home had their physical and emotional needs met. In some instances, greater direction and challenge from professionals was required to ensure parents prioritised the health needs of their children.

### How well are children and young people helped to achieve?

Caring staff within stimulating nursery and early years childcare centres helped young children to reach their developmental goals. There had been sustained improvements in literacy within primary education.

Redirection of savings made by elected members enabled provision of an internet enabled laptop for every primary 7 pupil, enhancing digital learning and improving connections between school and home.

Children were being supported to manage the transition from primary to secondary school as a result of effective supports provided by pupil and family support teams and a highly visible educational psychology service.

Improvements in literacy and numeracy helped children gain more from education. Increasing numbers of young people achieved awards and qualifications, with results showing marked progress in attainment by young people from the most deprived communities. Young people at risk of not entering a positive destination were increasingly benefitting from earlier identification and specialist support. Funding of educational maintenance allowance awards payments exceeded what is required nationally, which supported increasing numbers of young people in post school destinations.

Children who were looked after away from home enjoyed improved outcomes related to attendance, behaviour and presentation. The same was not always true for children and young people looked after at home as a number continued to experience poor attendance and limited progress in school.

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

Effective work with families at home, in early years centres and schools was strengthening attachments between vulnerable children and their parents and enhancing experiences of being nurtured. Young people who were not yet in a position to secure a positive destination spoke of an increased sense of belonging as a result of their attendance at an activity agreement nurture group.

From our review of case records it was clear that support from Seasons for Growth, **CEDAR** (Children Experiencing Domestic Abuse Recovery) and **CARA** (Challenging and Responding to Abuse) programmes enabled vulnerable children and young people to come to terms with difficult life experiences. However, we also found instances of children who may have benefitted from similar support but there was no evidence of a service having been offered to them.

In a few instances, earlier recognition of the cumulative impact of the factors that affect parents' emotional availability might have enhanced children's wellbeing and improved their sense of stability and security.

For many children, their lives were clearly transformed when they became permanently settled within alternative families. However, for a few children, delays in planning contributed to uncertainty over their longer-term futures.

Care leavers felt valued and talked positively of the supports offered by throughcare staff. A growing number of young people were taking the opportunity to either remain within their care placements for longer or maintain links to their former children's house.

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

Partners delivered a range of sport and leisure opportunities to children and young people of all abilities. Initiatives also promoted opportunities for families. For example, the Set 4 Sport programme enabled parents living in properties with little or no garden to creatively engage their children in physical activities in any location. Children and young people with a disability benefitted from the disability sport programme which offered coaching and support to access a range of well used activities. The programme was viewed positively by children, young people and their parents. Free access to leisure activities for young people who were looked after away from home and subsidised Pulse vouchers for other groups of young people helped them to access community resources. With Loch Lomond on their doorstep, youth groups were assisted to attain a range of awards through services delivering outdoor education and conservation programmes.

The School Games initiative enabled 4,900 students from P2 to S6 to participate in competitions and fixtures incorporating a range of different sports. A successful summer programme supported over 300 young people to access physical activities on a weekly basis during the school holidays.

Our review of records found that the majority of children and young people participated in some form of activity that they enjoyed. However, for a significant number of the most vulnerable children and young people, lack of attention to this wellbeing indicator within plans resulted in lost opportunities to recognise, support and encourage meaningful activity.

### **How well are children and young people respected?**

Staff across services treated children and young people with respect, to their considerable benefit. Young people we met felt listened to and involved. During the Dare to Care event organised by care experienced young people, corporate parents had clearly heard and were acting on the messages they received from young people about making changes that would reduce stigma and promote respect.

Examples related to rounding up the amount of weekly allowance to avoid the counting out of coins, which was viewed as demeaning by young people, and discontinuing the practice of requiring receipts for all money spent, including for personal hygiene products.

Children and young people looked after away from home within children's houses viewed their Youth Forum as not only enabling them to raise concerns, issues and ideas, but to have them acted on. Who Cares? Scotland actively supported the Youth Forum and offered an individual support and advocacy service. However, from our review of cases records and discussions we identified many young people who had yet to benefit from independent advocacy. The views of looked after children were not always routinely recorded or gathered using the tools available. This activity is particularly significant when children and young people do not have access to an independent person to represent their views.

### **How well are children and young people helped to become responsible citizens?**

School-based programmes enabled children and young people to improve their awareness of safe choices and to make informed, responsible decisions. For younger children, use of the ClassDojo app creatively encouraged pupils to behave well.

Youth work initiatives enabled potentially vulnerable young people to demonstrate their ability to be responsible citizens through a range of positive activities in the evening and across weekends. This was contributing to a reported reduction in antisocial behaviour by young people. Restorative approaches and diversion from prosecution enabled young people to explore the issues that contributed to offending behaviour and make reparation where appropriate. The contribution made by the **Y Sort It** group, which is led by young people, has been recognised as an example of good practice and is discussed in further detail at the end of the report.

Children who were looked after away from home were encouraged and supported to be responsible. It was clear that residential care staff helped young people to exercise age-appropriate decision making skills.

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

A range of volunteering and mentoring opportunities promoted children and young people's sense of belonging and enabled them to make important contributions to their communities. For example, the Scottish Government's accredited award scheme for 12-25 year old volunteers enabled young people to complete over 1,500 Saltire Awards.

There was a strong, embedded approach to mentoring which 'matched' children and young people to pro-social volunteers who acted as important sources of flexible support for as long as needed.

Examples included the award winning Youth Mentoring Project and the Buddy Up initiative, which enabled formerly looked after young adults to act as mentors to care experienced young people.

Young carers benefitted from in-school champions and a range of flexible supports that contributed to them feeling more resilient, included and supported.

The Lesbian Gay Bisexual Transgender and Intersex (LGBTI+) committee was an example of an important pupil-led initiative which promoted inclusivity and positive outcomes for often marginalised young people. There were many examples of cross-generational initiatives whereby children and young people developed mutually beneficial relationships with older people. In one school, the parent council had bought hens and children sold the eggs to fund afternoon tea dances for older people.

Foster families involved children and young people in family life while contact arrangements enabled children and young people to maintain important relationships where appropriate. However, some children who were looked after at home were socially isolated with reduced opportunities to form friendships. These issues were exacerbated when school attendance was poor.

## 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.

**The impact on families was good. The provision of parenting supports across all ages, but particularly in early years, was a key strength. Families were signposted to supports by a range of online and written information. A broad range of universal supports and specialist interventions were evaluated positively by parents. Effective partnership working was having a positive impact on families, including families caring for a child with a disability, as well as parents experiencing mental health and substance misuse issues. The shared language of Getting it Right for Every Child enhanced communication across services and offered greater consistency of understanding for parents and carers. The experience of some families was diminished by their needs not being effectively recognised within plans, or delays in getting help when it was most needed. While there was helpful guidance available to staff working with reluctant families, in a few instances lack of parental engagement was tolerated for too long, which impacted on outcomes for parents and children.**

Many parents grew in confidence as a result of participating in a range of available parenting programmes such as Triple P, Incredible Years, Mellow Parenting and Handling Teenage Behaviour.

