



care
inspectorate

Report of a joint inspection of services for children and young people in need of care and protection in Argyll and Bute

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and HMICS

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Dear house, friends
I really like the house, I am living now. Because in that house. I feel warm and happy and full of laughter. When I first entered the house, I was very scared and started. When I walked in people and young people greeted me with joy.

In that house everyone helped me a lot. I have been in the house for over a year and I feel happy, safe, joy, warm, of love people. I am very thanks you full to everyone and friends has helped me in the past. Thank you so much.



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The cover picture for this report is the competition winning design drawn by a young person in Argyll and Bute

Argyll and Bute

Key facts



Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people in need of care and protection across Scotland. When we say 'children and young people' in this report, we mean young 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 differences community planning partnerships are making to:

- the lives of children and young people in need of care and protection
- the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities.

The inspections take account of the full range of work with children, young people in need of care and protection and their 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 Argyll and Bute council, NHS Highland, Police Scotland and 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 people who work in the voluntary sector. Where we make a comment that refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15% up to 49%; 'the majority' means 50% up to 74%; 'most' means 75% up to 89%; and 'almost all' means 90% or more.

Our five inspection questions

These inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

Our quality improvement framework

In August 2018, the Care Inspectorate published a quality framework for children and young people in need of care and protection that was developed in partnership with stakeholders. It aims to support community planning partnerships to review and evaluate their own work. Inspection teams use this same framework to reach evaluations of the quality and effectiveness of services provided by partnerships.

Inspectors collect and review evidence in relation to all 17 quality indicators in the framework and use this understanding to answer the five inspection questions above. In addition to answering the inspection questions, we use a six-point scale (see appendix 2) to provide a formal evaluation of three quality indicators that concern the impact of partners' work on the lives of children, young people and their families, and the outcomes partners are achieving. These are:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people
- 2.1 - Impact on children and young people
- 2.2 - Impact on families.

We also provide an overall evaluation for leadership, which comprises a suite of four quality indicators (9.1 to 9.4 inclusive). We do this because we recognise the importance of effective leadership in ensuring children, young people and families experience consistently high quality services that meet their needs and improve outcomes.

Our inspection teams

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland.

Teams include young inspection volunteers, who are young people with direct experience of care or 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.

How we conducted this inspection

The joint inspection of services for children and young people in the Argyll and Bute community planning partnership area took place between 10 September and 26 October 2018. It covered the range of partners in the area that have a role in providing services for children, young people and families.

- We met with 164 children and young people and 73 parents and carers in order to hear from them about their experiences of services.
- We offered children and young people, parents, and carers the opportunity to complete a survey about their views of services and received 47 responses.
- We reviewed a wide range of documents and joint self evaluation materials provided by the partnership.

- We spoke to staff with leadership and management responsibilities.
- We carried out a staff survey.
- We talked to large numbers of staff who work directly with children, young people and families.
- We observed practice sessions and meetings.
- We reviewed practice through reading records held by services for a sample of 89 of the most vulnerable children and young people.

We are very grateful to everyone who talked to us as part of this inspection.

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 in need of care and protection.

Summary – strengths and priority areas for improvement

Strengths

1. The wellbeing of children in need of care and protection was improving, with most children and young people enjoying positive and caring relationships with staff and carers.
2. Children and young people were respected and listened to at both operational and strategic levels, reflecting positive attitudes and significant investment on the part of community planning partners.
3. Other than one important area of practice (see priority areas for improvement listed below) we found that overall, processes for recognising and responding to children and young people in need of protection were well established.
4. Children and young people in need of care and protection benefitted from well managed, independently chaired reviews. Review meetings were providing quality assurance and accountability, adding to the prospect of better outcomes.

Priority areas for improvement

1. Risk assessments were not always being carried out where necessary. Similarly, risk management plans were missing from a small but significant proportion of the case files we read.
2. Access to some specialist services was not consistent, particularly for children, young people and families residing in the more isolated areas of Argyll and Bute.
3. Although there were pockets of strong performance management, an inconsistent approach to the use of trend data and a lack of reliable data measures and outcome-based reporting meant that the partnership was unable to demonstrate sustained improvement over time in key areas.
4. The partnership needed to strengthen and develop its approach to strategic commissioning in order to help decide how to allocate resources to get the best, most effective services for children and young people in need of care and protection.

Argyll and Bute in context

Geography and demography

Argyll and Bute is the second largest local authority by area in Scotland, with a population of 88,186¹. It has the third lowest population density. A long-term decline in population and a growing proportion of older people living in Argyll and Bute present significant challenges to the community planning partnership.

The landscape includes lochs, peninsulas and 23 inhabited islands. The physical geography of the area adds significantly to the journey times between towns and villages. This makes the transport network, made up of road links, bus and ferry services, vulnerable to disruption - particularly in the winter months. According to the Scottish Index of Multiple Deprivation², approximately 42% of Argyll and Bute data zones are within the 15% most access deprived³ in Scotland.

Social and economic

In terms of poverty, 10 of the 125 data zones within the council area are amongst the 15 per cent most deprived data zones in Scotland. While all ten of these data zones are located in Argyll and Bute's urban areas, there are also pockets of rural poverty evident, hidden throughout more affluent rural areas, but not reflected in these figures.

The partnership

NHS Highland and Argyll and Bute council established an integrated joint board for the delivery of health and social care in 2015. This had responsibility for all health services, along with adult, and children and families social work services. Education and housing services were delivered by the council. Other members of the community planning partnership included Police Scotland, the Scottish Children's Reporter Administration, the Scottish Fire and Rescue Service and the third sector.

A corporate parenting board had been established to provide leadership and direction to the corporate parents of Argyll and Bute to improve outcomes and maximise life opportunities for looked after and care experienced children and young people. The child protection committee was independently chaired and brought together all the organisations involved in protecting children in the area. The committee came under the active scrutiny of the chief officers' group for public protection. The strategic group Argyll and Bute's Children provided strategic overview of services for children in the community planning partnership. This group oversaw the implementation and review of the children and young people's services plan.

