

## Services for children and young people in the Outer Hebrides

August 2017

**Progress review following a  
joint inspection**

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## 1. Background to this progress review

The Care Inspectorate, together with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland, carried out a joint inspection of services for children and young people in the Outer Hebrides Community Planning Partnership area between May and June 2015. We published a joint inspection report in January 2016, which is available on our website [www.careinspectorate.com](http://www.careinspectorate.com). We agreed to carry out a formal review of the partnership's progress within eighteen months of publishing the inspection report.

Following publication of the joint inspection report, partners drew up an action plan to address the recommendations we made. Every improvement we suggested in the inspection report was considered for inclusion in the action plan. This resulted in a thorough and detailed action plan.

In March 2017, partners were supported by external consultants to carry out a self-evaluation of their progress against the action plan. We agreed to use this self-evaluation report and the supporting evidence as a framework for carrying out our progress review in May 2017 and we:

- reviewed the self-evaluation report and scrutinised the supporting evidence provided
- met with chief officers, managers and staff in focus groups to explore the extent of improvement against the five priority areas for improvement identified in the inspection report.

Here are our findings of the progress across the five areas for improvement.

## 2. Our findings

### Area for improvement 1

**Ensure accurate and up-to-date information about services is easily available to GPs, health visitors, social workers and other staff as well as to families.**

One theme in the joint inspection in 2016 was how difficult it was for families and staff to find out what services were available. As a result, some children and families struggled on without support for too long. Better, more accessible information about services enables families to seek support as soon as a problem emerges.

On our return in May 2017, we found that partners had successfully ensured that children's issues continued to have a positive presence in the local press. Increased uptake of school clothing grants and free school meals had been achieved through careful dissemination of information to parents at the right time.

Evaluation of the annual partnership events for staff suggested these had been highly effective in building their knowledge of each other's services. Consequently, staff were now better informed about exactly what support was available for children, young people and families. A planned partnership event in Uist promised more effective inclusion of staff based in the Uists and Barra. Multi-agency training and membership of working groups had usefully increased staff awareness of partners' services.

The recently created online service directory being developed by Comhairle nan Eilean Siar (CnES) was still at an early stage. Most of the services listed were on Lewis and there was very limited information on health services. The NHS had its own directory and consideration could usefully be given to linking the two. Partners recognised further work was needed to develop the directory, providing information on all services available and making the format more engaging.

We find that partners have made considerable progress in addressing this recommendation.

### Area for improvement 2

**Work together to improve data gathering across partners to provide measures of improving trends through prevention and early intervention, outcomes for children and young people, and the life chances of vulnerable children and young people.**

Our inspection in 2016 found that although there was evidence of strong performance on many national measures, the systematic gathering and interrogation of data across partners was very limited. Partners recognised they needed to work together better to make best use of data to inform needs and identify priorities.

During this progress review, we found collaboration and collective responsibility had greatly improved between the NHS, the CnES and the police in data sharing and analysis. The appointment of a performance manager had enabled the CnES to coordinate key data gathering and performance monitoring across the partnership. There was a strong consensus amongst partners that they had become more confident in the interrogation and analysis of data. They had a better understanding of the meaning behind each other's data, were beginning to collectively analyse information and use this to inform resource planning and priority setting. This had allowed partners to:

- confidently direct resources towards prevention and early intervention
- enable interventions to be better aligned to outcomes for children, young people and families.

Services were making good use of a variety of different benchmarks – national averages, virtual comparators, the local government benchmarking framework, other Scottish islands and the Northern Alliance.

For some of the nationally reported measures, small numbers of children and young people meant that it was not always possible to easily identify trends. Therefore, senior managers were appropriately examining individual children's outcomes over time, for example for looked after children and care leavers.

We find partners have made significant progress in addressing this recommendation.

### **Area for improvement 3**

**Undertake a joint strategic assessment of needs to ensure the right balance of universal, targeted and specialist services are in place to meet the current and emerging needs of children, young people and families in Eilean Siar.**

We made this recommendation because although the draft integrated children's services plan was well connected to the Single Outcome Agreement (SOA) and aligned to key planning processes it was not based on a thorough, dynamic assessment of need. This made it difficult for partners to be confident that the universal, targeted and specialist services they had in place would meet the current and emerging needs of children, young people and families in Eilean Siar.

Partners had drawn together a wide range of measures across services, which provided a strong baseline describing children, young people and families and which allowed partners to better understand their needs. Partners appropriately viewed the strategic needs assessment as a jointly owned dynamic document. They were already looking at how to improve this assessment by extending the health and wellbeing survey beyond school experiences and further developing the use of Community Signature. (Community Signature is a diagnostic tool used to engage with community groups and residents, identify community priorities for development and so target services more effectively). Community Signature was being piloted as

a method to measure community capacity in order to improve services and outcomes for communities. This had already demonstrated significant potential for providing authentic community profiles. While led by the CnES, this will be used collectively to inform the dynamic assessment of need and identify appropriate resources for different localities.