Evaluations of parenting programmes demonstrated positive impact on parental resilience and confidence. An extensive programme of family learning opportunities delivered in partnership across services had a significantly positive impact on families who participated. When parents lacked confidence to attend group provision, there were opportunities for individual supports to be provided by trained outreach and family support workers.

Early education and childcare centres offered opportunities for parents to become involved and engaged with other parents. This impacted positively on their sense of inclusion, for example the well-attended daily 'tea, toast and talk' groups. Families and Schools Together (FAST) provided a successful, evidence-based programme of interactive family activities. Increased parental involvement enhanced the child's engagement and experiences in school, at home and in the wider community.

Vulnerable women and their partners benefitted from the flexible and effective support given by the Special Needs in Pregnancy Service (SNIPs). As a result, there were improvements in parenting skills, confidence and parents' ability to address their own wellbeing needs. Young Family Support Workers and the Family Nurse Partnership worked collaboratively with increasing numbers of vulnerable young women, offering early help, practical and educational support to promote antenatal care and promote the wellbeing of very young children. Pregnant women were asked about smoking throughout their pregnancy with help available to reduce or cease smoking.

Parents of children with complex health needs were often more resilient as a result of the services, advice and guidance they received. The uptake and creative use of self-directed support was helping some families to address their needs flexibly. Overnight and daytime respite provision for children and young people with a disability and their families was higher than the national average. Early identification of children with low-level communication difficulties was helping to ensure that most families requiring speech and language therapy were getting the timely help that they needed.

Overall, partner agencies worked well together to support families and carers to access help and support at an early stage. Parents involved with the CEDAR project demonstrated improved communication with children. The Action for Children family support project used local volunteers to befriend and mentor parents, resulting in improvements in parenting capacity for all who attended. Support had been extended to offer kinship carers greater insight into the impact of domestic abuse. Kinship carers and foster carers had benefitted from training on child sexual exploitation and online safety to promote the safety of their households.

Good communication and co-ordinated supports across adult services helped parents to address mental health, substance misuse issues and offending behaviour. Parents facing difficulties in managing the sometimes complex and challenging behaviour of their teenage children welcomed the flexible, often intensive supports available.



Working in partnership with skilled and experienced staff enabled parents to resolve and manage conflict, ultimately resulting in young people remaining at home. Parents viewed the 24-hour helpline offered by the Alternative to Care service as particularly helpful.

Kinship carers we spoke to expressed a variety of views, more negative than positive, regarding the practical, emotional and financial supports they had received over time. However, a comprehensive review of financial arrangements and the introduction of a new, more robust kinship carer assessment were welcome initiatives. With increasing numbers of children in kinship care, leaders recognised the need to work collaboratively and build trusting relationships with carers.

A clear parenting strategy was in place and demand for support services was monitored. However, our review of case records indicated that many more families could have benefitted from available interventions if their needs had been better identified and reflected within plans. For example, some families affected by domestic abuse could have benefitted from support at an earlier stage to understand better the impact of domestic abuse on children.

Although staff worked in partnership with parents to increase resilience, in a few instances there was over optimism about a family's ability to meet their own needs or sustain necessary change in the longer term. We say more about this later in the report.

## 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 services provide help and support at an early stage was very good. Staff across services were confidently recognising when children and young people needed help or support to prevent difficulties arising or escalating. A very high percentage of staff who responded to our survey viewed Getting it Right for Every Child principles as having made it easier to access assistance at an early stage. There was a well-embedded, common understanding of the wellbeing indicators and the national practice model, supported by a strong culture of collaborative working. Helpful and effective processes were in place to support staff to share information appropriately. Most children and young people received the right support from the right service at the right time. Partners had yet to make full use of feedback and data to gauge the effectiveness of early support and to consider all available opportunities to address jointly emerging difficulties for families.

Staff in universal services were clear about the responsibilities of the named person. A helpful set of frequently asked questions had been produced which reduced anxiety over the role and enhanced staff knowledge and confidence. From our review of case records, we found information was being shared appropriately. Managers were confident that practice complied with the recent Supreme Court ruling.<sup>1</sup>

There was a particular focus on promoting speech and language development in early years services. Link workers within early education and childcare centres had greatly improved joint working and helped respond to issues at an early stage. Staff in schools deployed a range of tools to help them in identifying children and young people who may be in need of additional support at an early stage. Children's attainment was monitored and tracked, which was helping to alert staff to emerging difficulties. Partnership working with Skills Development Scotland helped in identifying as early as S1 those older young people who were at risk of not reaching a positive destination. The **Joint Assessment Team** arrangements were being used as an effective multi-agency forum to share information, review needs and respond to the issues identified. Funding of additional educational maintenance allowance payments incentivised and supported young people to engage and enabled services to track attendance as part of the senior phase pathway.

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<sup>1</sup> In July 2016 the Supreme Court delayed implementation of the Children and Young People (Scotland) Act 2014. The Scottish Government is now required to provide greater clarity on how those in a named person role share information.

The Special Needs in Pregnancy multi-agency group was considering all women at all stages of pregnancy. Specialist midwives, mental health and addictions staff within the service provided valuable support to women and their partners. Staff involved with the Family Nurse Partnership programme were recognising the needs of vulnerable young women through use of the universal pathway.

Helpful arrangements were in place for promoting smooth transitions into early years services and for children moving on to primary school. There was a clear focus on identifying children who may need some additional support with helpful involvement of parents. Future planning for young people affected by disability started at age 14, using the wellbeing indicators as a tool to provide early preparation and identification of supports that may be needed in adult services. A dedicated support group for children with a sibling who had a disability was highly valued by participants.

Staff working with adults had well developed relationships with colleagues in services for children. They were alert to the needs of children within complex families and proactively shared child protection concerns in accordance with local guidance. The **EMIS** (electronic management information system) had had a significant positive impact on recording and sharing of information. Staff recognised the benefits of real time access to information about children recorded by colleagues across health disciplines.

Impressively, a scheme to improve information sharing between GPs and other children's service staff had achieved a considerable impact in terms of supporting early and effective intervention. It was improving understanding of respective roles and responsibilities and contributing to trusting relationships between GPs, named persons and lead professionals. This was evidenced by a growing willingness to share relevant information across services, provided consent had been obtained. In turn, this supported improved outcomes for children and young people. There was a better shared understanding of **Getting it Right for Every Child** wellbeing indicators and the importance of sharing information, particularly where potential adverse impact on wellbeing could be anticipated.