¹ Estimate based on the 2011 census, taken from the Children and Young People's Services Plan 2017-20.

² <http://simd.scot/2016/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/>

³ Geographical access is one of seven measures of multiple deprivation. Others are: income, employment, education, housing, health and crime.

Table 1: Children in need of care and protection: key strategic groups and plans in Argyll and Bute.

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Groups	Strategic plans
<ul style="list-style-type: none"> • Chief officers' group for public protection • Argyll and Bute's Children - strategic group • Corporate parenting board • Child protection committee 	<ul style="list-style-type: none"> • Children and young people's services plan 2017-20 • Corporate parenting plan 2018-21 • Child protection committee annual report 2016/17 and business improvement plan 2017/18

The five inspection questions

1. How good is the partnership at recognising and responding when children and young people need protection?

Key messages

1. There were well-established professional relationships across disciplines and these contributed to the ability of staff to discuss initial concerns and thresholds for risk.
2. The approach and use of **care assessment and reviewing officers (CARO), Getting it Right for Every Child (GIRFEC)** advisors and child protection officers was an effective method of providing operational support, advice and guidance that enhanced both the confidence and ability of staff to respond effectively to child protection concerns.
3. Pre-birth planning processes were strong and effective in enabling the early identification and response to child protection and wellbeing concerns.
4. There was a need for improved recording of decision-making, supervision and quality assurance in order to facilitate communication, provide clearer governance and lines of accountability, and achieve better, safer outcomes for children and young people.

Initial response

Responding to initial concerns about the safety of children was a strength. In particular, initial referral tripartite discussions (IRTDs) between police, health and social work staff were being used for multi-agency decision-making about child protection investigations. This process was outlined in child protection procedures and was routinely carried out. There was evidence of regular monitoring of IRTDs, overseen by the child protection committee. An example of this was how a variance in IRTD meetings, identified in one of the localities using the performance management system, had been followed up and acted upon, evidencing effective scrutiny and leading to significant improvement.

We read case files during the inspection and found a need for improved recording of the IRTD decision-making process, as this was not always evident in the multi-agency case files we read. Similarly, we found that decisions taken during staff supervision and the quality assurance provided through supervision was not always well recorded in case files. Improvement here would provide clearer evidence of appropriate accountability and governance.

The partnership had suitable arrangements in place for visually recorded joint investigative interviews, with some adapted facilities and the use of mobile units.

There were also suitable arrangements for forensic medical examinations of children and young people when required. These arrangements necessitated travel to Glasgow, with no evidence to suggest that this had a negative impact on children and young people.

Recognition of risk

There were well-established professional relationships across disciplines that meant staff were able to discuss initial concerns and thresholds of risk. We found that the overall recognition of child protection concerns was a key strength.

In particular, pre-birth processes were robust and conducive to early identification of vulnerable mothers in pregnancy and there were clear pathways for escalation to child protection processes if necessary. We found that the pre-birth protocols not only led to the early identification of child protection concerns, but also supported the assessment, planning and provision of ongoing support to children and families. Similarly, the principles of Getting it Right for Every Child were embedded and understood by practitioners across agencies. This also supported the early identification of children and young people in need of protection and therefore had a positive impact.

In terms of the identification of patterns of concern over time, we recognised that the partnership had been carrying out improvement activity in relation to the use of multi-agency chronologies. While we evaluated the majority of chronologies we read as good or better, there remained room for further progress in the consistency, quality and application of chronologies to identify patterns of cumulative concern.

Risk management

Close partnership working was helping to overcome some of the geographical challenges staff faced for example, in responding to some of the more remote island communities. This ensured that in general, immediate child protection risks were managed quickly and effectively. Moreover, where a referral progressed to investigation and an initial child protection case conference, we found that the involvement of the care assessment and reviewing officer, responsible for chairing child protection meetings, generally resulted in effective, timely management of need and risk, and led to joint and informed decision-making.

Through our case file analysis we found that assessing and managing needs was being done better than assessing and managing risk. We noted that there had been training on the National Risk Assessment Framework⁴ and the Working with Neglect: Practice Toolkit⁵. Work had also recently been done to develop and implement a young persons' support and protection protocol⁶. The partnership had identified as a priority improvement in practitioner awareness and confidence in using the protocol. They had also identified as a priority improvement in the quality and effectiveness of risk assessment and management processes. Child sexual exploitation (CSE) protocols were more established and some staff told us about the high-quality CSE training they had received. This gave us confidence that the plans to prioritise the young persons' support and protection protocol would be effective.

⁴ <https://hub.careinspectorate.com/media/109497/sg-national-risk-framework-to-support-assessment.pdf>

⁵ https://www.argyll-bute.gov.uk/sites/default/files/neglect_toolkit_2014_.pdf

⁶ <https://www.argyll-bute.gov.uk/publications-practice-and-guidance>

Information sharing

Despite the recent **General Data Protection Regulation (GDPR)** changes and the Supreme Court judgement in July 2016⁷, we found that staff were confident about sharing information and discussing concerns when children and young people might be in need of protection. The overall quality of initial responses to child protection and wellbeing concerns that we analysed in the sample of case records echoed this view, with three-quarters of responses evaluated as good or better and almost all as adequate or better. The child protection committee had plans to provide additional guidance and this was likely to further enhance staff's understanding of their responsibilities under GDPR.

With regard to children exposed to domestic abuse and those involved in offending, the **Early and Effective Intervention (EEI) and Whole System Approach** had been running in Argyll and Bute for a number of years. This well-established approach to early and effective intervention screened concerns about children affected by domestic violence and young people who were committing offences. A review by partner agencies that was intended to refine processes, improve decision making and enhance performance data had been delayed in response to changes in information sharing guidance. It was scheduled to report to the November 2018 child protection committee. However, the committee had received periodic reports on the work of the EEI group and the close attention to this activity, coupled with the results of our reading of case records, provided evidence of effective practice in this area.