There had been considerable improvements in children's services planning since the inspection. A small number of working groups with representation across services were effectively progressing towards delivering the outcomes of the children's services plan. Partnership events for staff and regular discussions in team meetings enabled clear links between planning and service delivery. The young people's participation planning group was successfully bringing the voices of children and young people to the planning process. Who Cares? Scotland was ensuring the views of care experienced children and young people were taken into account. Parents' views on service planning were sought routinely in early years provision and parent councils in schools were also engaging well. Partners had a new children's services plan in place in line with government timescales. The plan did not yet include the necessary detail about resources but work was being done to finalise this.

The plan could usefully be focused on higher-level actions as it currently contains too much detail. These important details could easily form the plans for the supporting working groups.

The strategic needs assessment was being used to inform the development of the locality outcome improvement plan (LOIP). In line with statutory guidance for developing LOIPs, partners were now able to identify the smaller areas within the local authority which experienced the poorest outcomes. They were also actively considering communities of interest and had suggested this includes looked after children and young people.

The CnES had embarked on an innovative plan, working with the third sector to better meet the needs of vulnerable children and young people. This involved significant service redesign and redistribution of resources. This ambitious initiative emerged as a result of the successful reduction in children and young people being placed on the mainland. The money saved from spending on mainland placements was reinvested to reshape local services to ensure children, young people and families received help when they needed it. A year-long partnership with Harmeny School was put in place with the CnES having a ring-fenced residential place at the school in Edinburgh, in the event this is needed. This place had not yet been required. Ongoing outreach, consultation and training for staff had been welcomed and well used. There were already examples of where this flexible contract had made a positive difference to children's lives. New contracts were being piloted with local third sector providers. Support staff across all partner providers had generic job descriptions meaning they could be deployed flexibly across services to best

meet the emerging needs of children and young people. Although there was not yet a fully joint strategic commissioning strategy in place, the successful delivery of this plan had great potential for further developments in joint commissioning.

We find partners have made significant progress in addressing this recommendation.

#### **Area for improvement 4**

##### **Urgently address the critical shortage of health visitors.**

When we carried out our full inspection there was a significant shortage of health visitors. This limited the opportunity to identify those children and families who might benefit from early and effective intervention.

At the time of our return visit, the health visiting team was almost at full establishment with the last vacant post about to be filled. Health visiting teams were well supported by a team leader and included two community practice teachers. Health visitors had benefited from appropriate opportunities for learning from the child protection lead nurse and community practice teachers. They had also received single and multi-agency training which had enhanced their practice. Phased implementation of the health visiting universal pathway was now realistically planned for the end of the year and would build on the existing 27-30 month reviews.

The increase in health visitors was having a very positive impact on partnership working. Health visitors were now able to fully participate in planning for individual children. They were key members of teams around the child and were full contributors to planning for children, particularly around transitions to nursery or school. They were effectively identifying young children with emerging needs at an early stage. For example, they were now able to take part in early years teams and were enabling earlier intervention for young children with autism. The successful implementation of the 27-30 month review had resulted in an increase in referrals from health visitors for children with speech delay, which had ensured early access to nursery when this was needed. Health visitors were now able to fulfil their responsibilities as named persons. They convened teams around the child that were well attended by other agencies. Health visitors chaired the meetings, prepared children's plans and regularly reviewed them.

We find that partners have fully addressed this recommendation.

## **Area for improvement 5**

### **Address the current barriers to effective partnership working at a strategic level.**

Our inspection in 2016 found that despite good working relationships across services on the ground there was less evidence of similarly effective partnership working between strategic leaders.

During this progress review, we found that the chief officers and senior managers across the partnership were taking a more collaborative and strategic approach to service improvement. There was a clear determination to drive service improvement and deliver better outcomes for children, young people and families. The chief officers' group (COG) was working more effectively by asking for and scrutinising relevant data, thoroughly exploring its meaning and using it to inform priorities. The COG held the independent chairs of the child protection committee and the adult protection committee to account, expecting they attend and report back to COG meetings. The COG was now playing an active part in identifying emerging and potential risks to the safety and wellbeing of children and young people and ensuring actions were taken to minimise harm. Consistent attendance of COG members remained a challenge, as was attendance of some members of the child protection committee. While positive action had been taken to address barriers to attendance, given the role and function of these groups, sustained commitment to this is essential.