Clear pathways for communication had been embedded. For example, the request for assistance process enabled named persons to make referrals to services such as the child and adolescent mental health service, in partnership with GPs. The achievements of the initiative were being increasingly recognised at a national level.

The multi-agency domestic abuse coordinator (MADAC) post had enhanced the earlier identification of children affected by domestic abuse. Staff confidence and awareness had increased and information was being shared appropriately and quickly between services. Notifications regarding incidents of domestic abuse affecting children and young people were being sent routinely to named persons. However, little was being done to intervene with domestic abuse perpetrators at an early, non-statutory stage that could enhance prevention and promote positive role models.

There was strong commitment to early and effective intervention and delivering a whole-system approach to young people at risk of offending. Multi-agency forums were convened when young people aged between 14 and 21 were identified as vulnerable, to consider how best to address issues such as offending behaviour, substance misuse, mental health and wellbeing. Staff viewed the request for assistance process as making it more straightforward to access support and that this was having a positive impact in helping families get the support they needed earlier.

## 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.

**Assessment of risks and needs was adequate. Responses to concerns regarding immediate risk of harm, abuse or neglect were prompt and resulted in the child's immediate safety being assured. In general, appropriate alternative accommodation was secured for children who needed it. Beyond the immediate emergency, a small number of children and young people remained in accommodation that did not provide the best living environment. Implementation of an initial referral discussion process was still at a relatively early stage and routine involvement of all key partners in decision making had yet to be fully established. While most vulnerable children and young people's records had a chronology of significant events, the content was not effectively informing assessment, planning or identification of risk. There was evidence of a shared language of Getting it Right for Every Child within practice, alongside a growing confidence in the use of assessment to inform decisions. Notwithstanding these positive developments, the quality and consistency of assessments of risk and need were variable.**

### Initial responses to concerns about safety and wellbeing

The systems, processes and checks to ensure that children at risk were identified and assessed, were working effectively. Alerts from services prompted the out-of-hours social work service to support families in crisis. Police Scotland was developing standard operating procedures in relation to the initial referral discussion process and their out-of-hours response to enable more effective planning.

Police checked the child protection register following reported incidents of domestic abuse. Thereafter, the **ASSIST** team would visit victims of domestic abuse to establish the level of risk to the victim and offer support. The Domestic Abuse Disclosure Scheme shared information about perpetrators of domestic abuse with persons at risk of being harmed. Such information is shared to help the person at risk make informed decisions about their situation.

In the majority of records we reviewed, agencies responded promptly to concerns that a child or young person faced immediate risk of harm, abuse or neglect. Staff were generally alert to signs of significant harm and recognising accumulated risks associated with parental substance misuse. In a small number of cases, the welfare of children and young people would have been more assured had there been better recognition of the complexities and cumulative impact of domestic abuse.

When it was not safe for children or young people to remain at home, their immediate safety was assured by securing alternative accommodation, most commonly with relatives or friends. Routine checks were carried out to ensure the appropriateness of proposed addresses and carers. Beyond the immediate emergency, a small number of children and young people remained in accommodation that did not provide the best living environment. Some children and young people remained at home with parents who lacked capacity. In a few instances, consideration of the potential risks posed by parents with a history of domestic abuse who were no longer living at home had not been adequately identified within initial risk assessments.

Information was disseminated appropriately by individual agencies. Within initial case conferences relevant details were used to identify the nature of the risk, inform decision making and enhance the ability of services to protect children and young people from the likelihood of further harm.

The recent introduction of the multi-agency domestic abuse co-ordinator role had sharpened focus on domestic abuse issues. Routine sampling of police concern reports received by the hub ensured the effectiveness and efficiency of responses, with children being proactively identified for intervention.

Staff were clear about thresholds and, because of accessible and direct lines of communication, they had become more confident and enabled to escalate child protection concerns. A clearly defined and inclusive approach to initial referral discussions had been introduced, supported by refreshed guidance, comprehensive training and quality assurance processes. Implementation, in the form of telephone calls as opposed to round-table discussion, was at a relatively early stage and managers were continuing to review and refine the process.

Notable improvements had been achieved in the form of securing GP attendance at initial case conferences and inclusion of the named person from the outset. Nevertheless, a number of initial referral discussions did not feature the expected level of multi-agency discussion or decision making. In spite of the training provided, some staff lacked clarity regarding the purpose of initial referral discussions and respective roles and responsibilities within the process.

While local guidance outlined expectations of recording, it was not always possible to track multi-agency discussions or decision-making rationale within our review of children's records. In general, managerial oversight and quality assurance activities were not well recorded within entries.

Gathering information through the child protection unit was improving the picture of risk and need within initial referral discussions. When a comprehensive medical examination is required, the health board's central child protection unit (CPU) in Glasgow is noted as the single point of contact. The NHS Greater Glasgow and Clyde rota for paediatricians, operated through the CPU, considers all requests for medicals from West Dunbartonshire. Any comprehensive medical examinations are arranged by the CPU to take place locally at the Acorn Centre with a local paediatrician. This enabled West Dunbartonshire to use a local, on-site resource, which was viewed by practitioners as offering swift access and additionality as it ensured the child was seen by the local dental service on the same day.

### **The quality and use of chronologies**

Staff told us they recognised the value of chronologies and considered their production as an area of practice that was improving. They welcomed what they viewed as good quality training that covered issues of consent as well as the purpose and value of chronologies within operational practice and professional supervision. Nonetheless, our review of case records found that while the majority of records contained a chronology of the significant events in the child or young person's life, the content was highly variable.

In 60% of records, chronologies did not effectively inform assessment, planning or consistently identify risk. There were different interpretations of what constituted a significant event and entries had varying detail or omitted key information. As a result, decisions were not always supported by an appreciation of the full picture. In a few instances, cumulative risk had not been given the appropriate weighting within assessments, for example about domestic abuse, owing to the lack of a detailed record of events within the chronology.

### **The quality of assessments**

The quality of assessments was variable with a high percentage of adequate performance. When considering assessment of risk, 55% were considered good or above, while 10% were weak.

Almost all children had a needs assessment, with 57% rated as good or above and 10% as weak. The quality of assessments were diminished by inconsistent recording across the wellbeing indicators. In a small number of cases, there was failure to recognise or give appropriate weight to specific risks or needs.

The shared language of Getting it Right for Every Child was embedded within assessments. There was evidence of growing confidence in the use of assessment to inform practice and decisions. The National Practice Model was assisting universal services to contribute meaningfully to shared assessments and enabling parents and partners to be clear about risks and resilience factors. Increasingly, specialist assessments were undertaken as required.

Children's reporters generally viewed assessments as being of a good quality, with some examples of additional information being received, which was seen as helpful to children's hearings. A few services were beginning to see assessments accompanying referrals such as child and adolescent mental health services and within the request for assistance process. Adult services were adapting their assessments to include impact on children and young people. Although planned, a comprehensive multi-agency assessment was not yet in use and the single shared assessment was most often the product of multi-agency discussion.