Use of legal measures

Staff and leaders were confident in the appropriate use of emergency legal measures. Our case file audit confirmed this, with a good response to situations of immediate risk noted in most cases. In terms of immediate response to secure a child's safety, we found clear understanding and use of processes, and a pragmatic, solution-focused approach to the challenge of the area's rurality. We also found a degree of flexibility that helped joint working but also took account of single-agency responsibilities.

Engagement with children, young people and families

The involvement of children, young people and families at all stages in child protection processes was generally embedded in practice. Children, young people and their parents told us that they were encouraged to contribute. We found that in the majority of case files we read, the views of children, young people and families were included and recorded. The involvement of a care assessment and reviewing officer resulted in meaningful involvement of children, young people and parents in child protection processes. Having an independent chair who met directly with families before significant meetings and explained the process meant that families were better prepared and equipped to contribute meaningfully.

Children 1st offered independent advocacy to all children on the child protection register over the age of five years. The partnership had evaluated this provision, revealing a positive impact overall.

⁷ A ruling that required the Scottish Government to amend the information sharing provisions in Part 4 of the Children and Young People (Scotland) Act 2014.

Staff confidence and competence in protecting children

Most staff were confident in their role in protecting children and this was borne out by survey responses and discussion with us during inspection. Staff had good access to training opportunities and both basic and specialist training was available. Despite challenges in the geography of Argyll and Bute, staff were able to attend relevant training provided by the child protection committee, as well as external training. We heard how areas worked creatively to ensure staff based in more remote areas received appropriate training. We also heard about how technology had enhanced this for example, through online learning.

Local multi-agency practitioner forums were also positive examples of how training needs, professional relationships and support were being developed locally. When working well, this benefitted staff confidence and competence, which extended throughout practice, including child protection work. However, practitioner forums were at different levels of development across the partnership, stronger in some localities than others. Partners were still to build on the experience of the more successful practitioner forums so that learning and opportunities to share good practice more routinely among partners were enhanced.

Staff had good support from colleagues and managers both within and outwith their own agencies. In particular, having GIRFEC advisors and child protection officers available within education and health services meant that staff could get advice, support and guidance to help recognise and respond to child protection concerns.

2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?

Key messages

1. Children and young people benefitted from trusting relationships, and they were confident that their views were heard and they felt listened to.
2. Targeted support was helping vulnerable young people stay healthy and recover from their experiences, but this was not always readily available. This was particularly so with services aimed at addressing the mental health and emotional wellbeing of children and young people in need of care and protection.
3. Well managed, independently chaired reviews had contributed to improved quality assurance and the participation of children and young people, which in turn had benefitted their wellbeing.
4. Across the services, support and supervision were available to staff on a regular basis. This provided staff with an opportunity to reflect upon, evaluate and improve their practice.

5. In a small but significant number of case records, there was no risk assessment recorded. Furthermore, the quality of risk assessments we read in case records needed to be improved.

Assessment and planning to reduce risk and meet needs

In the majority of case records we reviewed, the quality of assessments and plans were evaluated as good or better. In most cases, these assessments and plans were informed by chronologies. The majority of chronologies were suitable for helping staff identify significant events or a pattern or accumulation of concerns that could adversely affect a child or young person's life.

As referred to under the first inspection question, assessment and planning in response to need was more consistent than assessment and planning to reduce risk. Although the majority of risk assessments were evaluated as good or better, 10% of files did not contain a risk assessment that was fit for purpose. Similarly, while the quality of plans that set out to manage risk was good or better in the majority of cases, a risk management plan was missing from 17% of the files we read. Partners had already recognised that consistency in the quality of assessments, plans and chronologies was an area for further improvement and had taken action to support developments in this important area of practice. The care assessment and reviewing team and adoption and fostering panel were already providing feedback on the quality of reports received and the child protection committee was driving forward improvements.

Use of legal measures

Appropriate application of legal measures, including emergency orders, and decisions when to refer children and young people for consideration of compulsory measures, was apparent from our file reading. This was reinforced by discussion with frontline staff, and children's reporter and children's panel members. In addition, timescales for children and young people waiting for permanent substitute family placement were improving as a result of more efficient planning processes.

Positive change and sustained improvement

Where available, targeted support helped vulnerable children and young people stay healthy and recover from their experience. In particular, support from universal services was often tailored to meet individual needs of children, young people and their families. Across agencies, staff were committed to using a variety of existing and bespoke services to build relationships with parents, carers and families who did not accept help easily. In early years provision for example, play-and-stay sessions encouraged whole families to attend local provision and supported increased confidence and resilience, including the most vulnerable families. Many families benefited from parenting programmes that supported enhanced parent and child relationships and parental confidence. Technology such as the attend-anywhere approach was used to support connections with families in the most rural communities.

These were helpful developments, underpinned by a parenting strategy and we found other examples of good practice outwith the scope of this inspection, including the work partners had undertaken in supporting and assimilating refugee and asylum seeking families into one particular community.

Taking all this into account, we nevertheless considered that more could be done to increase availability and uptake of parenting programmes, in particular, for parents of children who had experienced abuse and neglect. The impact and outcomes of these programmes on families should also be evaluated. In addition, opportunities to provide creative and innovative ways to engage with and support fathers would have strengthened parenting support.

Flexible and creative approaches within universal services helped mitigate the impact of adverse experiences on vulnerable children and young people. Early learning and childcare provision and community childminders were helping young children prepare for school. Vulnerable two-year-olds were benefiting from discretionary, easily accessible provision. Additional help was provided by teachers and support staff in schools to help promote improvements in wellbeing. For example, young people told us the inclusive 'whole school promise' made by Dunoon grammar school, provided them with a range of supports tailored to their individual needs. This was having a positive impact on confidence, self-esteem and academic success. The most vulnerable children benefited from consistent care and routine provided through nurture provision in schools. Partners were working towards full implementation of their nurture strategy to ensure that all children and young people who required it could benefit fully from this approach. Across Argyll and Bute, youth services and voluntary organisations such as the Mid Argyll youth development service were successfully diverting young people away from risk-taking behaviours.