Chief officers had successfully adopted an empowering approach in delegating responsibility and autonomy to senior managers. Successful efforts to recruit across the partnership at strategic and operational level had resulted in the majority of posts being filled on a permanent basis. This created welcomed capacity at senior manager level, which supported a more strategic approach to planning, delivery and improvement of services.

Consequently, design of earlier interventions that were more collaborative, flexible and creative had been put in place to support families in good time, which was reducing demand for targeted and specialist services.

There was evidence of leaders fostering a culture of collaborative working at all levels within the organisations. Senior officers had provided strategic leadership in key areas identified within the inspection report and now had in place corporate parenting plans, a strategic needs assessment and an up-to-date children's services plan. Staff had a clear sense of the shared vision and direction of travel for children and young people's services. Promoting confidence and competence within the workforce had helped build a more resilient workforce committed to improving outcomes for children and young people. We met motivated and enthusiastic staff who were confident in exercising their initiative, taking responsibility and in adopting lead roles.



A good start had been made to completing self-evaluation work jointly across the partnership. This had promoted more effective professional dialogue. Although there were clear benefits in having an external perspective in self-evaluation, this work would now benefit from being directed by staff employed by the partnership. As partners continue to develop their own sustainable approach to continuous improvement and it becomes more embedded and owned by staff this should lead naturally to a cycle of self-evaluation activity. Establishing the culture of self-evaluation has most value when it is understood to be part of everyone's day job and not seen as a separate, one off event.

We find that partners have made considerable progress in addressing this recommendation.

### 3. Corporate parenting

Although not one of the five areas for improvement noted in the inspection report, partners asked us to review their progress in developing corporate parenting in Eilean Siar. We were very pleased that partners sought this opportunity for external validation of their considerable work in developing corporate parenting.

During our inspection in 2016, we noted that there was not yet a corporate parenting strategy in place and that this had limited the development of the role and function of the corporate parent. We found that a shared understanding of the particular role of the corporate parent was limited among stakeholders at that time.

Partners had worked hard at raising awareness of the role and function of corporate parents across services. More importantly, they had also listened closely, through a variety of means, to what care experienced children and young people said about what it felt like to be looked after in Eilean Siar. Increasingly, corporate parenting was being driven by care experienced young people themselves and this had been successful in shaping what corporate parenting meant in Eilean Siar. The role of Who Cares? Scotland had been instrumental in raising awareness of corporate parenting. Priorities for action were agreed at a well-attended event that was organised and facilitated by previously looked after young people supported by Who Cares? Scotland.

An Outer Hebrides corporate parenting plan was still an ambition and at the moment all the organisations have their own plans. The Outer Hebrides Community Planning Partnership will merge the corporate parenting plans from all the agencies into one action framework and, appropriately, the Children and Young People's Planning Partnership will monitor progress.

Better tracking of looked after young people had made it easier to monitor progress and take immediate action when things were not going well. Educational attainment, attendance and exclusion were carefully monitored and this had led to important dialogue between partners about raising aspirations among themselves as corporate parents. Schools were looking closely at wider achievements for looked after children and young people. The health needs of looked after children were being addressed promptly as a result of improved communication and additional capacity. Health improvement staff provided important input on maintaining a safe and healthy lifestyle to looked after children. The Scottish Children's Reporter Administration had significantly improved the quality and appropriateness of their hearing rooms, influenced by young people who had experienced hearings.

Housing had emerged as a key issue for care leavers and partners had been successful in negotiating that initial temporary tenancies became permanent when a young person was ready to take this on. This prevented young people having to move again, when they had started to make community connections.

There were greatly improved positive destinations for care leavers. Effective work was being done around the Family Firm approach to corporate parenting where considerable effort had gone into bringing partners and the private sector on board to provide employment for this group of young people.

Overall, we find that corporate parenting had been significantly strengthened in Eilean Siar.

## 4. Conclusion

We found that partners had made considerable progress in addressing all five areas of improvement identified in the inspection report published in January 2016. We also found that corporate parenting had been thoroughly embraced and the voices of care experienced children and young people were increasingly influencing policy and practice. There was evidence of improved collaborative working at all levels across partner organisations. Staff were committed to working hard to make further improvements in their services and ensuring they enabled better outcomes for children, young people and families. We are satisfied with the action partners have taken to strengthen and improve services for children and young people.


As a result, we do not intend to conduct any further progress reviews in relation to this inspection. We look forward to continuing to provide support for further improvement through the designated link inspector.

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**Headquarters**  
Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY  
Tel: 01382 207100  
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

**Website: [www.careinspectorate.com](http://www.careinspectorate.com)**  
**Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)**  
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