## 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 adequate. Comprehensive guidance, tools and briefings were in place to support and direct staff in delivering positive outcomes for children, young people and families. Training on assessment and planning had taken place and was positively received, on the whole. However, while virtually all children and young people had a plan, there was significant variation in quality. Plans were not sufficiently detailed, outcome focused or SMART (specific, measurable, achievable, relevant and time bound) which impacted upon monitoring of progress. Arrangements for chairing children's reviews were inconsistent across services. There was insufficient independent challenge within current reviewing arrangements to hold services to account and drive improvement. Encouragingly, improvements in permanency planning and partnership working were contributing to better outcomes for vulnerable children and young people.**

### The quality of children and young people's individual plans

While almost all children and young people had a plan to manage risk and need there was considerable variation in the quality of plans across all groups of children and young people. Just over a third of plans to manage risk were rated as good or above. Almost half (42%) were evaluated as adequate with 20% considered weak.

In a small number of child protection cases the actions taken to protect children were short-term in nature with insufficient attention to long-term safety issues.

Similarly, plans to meet the needs of children and young people were rated as adequate in 37% of cases. A quarter of plans were weak. It was clear that staff often had all the relevant information available to them but this had not been meaningfully translated within well formulated, purposeful, outcome focused plans.

In a few instances, there was undue optimism in the face of short-term improvement by parents. A lack of further incident was sometimes taken to indicate an absence

of risk. As a result, a small number of children were deemed to be at no risk of further harm too early.

There were clear strengths in the quality of plans for children and young people looked after away from home. There were notable strengths in transition planning for care leavers and young people with mental health difficulties. Plans for children and young people looked after at home or in kinship care often lacked specific detail or longer-term goals. Overall, a significant proportion of plans were not sufficiently SMART. Strengths or intended outcomes were not recorded consistently across the wellbeing indicators.

For those families choosing to take up self-directed support, we saw that creative use was enhancing the lives of young people with complex needs.

Staff had received training on how to prepare a child's individual plan. This was supported by comprehensive policy, practice guidance and briefings that offered clarity around stages and timescales for assessment, support and review. Within our survey of staff, 88% of respondents believed they had the necessary tools and guidance to prepare a child's individual plan. Getting it Right for Every Child had enhanced communication and promoted understanding for parents and carers in terms of meeting the needs of children and young people.

### **The quality and effectiveness of planning and reviewing**

In a high percentage of the records we reviewed, agencies were working collaboratively to implement plans, including specialist services such as child and adolescent mental health services. On occasion, representation across all key agencies could have been more consistent. As noted earlier, a good range of provision, low waiting times and capacity within services resulted in minimal delay in children and young people being assessed for, and receiving, services to meet identified needs.

The inclusion of parents, carers or family members in planning for children was evaluated as good or above in 75% of the cases we reviewed. The majority of parents and carers we spoke to were aware of the child's plan and had contributed to the process. For a few, this was not the case and they would have welcomed further opportunities to better understand the role of services, to be listened to and included.

The majority of child's plans were reviewed regularly and appropriately to meet the child and young person's needs. While 45% of reviews were rated good or above, the majority were adequate or weak. Arrangements for chairing reviews were inconsistent across different groups of children and young people. Where there was a lead professional, reviews were chaired by first line managers.

This process was viewed as beneficial by staff and managers as it meant they knew the circumstances of children, young people and families. However, chairs lacked sufficient distance from operational case management to offer objectivity. In



contrast, across residential care services, reviews of practice were undertaken by managers from a different children's house or team. These alternative arrangements were increasingly seen by residential staff as affording opportunities for effective and constructive challenge within review meetings. Overall, we concluded that there was insufficient independent challenge within current reviewing arrangements to drive improvements in performance.

There were helpful processes in place for senior managers to audit and monitor the quality of plans and progress of interventions. Most recently, a local management review (LMR) process had been introduced and was beginning to identify areas for improvement for specific categories of children and young people. The process has already highlighted the need for routine benchmarking of decision making and monitoring of changes to recording systems. While promising, it was too early to comment upon the effectiveness of this process as a systematic approach to quality assurance and achieving consistency in practice.

### **Securing stable and nurturing environments**

The effectiveness of plans in securing caring and stable environments for children and young people was good or above in just over half of the records we reviewed. The principles of Staying Put were firmly embedded in practice.

A child-centred approach had refocused and reasserted the positive value for some young people remaining longer in foster and residential care. In 2016, adoption and fostering services operated by West Dunbartonshire Council were evaluated by the Care Inspectorate and found to be offering a very good quality of support and a range of positive and nurturing environments. Leaders were actively seeking to recruit foster carers in a bid to further extend the range of provision for looked after and accommodated children and young people. Inspections of registered care services found that children and young people looked after away from home within local children's houses were involved in reviewing their own plans and were working towards mutually agreed goals. Consultation with young people and their families was embedded in everyday practice and young people were found to be achieving positive outcomes. The most recent inspection of the adult placement service noted the significant throughcare supports being offered to young people as they moved towards independent living, with every aspect of the service rated as excellent.

Growing numbers of children and young people were being supported within their own communities through use of kinship care and specialist, often intensive, support services. Plans were generally progressing well for the majority of children and young people requiring permanent substitute care. Following evaluation of practice, timescales for permanence had improved and decisions were being taken at an appropriately early stage. Managers had identified scope for further improvement in this regard, for example for children and young people in kinship care placements.

## 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.

**Joint planning to improve services was good. Local priorities and national expectations were well balanced within the single outcome agreement and threaded through a range of coherent, inter-related strategic plans. A dynamic strategic governance structure promoted strong leadership and effective communication. There had been a transformational shift towards empowering and engaging staff within improvement plans and structures. Although not entirely evident from the most recent integrated children's services plan, the system was working well, with progress towards achieving outcomes better evidenced within the plan's subsequent review report. While key groups in need of additional support had been identified by partners, the process by which the needs of these groups had been identified was less explicit. An absence of mutually agreed performance indicators at the outset meant that partners were unable to measure improving outcomes for these important groups across the wellbeing indicators. The voice of the child and detail as to how the views and expectations of children and young people had been used to inform planning decisions was absent. The language and principles of Getting it Right for Every Child had strengthened partnership working and enhanced communication across services. The child protection committee was functioning well with clear direction from the public protection chief officers group. Partners were appropriately risk aware and risk management approaches were well embedded and integrated within a mature partnership.**

### Integrated children's services planning

Strategic planning arrangements were robust with clear connections between structures and processes. The Integrated Children's Services Plan 2015-18 was an outline of intention for a wide audience that reflected the single outcome agreement priorities. It took appropriate account of existing statutory requirements and soon-to-be-enacted legislative duties, including implementation of Getting it Right for Every Child. A comprehensive review reported on the progress made against key actions and refreshed priorities for 2016-17.