In relation to more specialist or targeted services, the picture was mixed. Where these services were available, they were effective and children, young people and their families clearly benefited from them. In addition to providing refuge and support to women affected by domestic abuse, Argyll and Bute Women's Aid employed locally-based children's support workers who routinely provided support and therapeutic interventions for children affected by domestic abuse. Other interventions from services such as the alternative to care team and Cool2talk helped some children and young people communicate and address their experiences. However, help to recover from abuse, neglect and trauma was not consistently available and not all children and young people benefited from the right therapeutic support at the right time.

We were confident that the partnership had processes in place to manage immediate risk of harm to children from abuse and neglect out of hours. The availability of non-emergency services out of hours was limited, due to a vacancy in the alternative to care team, a lack of third sector alternatives and limited crisis support for emotional wellbeing and mental health of children and young people, particularly in the more isolated areas of Argyll and Bute.

Some children and young people were having their mental health needs met through involvement from child and adolescent mental health service (CAMHS), the involvement of school nurses with additional mental health training and primary mental health workers. However, the provision of mental health support was variable and not all children and young people were receiving the help they needed to improve their mental health at the right time. It was too early to see the full impact of recent investment and action taken by partners to make improvements in this area.

Trusting relationships with key professionals

Our file reading indicated that most children and young people experienced improved wellbeing because of the help they received. They benefitted from positive, supportive and caring relationships with staff. A strong indication of this was staff effectiveness in involving children and young people in assessment, planning and review. We evaluated this as good or better in three-quarters of case records we read. Almost all children and young people were having regular contact with key staff. Across services, staff understood the importance of taking time to get to know children and young people. Children and young people we met told us they had trusted adults they could talk to and that their worker wanted the best for them and treated them with respect. Our survey of their views underlined this, with most respondents expressing the view that their worker was there when needed, and nearly all feeling that they had been treated with respect.

Engagement with children, young people and families

Children and young people had their views respected within key child protection processes and most children and young people were confident their views were listened to and understood by the teams of staff working with them. The care assessment and reviewing officers helped to ensure children and young people understood why services were involved with their family and made sure they were offered support to contribute to decision making and planning. Advocacy services were widely available to all children over the age of five on the child protection register and these were helpfully supporting children and young people to express their views.

Parenting assessment and support

The partnership had successfully encouraged and enabled staff to involve children, young people and families in their assessment, planning and review processes. As a result, families felt listened to and respected and were able to build trust and confidence with services that met their needs.

Staff worked hard to develop and build relationships with parents, carers and families who did not accept help easily. Parents, carers and families were encouraged and supported to give their views on services. This helped them to influence and shape services that were intended to build their own capability and capacity.

For vulnerable parents expecting the birth of a child, the pre-birth pathway identified those needing support at the earliest stage. This meant that parents were supported by appropriate early years services, a range of parenting programmes and wider specialist services. These built confidence in parents and carers, while ensuring those parents and carers most in need of the service were identified and supported.

Through self-evaluation, the partnership continued to identify gaps in provision, such as work with fathers, and to build upon improvements in this area. They were also looking to enhance evidence of outcomes, by improving their performance management.

We saw creative and flexible solutions employed to address the challenges of delivering equity of provision across a large rural area with dispersed communities. Clearly, given the geographical

challenges presented by the area, equality of access to services could not be assured. Such approaches included flexible delivery of parenting programmes, and a community childminding service free of charge to children living in chaotic circumstances at risk of experiencing abuse or neglect.

Collaborative working

Partnership working was a key strength in the area and there were good examples of where an open, honest culture had enabled and supported appropriate challenge among practitioners. This helped staff address issues of thresholds and agree when to reduce interventions with families. Staff were clear about their role and remit and a well embedded approach to GIRFEC provided the shared language and understanding of processes that enabled them to work together to support vulnerable children and families.

Staff supervision

Frontline staff were confident to challenge thinking and be creative about solutions to meet the needs of children, young people and their families. Staff told us how high-quality supervision enabled them to reflect on their practice and develop their knowledge and skills. The advice, guidance and support provided by the GIRFEC advisors and child protection officers reinforced this, by supporting reflective practice and shared decision making. We considered that the recording of supervision could improve to ensure that decision making was clear and accountability enhanced.

3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

Key messages

1. There was a positive, coherent and committed approach to corporate parenting being implemented by partners across Argyll and Bute.
2. Many care experienced children and young people experienced improved wellbeing that was supported by trusting relationships, strengthened universal services and individually planned measures of support.
3. The recent decision to regard children with disabilities in receipt of short breaks as looked after had introduced more robust review arrangements. This improvement in planning and quality assurance promised better outcomes for this group of children and young people.
4. Partners were not using performance measures to full effect in ways that highlighted trends, identified different groups and supported improvements in the wellbeing of care experienced children and young people.
5. The influence of care experienced children, young people and families needed to be strengthened at a strategic level.

Assessment of need and risk

There was widespread collaboration at all levels in meeting the needs of looked after children and young people. For staff across services, partnership working was providing creative and flexible solutions to meeting need where more specialist resources were not available. There was a culture of mutual support and challenge among practitioners, and GIRFEC provided shared terminology, processes and procedures that helped identify need and focus on improving outcomes. Once again, the involvement of the care assessment and reviewing officers (CARO) enhanced quality assurance of assessment, planning and reviewing processes, ensuring that parents and carers were better equipped to participate meaningfully. The continued development of the CARO service promised further improvement as their remit expanded into other areas – notably children with disabilities in receipt of regular short breaks.

Care planning and review

The conduct of formal reviews of looked after children and young people was an important strength. The quality of reviews we looked at was evaluated as good or better in almost three-quarters of the cases we read, and there had been an appropriate level of partnership working and collaboration in nine out of ten instances. This meant that, in general, all relevant staff across services, including those who work with adults in the family or the child's network, were involved in reviews. The child, young person and parent or carer were also involved in the process and progress was being made, in keeping with agreed timescales, appropriate to the individual child or young person.