Strategic planning was progressed within the multi-agency children and families delivery and implementation group, below which sat six multi-agency review and improvement sub-groups. These groups had reduced duplication and were making purposeful progress towards meeting the demands of improvement plans deriving from the integrated children's services plan.

These were dynamic forums and staff across services showed very high awareness and ownership of these planning processes. Reporting on the delivery and implementation groups was fairly SMART, with some helpful performance information and trend data, but limited detail in terms of outcomes.

Partners worked effectively together to identify cross-cutting themes and agree a manageable number of priorities. Rather than utilising a specific, joint strategic needs assessment, partners used a process of analysis, single agency review, audit and consultations with stakeholders to identify the needs of children, young people and families. This quantitative and qualitative data was then refined by partners within annual, multi-agency development sessions to identify and agree future priorities. A strong third-sector interface, facilitated by an engagement dashboard system, contributed to cost-benefit analysis, enabling partners to commission, review and realign services according to identified priorities and stakeholder's desired level of involvement.

Progress in implementing the integrated children's services plan was reported in 2015-16. Measures tended to report on volume and frequency of activity and improvements in joint processes. A lack of jointly agreed local outcome indicators at the outset limited partners' ability to measure achievements and improving wellbeing, particularly for vulnerable groups.

### **Child protection committee business planning**

The child protection committee was accountable to the public protection chief officers' group. The group's work plan had helped crystallise the business of the committee and increased understanding of the committee's role and function.

The committee was an ambitious group, determined to plan, monitor and improve child protection services. It was working effectively to a comprehensive strategic improvement action plan that linked well to the priorities within the single outcome agreement and integrated children's services plan. Membership of the committee had been reviewed to ensure representatives had an appropriate level of seniority to fully participate with delegated authority. Previously identified issues regarding attendance had been resolved and attendance overall was now good. Long-standing subcommittees had been disbanded and replaced with purposeful, short-life working groups. These arrangements had contributed to improved connectivity, efficiency and accountability.

Performance was monitored through the performance and reporting framework, which provided a snapshot of particular areas of performance. While useful, it did not offer a more comprehensive picture of child protection performance or outcome measures. The frameworks for each strategic group were shared across public protection chief officer group areas of responsibility, with a view to ensuring consistency.

A range of regular single- and multi-agency joint self-evaluation activities had taken place. The committee was keen to learn from good practice elsewhere, using

findings from significant case reviews and joint inspection of services for children in other areas to inform practice. Self-evaluation was making a clear contribution to continuous improvement. A multi-agency audit of 50 police child concerns due to domestic abuse found that the response could have been more robust and that sufficient account was not always taken of a pattern of previous domestic abuse incidents.

Arrangements were in place whereby GPs received weekly lists of children in their practice who were currently on, or had been removed from, the child protection register. Meetings about vulnerable children were held within practices to ensure an overview and monitoring of the potential for risk to present again in respect of these families. The local management review (LMR) process had focused on children on the child protection register and tracked sustainment of progress for those children who had recently been removed from the child protection register. Partners had used the Social Care Institute of Excellence model to consider learning from issues which had arisen in practice.

A programme of joint staff training and development opportunities was in place across the health and social care partnership and education service. Integration and new strategic structures had improved child protection processes and enhanced partnership working. A multi-agency strategy group provided effective oversight and governance of local plans in relation to child sexual exploitation, which was clearly and appropriately seen as a child protection issue. The strategy included partnership working, staff training and engaging children and young people in a range of initiatives to promote personal, online and community safety. An action plan to further support the implementation of the strategy was in development.

### **Identifying and responding to emerging risks**

Robust risk management processes and strategies were in place within single agencies. There was evidence of ownership of risk across business structures and services, with clear expectations as to how risk was to be addressed. Helpfully, there was a system to escalate risks from an operational to strategic level. A joint risk register was appropriately maintained by the community planning partnership's management group.

The child protection committee actively monitored monthly trend information, reporting to the public protection chief officers' group through quarterly reports as well as identifying any pertinent issues as they arose. Fluctuations in the number of children on the child protection register were analysed in terms of impact on specific groups. As a result, leaders were well informed about potential or emerging risks to vulnerable children and young people. They demonstrated confidence in their ability to jointly identify, manage and mitigate risks. Learning from serious events in recent years, including the deaths of young people who were known to services, had further deepened and strengthened working relationships and informed a shared understanding of risk assessment and management.

The Safe, Strong and Included development and implementation group had improved connectivity between the Violence Against Women Partnership, the **EEIDA** (Early and Effective Intervention Domestic Abuse) strategy group and the child protection committee. Leaders had identified areas of duplication between the EEIDA strategy group and the **MARAC** meeting which was now in abeyance as ASSIST had decided that they could no longer manage this process. The potential impact upon risk management and planning in respect of victims had yet to be explored fully by partners.

## 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.

The extent of participation by children, young people, families and other stakeholders was very good. There was an embedded culture of involving young people. This was matched by a strong commitment from leaders and staff at all levels to ensure that children and young people were enabled to play an integral role in shaping service design, policy and practice. A helpful three-year participation and engagement strategy directed consultation undertaken by key partners such as the Youth Alliance and Y Sort It. The extent of this consultation and the views of children, young people and families had yet to be meaningfully reflected within the integrated children's services plan or corporate parenting strategy. The educational services parental involvement strategy group facilitated strategic involvement and consultation activities with parents. Staff across services acted as advocates on behalf of children, young people and families. However, **Who Cares? Scotland's ability to promote the rights of children and young people was underused, as the service was not sufficiently promoted by professionals.**

Strategic planning structures supported children and young people's involvement in a considered, regular and user-friendly way. A range of stakeholders were engaged within the previously described delivery and implementation groups, and review and improvement subgroups. Stakeholders were positive about their involvement within these groups, viewing them as accessible and successful in driving forward improvements for children, young people and families.

Engaging children and young people within service planning was a central priority within the integrated children's service plan review. A three-year plan had been agreed with the **Youth Alliance** who were responsible for directing and providing oversight of engagement and participation processes. Children and young people, along with their parents, were positive about the flexible supports provided to help young people become active citizens within their communities. Staff were fully committed to listening to children, young people and their families, and took very seriously the need to engage service users in planning and improvement activities. Some third-sector providers were successfully engaging with seldom heard young

people and were striving to ensure that the needs of these groups of young people continued to be recognised.

Corporate parenting was a key priority for partners. A range of co-produced events had involved enthusiastic, care experienced young people in raising awareness among elected members and other staff across services. Care experienced young people welcomed the opportunity to share their views about what was needed to support young people to make successful transitions to adulthood. Effectively engaging and representing the views of children and young people looked after at home was an ongoing challenge.

Young people on the autism spectrum had been supported to make a DVD which enabled them to explain their difficulties and how best to overcome these to their teachers as well as raising awareness among staff in other schools. Young people who had participated benefitted from an opportunity to shape service delivery and felt listened to and empowered by their experience. They were rightly very proud of their achievements, as were their parents. Young carers were developing a similar project to share their experiences.

Consultation activities were well planned and on occasion led by young people themselves in partnership with senior managers. Such activities effectively contributed to the flow of information between the partnership and young people. Engaged young people and their families had a sense of ownership about the priorities and changes which were made as the result of consultations. These included practical changes that significantly affected the lives of children and young people who were looked after and accommodated, as well as assisting partners in setting priorities for services.

Likewise, there were active parent councils in all schools that influenced approaches on how support to families was delivered. However, not all parents felt involved or consulted on all pertinent issues.

Leaders were committed to meaningful community engagement and empowerment. Under the auspices of the Your Community approach, local charrettes (intensive public consultations that engage local people in the design of their community) and events were engaging communities in driving transformation across the area. Increasingly, the Community Fund initiative was making money available to community groups to deliver locally agreed improvements. A calendar of consultation events was in place with clear connections across the Youth Alliance, Your Community and corporate parenting activities. Partners worked diligently to avoid duplication by coordinating activities and approaches.

Partners actively sought feedback from service users and communities, with the information received demonstrating high levels of confidence in the services being provided to children, young people and families.

A number of successful consultation events had taken place, exceeding the target numbers of young people that partners had hoped to involve over the last two years.

An annual Youth Alliance consultation event was successfully seeking the views of young people in order to inform youth-led service development and delivery. Most recently, over 300 young people identified three clear priorities related to health and substance misuse, which were being taken forward by the review and improvement subgroups.

Partners were committed to supporting the United Nations Convention on the Rights of the Child, ensuring children and young people were fairly treated and had their needs met. They had implemented the **Rights Respecting Schools** award initiative across a number of schools.

All staff, across services, particularly the third-sector, viewed themselves as advocates for children and young people. While this is not an unusual view for staff to hold, in this instance the children and young people we met agreed with the sentiment. They described staff as advocating on their behalf to ensure that their rights were supported and that they received help when needed.

As previously mentioned, the Youth Forum acted as an important mechanism for children and young people looked after away from home to air their views and affect change. Who Cares? Scotland effectively supported children and young people who were currently looked after within children's houses. The service had capacity to support more eligible young people but had not received referrals from relevant services. From our activities, we identified a general absence of independent advocacy available to other groups of children, young people or their families. A number of young people we met believed they would have benefitted from additional support to express their views and wishes during difficult events and meetings.

## 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. The collective leadership of the community planning partnership knew its area well and presented as ambitious and committed to delivering improved outcomes for children and young people. Leaders were highly visible and known to their staff. At all levels, across all services, staff not only understood and articulated the shared vision for services, but demonstrated ownership of strategic plans and planning structures. Working across an area of multiple deprivation in a climate of diminishing resources had resulted in partners striving to do more with less. There were clear successes in terms of reducing some outcome gaps, particularly across education services where attainment by children and young people from all communities had improved. In several interconnected areas of strategic importance such as domestic abuse, child poverty and corporate parenting, the lack of shared outcome measures limited the ability of leaders to demonstrate how the lives of children and young people had improved as a result of strategic approaches and investments. A relatively new senior management team had been implementing changes with a view to strengthening performance. However, our review of case records found that the quality of assessment and planning for individual children remained variable, highlighting the need for ongoing robust quality assurance and a systematic approach to addressing operational weaknesses.**

The broad community planning partnership vision for “a prosperous West Dunbartonshire recognised as a dynamic area within a successful Scotland” was articulated well across strategic plans. Within the integrated children’s services plan this over-arching vision was aligned to Getting it Right for Every Child principles and legislation with a stated aim “to improve the life chances of children and young people”.

Refreshed and streamlined strategic governance arrangements supported strong leadership and effective communication. Elected members, the chief executive and senior managers across services were highly visible and known to staff. All were fully engaged in the Back to the Floor initiative which involved them in a regular programme of engagement activities across services. These activities, combined with newsletters, blogs and creative use of social media, enabled leaders to sustain the vision and report on progress in achieving key priorities.



Elected members, central to the delivery of effective leadership, had benefitted from a programme of well received awareness-raising training to help them fulfil their responsibilities in respect of Getting it Right for Every Child, child sexual exploitation, domestic abuse and corporate parenting.

The culture and principles of Getting it Right for Every Child were being embedded within practice. The shared language was promoting communication and staff were confident about their respective responsibilities. Nevertheless, there remained a need for strong leadership going forward in order to deliver on practice developments such as a single child's plan, multi-agency comprehensive assessments and integrated chronologies.

Strategic governance structures supported and encouraged collaborative working. Staff at all levels across services told us they were empowered to make decisions, which enabled them to act autonomously and in partnership with others. Third-sector representatives played an important role in securing and directing resources to best meet need and were keen to become even more involved in strategic planning.

Partners were working hard to achieve cultural change in areas that had traditionally proved difficult to shift, such as health outcomes and domestic abuse. There was clear evidence of resources being shifted to support the commitment to early intervention and prevention. Workers across agencies spoke positively of the restructuring of services, viewing change as sometimes challenging but well handled. Multi-agency leadership groups had removed silo working and contributed to a culture of integration, shared ownership, genuine partnership and an open, listening culture. Staff presented as informed, included and motivated to deliver high quality services. Within our staff survey, 100% of respondents agreed there were positive examples of joint working and shared approaches to service delivery.

There was evidence that services were making use of a range of methodologies, approaches and tools to support continuous improvement and reflective practice. Chief officers viewed the performance and assurance framework as enabling them to question performance and hold one another to account. However, much of the data we scrutinised related to quantitative data and process measures, as opposed to outcomes that could demonstrate improvements in the lives of children, young people and families and contribute to strategic decision making.

Community planning partners estimated that one in 10 children were adversely affected by domestic abuse. Such experiences were often exacerbated by associated parental substance misuse and poor mental health. Reducing the number of children and families affected by domestic abuse was recognised as a key, cross-cutting priority. Concerted efforts had gone into raising awareness, training staff, developing and reviewing practice. Leaders had sought to benchmark against comparators but recognised the scale of domestic abuse in West Dunbartonshire overshadowed many other areas.

Partners had made a positive start in terms of gathering statistical information. Leaders had yet to make full use of the range of analytical data available to them in order to inform strategic planning, quality assurance and self-evaluation plans. The appointment of an equalities officer had advanced many of the connections across governance groups. However, there were opportunities for strategic, tactical and operational activities to be better co-ordinated across the pillars of the **Equally Safe Approach** within a performance framework that is capable of assessing impact across the various work streams.