In addition, when we looked at the quality of reviews held in relation to the different groups of looked after children and young people (looked after at home, looked after in foster care and so on), there were no significant differences. We considered this to be further evidence of strong performance in carrying out this important key process, reflecting the contribution of the CAROs and other colleagues.

Improvements in wellbeing

Most of those responding to our staff survey believed that their service did everything possible to improve the wellbeing and life chances of children and young people. In our review of case records, we saw at least some degree of improvement evident in the child's or young person's wellbeing in most cases.

The partnership was making progress towards being able to provide segmented data that would identify trends over time and allow for comparisons between looked after children and young people in different care settings. However, this was not yet available at the time of the inspection.

Looked after children and young people were being equipped to develop emotional resilience through a range of supports within universal services. These included: nurture provision; support from educational psychologists; drama programmes; enhanced school nursing approaches; a dedicated therapeutic social worker in one area; support from children's workers through third sector partners; and online services such as Cool2talk. Effective planning was supporting vulnerable children in the most isolated communities. Regulated care services for children and young people in Argyll and

Bute had consistently performed well in care service inspections, with inspectors recognising positive outcomes achieved for children and young people through the efforts of caring and trusted staff.

Timescales for children and young people waiting for permanent substitute family placements were improving as a result of more efficient planning processes. The partnership had worked closely with the Centre for Excellence for Looked After Children in Scotland (CELSIS) over the previous year, taking on the Permanence and Care Excellence (PACE) programme. New procedures and an improvement plan had resulted in eight permanent foster placements and 14 adoption applications approved in the previous 12-month period. For those children and young people who had experienced significant delays in permanency planning up to this point, this was a positive, highly significant development, with the previous waiting list effectively cleared. Through the ongoing PACE programme, the partnership was intent on further improvements in efficiency and timescales.

Education services in Argyll and Bute demonstrated awareness of the particular challenges facing children and young people who were looked after. The partnership was able to demonstrate increased levels of attainment for looked after children and young people. Partners recognised the need to reduce the gap in attainment levels between looked after children and young people and the general population.

Exclusions for looked after children and young people were higher than those for their non care experienced peers. While there had been no exclusions of looked after children in primary schools in the previous year, exclusions had increased in the whole school population between 2016/17 and 2017/18.

Figures indicated that 88% of children and young people with accepted referrals obtained access to child and adolescent mental health services (CAMHS) in Argyll and Bute within the 18-week national target. This compared well with performance across Scotland. However, as mentioned earlier, the provision of mental health and wellbeing support was variable. As a result, not all looked after children and young people received the help they needed to improve their mental health and wellbeing at the right time.

A recent review of CAMHS had improved capacity, accessibility, and consistency of service delivery and helped ensure that services were targeted at those young people presenting with the highest level of risk. Funding had been increased to improve the capacity of the team, with three new CAMHS practitioners starting work during the inspection period. To gain a better understanding and address the barriers to accessing CAMHS, the team had begun work with the mental health access improvement support team, with a view to reducing waiting times further. CAMHS psychologists continued to support practitioners to understand and respond to more complex needs through the increasing use of professional formulation meetings. This approach has been particularly effective in children's houses.

Gaps existed in services that provided a crisis response to children and young people experiencing mental health difficulties, suicidal thoughts or who self-harmed. Responses were sometimes limited to hospital accident and emergency presentations, rather than community-based services. Again, while these gaps had a potential impact on all children and young people in Argyll and Bute, they posed a particular risk to the looked after population.

Health staff continued to develop health assessments for looked after children, taking account of wellbeing as a whole. This ensured that children and young people's wider health needs, including emotional and mental health, were being taken into account, in line with national guidance. Health staff had developed an additional step to include an initial health assessment at the 72-hour review stage, which was potentially helpful in supporting children and young people with additional or complex needs at an earlier stage.

Improvements in parenting

There were many examples of positive work delivered flexibly to parents and carers as a means of strengthening the support that they in turn provided to their children. As a result of support provided, young children benefitted from an increase in their parent's confidence and enhanced social and recreational activities provided by community childminders. Parents and carers, and children and young people, also benefitted from validated parenting programmes. These included the Psychology of Parenting Project and Incredible Years, as well as less formal methods such as supporting parents in practical tasks, befriending or literacy and numeracy support. Many of these programmes were delivered through universal provision, helping avoid any perceived stigma on the part of children and families. At the same time, this made it very challenging for the partnership to demonstrate the impact that these programmes were having on the most vulnerable children, young people and their families.

Involving children, young people and families in decision making was a strength overall, with the quality of staff effectiveness in involving parents, families and carers in key processes evaluated as good or better in four out of five cases. Despite clear and robust processes in place for engagement with parents and carers, not everyone who responded to our survey experienced contact with services in a positive way. A number of parents and carers told us they did not have positive, two-way relationships with staff, were not always asked for their views and did not always feel involved in key processes. From our file reading, 30% of case records provided evidence that an offer of independent advocacy to parents or carers had been made. Some staff recognised that, while taking on board the views of parents or carers, this might not be how it always felt and they recognised the need for better communication.

Consistent relationships with trusted adults

Care experienced children and young people were benefitting from strong, trusting and reliable relationships with staff. Children and young people told us through our survey and in face-to-face meetings that they were listened to by staff. Staff could easily describe how they enabled children and young people to have their voices heard. Parents and carers told us that these relationships also benefitted them.