Corporate parenting was also a key, cross-cutting priority. Although the final format of a champions' board was not yet in place, partners had demonstrated real success in raising awareness and engaging stakeholders. This included involving care experienced young people in the co-production and delivery of a range of annual events. It was clear that leaders were in the process of achieving transformational change in this area of practice. However, as previously commented upon, there was an absence of mutually agreed measures that would demonstrate successful outcomes for care experienced young people.

Investments in the wholesale modernisation of the school estate were commendable. Elected members were committed to raising attainment and had successfully secured increasing amounts of funding to support local efforts. School attainment had improved, including positive exam results for young people from the most deprived communities. Leaders recognised that more needed to be done to improve outcomes for children who were looked after at home and accommodated away from home.

Significant progress has been made since the 2012 joint inspection report in terms of strengthening leadership and embedding a culture of self-evaluation. However, the findings from our review of case records were variable, with clear weaknesses in the quality of assessments and plans for individual children and young people. While leaders had taken steps to improve practice, recent activities such as new staff appointments and actions derived from local management reviews (LMR) were not yet in a position to demonstrate comprehensive impact.

## 7. Conclusion, areas of particular strength and areas for improvement

During the course of this joint inspection, partners evidenced a clear commitment to integration and collaborative working. Strong leaders were delivering a clear vision within a dynamic and responsive system of strategic governance.

Highly committed staff groups across the partnership demonstrated ownership of the strategic vision for children, young people and families and felt connected to improvement planning. There was an obvious culture of self-evaluation and continuous improvement.

These elements, considered alongside the feedback received from service users, led us to confidently conclude that through their collective efforts and commitment of staff, partners were delivering a range of services which were impacting positively on the lives of children, young people and families.

Children in need of protection were safer as a result of prompt responses and the supports they received. Staff across services took their responsibilities to keep children safe very seriously. Some children were ultimately protected by appropriately removing them from parental care. For a small number of children and young people, while they had been protected from immediate harm, they remained within environments that did not offer the optimum level of care or long-term safety.

Children and young people who were looked after away from home told us they felt loved and cared for within nurturing environments. As corporate parents, partners were ambitious to achieve positive outcomes for care experienced young people. However, the quality of plans and arrangements for reviewing the progress and wellbeing of children and young people were too variable.

Getting it Right for Every Child was enhancing communication and information sharing across services. The approach promoted understanding of children's needs for their parents and carers. Elements of the approach, such as integrated chronologies and plans, required continued attention by leaders to improve quality and consistency.

An extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities. These initiatives were offering support to parents from pre-birth through teenage years and beyond. Intensive supports were helping to avoid family breakdown and youth homelessness. Young people at risk of offending were being diverted from formal measures as a result of receiving the right service, from the right people at the right time. Staff demonstrated strong persistence in terms of working alongside rarely-heard or reluctant-to-engage children, young people and families in order to facilitate improved outcomes in circumstances and life chances.

In the course of our inspection, we identified a number of particular strengths which were making a positive difference for children and young people in the community planning West Dunbartonshire area.

- The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.
- Highly committed staff groups across the partnership demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning.
- Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development.
- There was an evident commitment to early intervention and prevention with very effective early help and support processes.
- A coherent shared vision was in place and modelled by a mature partnership.

Partners had demonstrated a commitment to continuous improvement and reflective practice and we are confident that partners are well placed to incorporate the opportunities for further improvement highlighted during this inspection within their ongoing activities. In doing so, the community planning partnership should take action to:

- demonstrate the difference investments in early intervention and prevention are making for all children and young people through the measurement of robust data and progress across strategic plans
- strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care
- achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.

## **8. What happens next?**

The Care Inspectorate will request that a joint action plan is provided that clearly details how the community planning partnership in West Dunbartonshire 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. They will also monitor progress in taking forward the partnership's joint action plan.

**February 2017**

## **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 that we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

### **Effective change management – Seasons for Growth**

While many schools across Scotland run Seasons for Growth groups, the programme in West Dunbartonshire is led strategically, well embedded in primary and secondary schools and is delivered in other settings. The inspection team viewed it as a model of outstanding and sustainable practice.

In 2005, staff recognised that the long-term, negative impact of unresolved issues arising from changes such as bereavement, separation and divorce might be mitigated by using the Seasons for Growth programme. Seasons is a peer education group work programme facilitated by two trained ‘companions’. Initial attempts to introduce the programme were ineffective. Although initially dozens of companions were trained, only one group was actually delivered. As a result, a multi-agency action group was established to develop a sustainable development plan to make Seasons available to all children and young people.

Choose Life committed funding for training, materials and employment of a senior educational psychologist one day a week to chair the multi-agency action group and coordinate the programme. Continued support from strategic leaders (through the mental health and wellbeing strategy group) has been key to success. Partners analysed barriers that had prevented the programme being used. A model of sustainable development was put in place, including two trained companions in each school supplemented by a large pool of multi-agency ‘floating companions’, which included health and social work professionals and staff from the third sector. The programme was successfully rolled out one learning community at a time, over a two-year period. The programme has been delivered in children’s houses and many looked after children attend groups in their own schools. A first adapted programme for Syrian refugees is due to start in January 2017. Every group is evaluated and positive feedback has been received from staff, children, young people and families. Further, the action group has identified a relationship between a well-embedded Seasons for Growth programme and raising attainment. We believe this merits further research as part of the Scottish Attainment Challenge.

### **Leadership by young people for young people - Y Sort It**

Led by a management board of young people, Y Sort It is an influential project delivering high quality, innovative and inclusive youth work opportunities to children, young people and families. With a proven track record in strategic and operational partnership working over a fifteen-year period, the project has successfully supported young people to achieve positive outcomes.

There is a clear vision of enhancing life opportunities by young people, for young people with staff and mentors acting as strong advocates; influencing decision making and achieving transformation in services.

A strong collaborative partner, the project plays a key role in holding partners to account and ensuring the views and needs of young people are central to strategic decision making, service design and delivery. By accessing important sources of revenue and attracting matched funding, the project supports partners in delivering a range of sustainable, early intervention provision and opportunities for young people.

The project recognises that young people living in an area of multiple deprivation often experience, or are at risk of experiencing, social and economic exclusion. It promotes equality and diversity by helping young people achieve their ambitions. The project has achieved success in engaging and supporting a range of seldom-heard or difficult-to-reach young people, such as young people with caring responsibilities, young people from the lesbian, gay, bi-sexual, transgender and intersex (LGBTI+) community and young people involved in offending behaviour and substance misuse.

A youth centre in Clydebank offers a young person-friendly space, free internet access, a range of youth groups, activities and opportunities. These include: open youth work; volunteering; an arts hub; mentoring for looked after young people by care experienced young adults; support for young parents and self-directing groups for the community of young LGBTI young people. In addition, the Y Sort It bus, known as the **MISC** (Mobile Information Cyber Station) enables youth work activities to be accessed by young people in more rural communities. By understanding new technology and digital media, the project engages, supports and consults young people through social media and social networking.

Y Sort It has led the first specific service for young carers aged 12-18 and has evidenced engagement with young people which has increased year on year since 2010. Y Sort It currently offers support to over 350 young carers. The HomeReach aspect of the project has reached out to young carers who were most reluctant to engage. Support to young people aged 12-21 through the widely respected, Wrecked & Wasted initiative has been helping young people to change attitudes and behaviours related to alcohol and drug use through harm reduction and peer-led youth work approaches.

### **Commitment to equality and inclusion - Highly Dependent Learners**

The Highly Dependent Learners approach, facilitated by a strategic steering group, demonstrated a strong multidisciplinary approach to supporting children and young people with complex physical, medical and learning needs within mainstream education provision. It clearly demonstrates partners' commitment to equality and inclusion. Staff work collaboratively within the spirit and principles of Getting it Right for Every Child to meet legislative requirements and promote positive outcomes for children with additional support needs.

Families have indicated that they feel engaged, listened to and believe that services are responsive to meeting the changing needs of their children at every stage of development. Multi-agency protocols facilitated partnership working, which in turn contributed to positive outcomes for vulnerable young babies. There is very early recognition by neonatal health staff of issues related to prematurity or other additional needs. Excellent communication between neonatal units, primary care and nurseries enables staff to identify and anticipate the longer-term developmental needs of children. One-to-one training sessions between health professionals and education staff have been put in place to build confidence in providing services to this particular group of children and young people.

A centralised store of equipment and dedicated time from an occupational therapist enables staff to have easy access to specialist equipment as required. Centralised processes for requesting, controlling and maintaining equipment have not only resulted in ease of access, but also proved cost effective. Staff within schools work hard to ensure they use similar equipment to that available at home, which results in parents being more confident that their children's needs will be met within mainstream schools and nurseries. The approach has been underpinned by a comprehensive strategic protocol, clear pathways and referral processes which ensure that requests for additional services or equipment can be accessed quickly. Joint assessment and advice clinics ensure assessments and responses are timely and efficient in meeting the needs of children and young people. Access to specialist gym equipment and physiotherapy support enables children and young people with disabilities to expand their physical capabilities within a safe but appropriately challenging environment.

The Highly Dependent Learners steering group has demonstrated clear success in the effective planning for children and young people with a disability, meeting all transitions in line with agreed targets. Highlighting transitions two years before a move taking place is ensuring that necessary adaptations to meet the needs of children and young people are made in good time. This promotes inclusion, demonstrating how much the children and young people are valued as members of the school community, and avoids unnecessary disruption and stress for all parties. A post-review process has ensured that learning is used to inform future activities and to ensure progress for the young person is sustained.



## Appendix 2: Evaluated 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.

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

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

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

## Appendix 3: The terms we use in this report

**ASSIST** (Advocacy; Support; Safety; Information; Services Together) is a team that aims to offer a high quality, early intervention and proactive service to victims, children and young people to meet individual needs while focusing on reducing risk and promoting safety.

**The Caledonian Programme** is one part of the Caledonian system, which is an integrated approach to address men's domestic abuse and to improve the lives of women, children and men.

**Community Planning West Dunbartonshire** is the local community planning partnership for the West Dunbartonshire Council area.

**The community planning partnership management group** meets quarterly and is chaired by the leader of West Dunbartonshire Council.

**The child protection committee** brings together all the organisations involved in protecting children in the area. Its purpose is to make sure local services work together to protect children from abuse and keep them safe.

**The delivery and implementation group** sits under the CPPMG as part of the community planning structure.

**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 Police 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".

**EEIDA** stands for Early and Effective Intervention Domestic Abuse group.

**EMIS** stands for electronic management information system.

**Equally Safe Approach** is Scotland's strategy for preventing and eradicating violence against women and girls.

**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. There are eight wellbeing indicators, which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential.

[www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

**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.

**LMR** stands for local management review.

**MADAC** stands for multi-agency domestic abuse co-ordinator and is the post within the health and social care partnership that assists with the arrangement of the MARAC and EEI meeting.

**MARAC** stands for multi-agency risk assessment conference (primarily for adult victims of domestic abuse who may or may not have children).

**MISC** stands for mobile information cyber station and is the name for the bus used by the Y Sort It project.

**PPCOG** stands for public protection chief officers' group

**The review and improvement group** sits under the delivery and implementation group to drive operational practice issues.

**Rights Respecting Schools** is an award initiative that recognises success in putting the United Nations Convention on the Rights of the Child at the heart of a school.

**Roots of Empathy** is an evidence-based classroom programme shown to reduce aggression and promote social competence and empathy among children.

**Seasons for Growth** is a programme which provides a safe and nurturing way to explore feelings, memories and experience of loss and grief through peer led groups.

**Self-directed support** is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided and gives them as much control as they want of their individual budget.

**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.

**Youth Alliance** is made up of influential community planning partners and key stakeholders, including young people, who work together to plan activities and maximise resource

**Whole System Approach** is the Scottish Government's approach for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through early intervention and robust community initiatives.

## Appendix 4: 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?
<b>1. Key performance outcomes</b>	<b>2. Impact on children, young people and families</b>	<b>5. Delivery of key processes</b>	<b>6. Policy, service development and planning</b>	<b>9. Leadership and direction</b>
<b>1.1</b> Improving the wellbeing of children and young people	<b>2.1</b> Impact on children and young people	<b>5.1</b> Providing help and support at an early stage <b>5.2</b> Assessing and responding to risks and needs <b>5.3</b> Planning for individual children and young people <b>5.4</b> Involving individual children, young people and families	<b>6.1</b> Policies, procedures and legal measures	<b>9.1</b> Visions, values and aims <b>9.2</b> Leadership of strategy and direction <b>9.3</b> Leadership of people <b>9.4</b> Leadership of improvement and change
	<b>2.2</b> Impact on families		<b>6.2</b> Planning and improving services	
	<b>3. Impact on Staff</b>		<b>6.3</b> Participation of children, young people, families and other stakeholders	
	<b>3.1</b> Impact on staff		<b>6.4</b> Performance management and quality assurance	
	<b>4. Impact on the community</b>		<b>7. Management and support to staff</b>	
<b>4.1</b> Impact on communities		<b>7.1</b> Recruitment, deployment and joint working	<b>7.2</b> Staff training, development and support	
			<b>8. Partnership and resources</b>	
			<b>8.1</b> Management of resources	
			<b>8.2</b> Commissioning arrangements	
			<b>8.3</b> Securing improvement through self evaluation	
<b>10. What is our capacity for improvement?</b>				
Global judgement based on an evaluation of the framework of quality indicators				

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