Participation was embedded in staff's daily activities and staff put children and young people at the centre of their practice, drawing upon the Getting it Right for Every Child (GIRFEC) approach. Overall, advocacy services had a positive impact. A service level agreement with Who Cares? Scotland provided independent advocacy for looked after and accommodated children. Advocates helped children and families ensure that their views were fully understood at key stages – assessment, planning and

review. From our review of case records and face-to-face meetings with children and young people, indications were that children on the child protection register and those in foster care were most likely to have been offered some form of advocacy. The partnership stated that, while case records might not always reflect this, all children aged five and over whose names were on the child protection register were offered advocacy. While there was some uncertainty as to whether advocacy had been offered in every case where a child or young person was looked after and accommodated, Who Cares Scotland had reported a significant increase in young people accessing advocacy services, with 39 young people accessing advocacy on 113 occasions in 2018.

In a small number of instances, we heard from children and young people and parents and carers that staff turnover, particularly among social work staff, had impacted on their ability to build and sustain trusting relationships, although the extent of this was variable across the four localities.

Strategically, there was a clear commitment by leaders to seek the views of children, young people and their families. In collaboration with Who Cares? Scotland the corporate parenting board had been successful in securing funding from the Life Changes Trust to enable the development of the champions board and the appointment of a participation co-ordinator. Two care experienced participation assistants were also being recruited through the modern apprenticeship scheme. Following a programme of training delivered through the Life Changes Trust, Who Cares? Scotland and the participation officer were developing participation forums and working alongside children and young people to develop, support and empower them. This meant that increasingly, strategic leaders had access to the views of children, young people and their families to shape the strategic agenda.

Corporate parenting responsibilities

There was a strong sense of common understanding and purpose regarding corporate parenting among staff at all levels. The partnership had an agreed set of corporate parenting priorities. These included engagement and participation, health and wellbeing, attainment and achievement, housing and accommodation, and permanence and leadership.

Strategic arrangements were in place to support looked after children and young people to be included in the development of the corporate parenting agenda. However, some of these were at an early stage and their impact could not yet be fully detected. These included the champions' board and further work was required to support the corporate parenting board and its care experienced and looked after participants to have a genuine strategic influence.

Corporate parents had taken on additional responsibilities in line with legislation, following the decision to regard children with disabilities who received regular short breaks away from home as looked after. We noted that the health and social care partnership's children and families service had been undertaking a series of service reviews at the time of our inspection, supported and reporting through the project and programme boards. The needs of children and young people with disability had been agreed as a priority area for review with the next round beginning in winter 2018. It was anticipated that an overarching strategy for children and young people with disability would be an outcome of this review. It was important that the needs of this particular group of children and young people were included in this process.

4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?

Key messages

1. Care experienced young people told us that the support they had received, particularly from staff working in the through care and aftercare team, had helped them to achieve positive outcomes in relation to housing, employment and education.
2. The partnership was able to demonstrate that over 70% of care experienced young people aged 16 to 24 (130 in total) were in **positive destinations**.
3. The partnership had embraced the **Staying Put Scotland** agenda and **continuing care** legislation. These were contributing positively to the support that care experienced young people received, adding to their sense of stability and self-worth.
4. The structured approach to identifying routes for care experienced young people to education, employment and housing was not consistently applied to the health of care leavers, including their emotional wellbeing and mental health.
5. The corporate parenting strategy required greater momentum in particular areas. This included full implementation of the champions' board model, and further expansion of work experience and employment opportunities for care leavers, with all partners making a tangible contribution.

Young people experience a timely and seamless move from children's to adult services

Individual planning for young people was being achieved through pathway planning. While there was some evidence of mixed experiences of pathway plan reviews, most of the young people we met or who responded to the inspection survey reported positively on plans being in place, being involved in agreeing and reviewing these plans, and having their voice heard.

Local opportunities-for-all meetings hosted in school cluster areas were considering the potential routes for care experienced young people to positive destinations after leaving school. These meetings included staff from a number of agencies, including adult learning staff, and identified the support required from other organisations. Relationships with key agencies (employers, Argyll College UHI, Skills Development Scotland, Argyll and Bute council youth services) had delivered successful outcomes, achieving positive destinations for care experienced young people. In line with the key actions of the care leavers' covenant, locality throughcare and aftercare forums were involving staff from community justice social work and housing to consider the needs of individual care leavers and care experienced young people involved in the adult criminal justice system.

However, it is significant that these structured approaches to identifying routes for care experienced young people to education, employment and housing were not consistently applied to the health of care leavers, including their mental health and emotional wellbeing.

Support arrangements for children and young people with disabilities had recently been strengthened. They were subject to regular, formal independent review from the care assessment and reviewing officers (CARO). This also meant that this group of young people entering transition to adult services were now to be supported by an allocated staff member from the throughcare and aftercare team. While it was too early to know what the precise effect of these new arrangements had been for this group of children, young people and their families, the positive impact that the CARO and throughcare and aftercare teams had delivered in general sounded an optimistic note for the future.

Positive relationships with staff and carers

There was a commitment to relationship-based practice, consistent with the partnership's commitment to GIRFEC and endorsement of the care leavers' covenant. To enable young people to succeed in their transition to adulthood, partners considered the role of the throughcare and aftercare staff as key. Continuity of relationships for all looked after children from the age of 15 ½ onwards, including children with disabilities and those in contact with the criminal justice system, was a key aim. The offer of an allocated worker from the throughcare and aftercare team in order to support each care leaver was an important step in achieving this. Although there was no specific performance data to illustrate this, evidence from staff and young people demonstrated a strong commitment to this aim and a significant level of compliance.

Continuing care

The partnership had embraced the Staying Put Scotland agenda and continuing care legislation. Implementation was positively supporting care experienced young people and adding to their sense of stability and self-worth. At the time of our inspection, there were eight young people in continuing care placements with foster carers or kinship carers. Other young people we met were aware of their entitlement to continuing care.

The role of foster carers and residential services in delivering this commitment was key and this was understood and respected by the partnership. However, such provision did not come without its own set of challenges. In particular, there was an associated impact on the availability of care placements for other children and young people in both foster care and residential care. Nevertheless, these were positive developments for the young people enabled to remain in their care placements when they ceased to be looked after.

Steps towards living independently

We heard consistently from care experienced young people that the support they had received from the throughcare and aftercare team had helped them to achieve positive outcomes in relation to housing, employment and education. Staff from housing were also identified as providing good

support to those young people who were no longer living in care placements, receiving support in their own tenancies.

From the children and young people's inspection survey and accounts from the young people we met, some young people were receiving one-to-one support while others attended sessions delivered as part of a group looking at independent living options and related issues. These group sessions included the HELP project and a programme delivered by the council's youth services. Overall, young people were being offered a range of supports and were using this support where they felt they needed it, contributing to positive outcomes for most.

Corporate parenting

The Corporate parenting plan provided a coherent set of actions consistent with local, national and legislative contexts.

Building on the Family Firm initiative where corporate parents offer work experiences and employment opportunities to looked after and care experienced young people, partners had provided six summer internships and other work-based opportunities with local employers. There was scope for other partners, including NHS Highland and the health and social care partnership, to add to the opportunities that were being provided by others, particularly the council.

In order to address the resource implications of the Staying Put Scotland and continuing care initiatives, corporate parenting partners had set significant, ambitious targets over the following 12 months, such as the recruitment of more permanent foster carers and adopters.

There were other outstanding or underdeveloped initiatives that were affecting the performance of the partnership in meeting the ambitions of its corporate parenting plan. The core-and-cluster model was a potential resource for young people to have a more graduated transition from care. This offered a cluster of individual accommodation within ready reach of a core base (for example a children's house) that offered practical and emotional support. The development of a champions' board for care experienced young people had lost some momentum in recent months. In the absence of an effectively functioning champions' board model (and despite other laudable work done with regards to participation of care experienced young people) the aspiration for the meaningful involvement and influence of young people at a strategic level was still to be fully realised.

Positive destinations

As outlined above, care experienced school leavers were benefitting from the robust approach taken in planning the route from school to positive destination. From the most recent figures we discovered that over the last couple of years the overwhelming majority (86% in 2017 and 93% in 2018) of care experienced school leavers had entered positive destinations. The partnership also provided figures on all care experienced young people aged 16 to 24 (130 in total) to show that 71% were currently in positive destinations.

These were positive results. However, it was not possible to reflect on the journey young people had undergone to reach these destinations, neither was it possible to use this data to evaluate which approaches and provision were working best. Similarly, snapshot data on housing for care leavers was very positive but partners did not have all the information about how young people had arrived in appropriate accommodation and what they could learn from this. Partners recognised this and understood the need to track the experience of young people.

Supporting successful transition

Care experienced young people were well supported by the throughcare and aftercare team in considering the options available to them. There was also evidence of support by housing staff to sustain young people in their tenancies. In terms of housing priority, care experienced young people on the housing waiting list were allocated additional points in recognition of being previously looked after.

Young people leaving care generally enjoyed supportive relationships with trusted adults, and this clearly provided a level of emotional support. However, there was some concern about the availability of other mental health supports. Overall, we considered that the commitment to the care leavers' covenant has not been translated to cover improved access to adult mental health services. The support available for young people moving from child and adolescent mental health services (CAMHS) to similar services for adults was inconsistent. Mental health services were not always available in the event of a crisis to care experienced young people living in the community. As noted earlier, CAMHS services had been under review and it was too early to consider the impact of recent changes and to what extent these changes would improve support to care leavers and the services working with them.

Some social work teams working with care experienced young people benefitted from practitioner experience in mental health. Others, including residential childcare staff received regular planned consultations. We considered that the throughcare and aftercare team would benefit from access to CAMHS team consultation, similar to that available to residential childcare staff.

With regard to the housing of care leavers, the partnership reported 100% of care leavers in appropriate accommodation. However, some young people described unsafe or unsatisfactory temporary arrangements over the past couple of years. In particular, there were contrasting situations across the four localities in terms of available housing options. Because of this, some young people took up offers of housing away from the communities they had grown up in or become familiar with, sometimes placing them some distance from friends and family. In such a scenario, the availability and quality of housing support was key in addressing any emerging challenges and risks. This pointed strongly to a need for a more localised approach, both to data collection and local provision, including housing support and additional accommodation options.

5. How good is collaborative leadership?

Key messages

1. The vision, values and aims in relation to children and young people in need of care and protection were clearly stated and commonly held.
2. The partnership benefitted at all levels from a positive, enabling culture and a supportive working environment.
3. The partnership benefitted at all levels from a learning culture, in which staff had opportunities to jointly develop skills and learn from each other.
4. There was a need for a more strategic approach to how leaders communicated with staff – particularly those providing services for children in need of care and protection in the front line.
5. Work on developing a coherent commissioning strategy, in keeping with the partnership's vision for keeping children safe and meeting their corporate parenting responsibilities, needed to gather momentum.

Vision, values and aims

The partnership was working towards an agreed, shared vision for children in need of care and protection. Whilst some staff were not always able to articulate this, a set of strongly held, common values, helped to ensure that such uncertainty did not have an adverse impact on the quality of service. Leaders had established a culture of working together, a recognition of the importance and contribution of universal services and widespread evidence that Getting it Right for Every Child was fully embedded across the partnership.

Governance structures were becoming more streamlined and transparent. All partners demonstrated a strong commitment to corporate parenting, overseen at strategic level by the effective scrutiny and direction provided by the chief officers' group for public protection.

Partners were committed to seeking the views of children, young people and their families, and were able to demonstrate a range of efforts to engage with them and other stakeholders. However, the impact of this was sometimes unclear, although there were tangible plans to improve in this area, through initiatives such as the appointment of a participation co-ordinator and two care experienced participation assistants.

Reducing levels of inequality and child poverty were priorities for the partnership. Although equality of access to services could not be assured, given the geographical challenges presented by the area, there was scope for the partnership to look further at the way that resources were being managed and made available, making greater use, for example, of self-directed support.

Leadership of strategy and direction

Strategic leaders were working well together to collaborate, plan and direct service delivery for children and young people in need of care and protection. An open, collaborative culture pervaded across the partnership, with colleagues demonstrating a willingness to learn from each other. The commitment of the third sector partnership was also well in evidence, although there was scope to improve its alignment and involvement with strategic children's services planning. The partnership was facing the challenge of resourcing and sustaining services in a challenging financial climate. It was at an early stage in developing a coherent, joint approach to strategic commissioning, and as a result, was not sufficiently informed about future need and capacity. The partnership had developed an agreed set of strategic priorities through the children and young people's services plan. Work on this needed to continue, taking account of ongoing efforts to improve performance management (discussed below). In turn, these developments needed to be linked to the developing content of the strategic needs assessment, with the aim of being able to plan several years ahead, setting out patterns of service likely to be needed, as well as the required funding, staffing and potential partner providers.

There were a number of single- or multi-agency action plans and improvement plans in response to earlier partnership audits and inspections or statutory requirements. Some of these were ambitious and had led to tangible improvement for example, the self-evaluation by the chief officers' group for public protection in January 2018 and the audit led by the child protection committee of the pre-birth pathway in October 2017. However, others had not been routinely reviewed or updated and the original actions themselves were not SMART. This latter point was reflected in some parts of the children and young people's services plan 2017-20.

Overall, we found that the strategic oversight provided by the chief officers' group for public protection, child protection committee and locality executive groups provided effective lines of accountability. The chief officers' group had reformed as a response to the establishment of the health and social care partnership, and held responsibility for adult protection, MAPPA, alcohol and drugs partnership and violence against women as well as child protection. We found good single-agency governance for investigations and wider strategic and multi-agency governance, both leading to tangible improvement.

The development of a strategic risk register, which was recognised as an area for development by partners in the course of their own self-evaluation, would assist in monitoring the impact of such initiatives.

Leadership of people and partnerships

Senior leaders had encouraged a working culture in which partnership thrived, evident at all levels of the organisation. We found evidence of high levels of collaborative working, with staff feeling empowered and supported by managers to try out different ways of working. Leaders recognised the contribution and achievements that staff were making. We witnessed examples where such approaches were demonstrably effective, enabling innovative and bespoke responses to service delivery, which were particularly significant in more isolated communities. The opportunity to achieve

positive change was reinforced by the confidence that senior leaders exhibited in challenging each other in decision making, the use of resources and supporting progress.

Despite strategic leaders having contributed to this positive working culture, a significant number of staff felt there was a lack of effective communication with some senior leaders, demonstrated by a perceived low profile and limited accessibility. Some frontline staff expressed a lack of knowledge and understanding about the strategic direction the partnership, and the contribution that key groups such as the corporate parenting board, child protection committee and chief officers' group for public protection were making. However, any adverse impact here was offset by all staff having a common purpose and being unified by a shared GIRFEC approach in meeting the needs of children and young people.

Notwithstanding the challenges presented by such a large geographical area, the visibility and profile of strategic leaders, including the way that they communicated with staff, needed to be reconsidered as part of a strategic approach to communication with staff. The partnership needed to address this issue in order to be able to sustain the ambitious programme of work already begun and the associated pace of change required.

There was evidence of a positive learning culture in both mainstream and specialist work settings. This was established on the basis of trust between professionals, accompanied by a shared ethos and being open to debate and mutual constructive challenge. A majority of staff from different professional disciplines, including both public and third sector organisations, agreed that participation in regular multi-agency training and development opportunities had strengthened their contribution to joint working. Over three-quarters of staff who responded to our survey were satisfied that the training they received had contributed to an improvement in their knowledge, skills and confidence.

Practitioner forums and executive structures in localities provided a clear pathway for improvement work from audit, self-evaluation and external and interval reviews. However, not all forums were implemented consistently with some more maturely developed than others.

Leadership of improvement and change

The partnership had well placed confidence in its planning structures and used self-evaluation to help identify priority areas for improvement. It had a realistic understanding of its key strengths and areas for further improvement across children's services. A scoping exercise, mapping and collation of data, and consultation with young people had enabled partners to collectively identify the strategic priorities for the children and young people's services plan 2017-20. The child protection committee had a well-established approach to self-evaluation that combined reviewing performance and management information, a programme of routine audit activity and self-evaluation of emerging themes.

Leadership of improvement had been affected by a number of staffing changes at all levels in the partnership. Staff recruitment and retention across the partnership agencies remained a challenge and with relatively small numbers of staff, even low turnover could have a significant impact on the outcome of key initiatives. For example, the partnership recognised that some actions following self-

evaluation were not always followed through for this very reason. The whole partnership was very aware of these challenges and efforts were being made at community planning partnership level to attract and retain staff across all services.

In identifying areas for improvement, partners had responded to a diverse range of learning opportunities, internal scrutiny and external influences, including the annual care assessment and reviewing officer report, the local scrutiny plan and inspections carried out by scrutiny bodies. Areas such as child protection and participation of children and young people were well served by audit and self evaluation. However, planning around corporate parenting was not as well informed. There was scope for corporate parents to draw on activities such as self-evaluation, reviews, audits and inspections in order to understand how any changes implemented had contributed to better outcomes.

As stated throughout, there was effective partnership working at both operational and strategic levels. For example, 70% of staff responding to our survey reported feeling supported to be professionally curious. Senior leaders were confident in challenging each other, and we observed the involvement of a range of partners in both the governance structures for looked after children and child protection and also in the delivery of services.

Children's services planning processes included targets to be achieved that were complemented by a wide range of quality assurance and performance management measures. The partnership had recognised the importance of delivering continuous improvement and excellence that was based on analysis of data. Although we heard evidence of how children's and young people's outcomes were being improved, the performance data presented tended to be focused more on process, inputs and outputs. For example, many targets included in plans were measured by reporting organisational activity rather than the effectiveness of their actions. The partnership recognised this and had ambitions to achieve better collation, analysis and presentation of quantitative and qualitative data in order to demonstrate the difference that services were making to the lives of children and young people in need of care and protection.

Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership in Argyll and Bute has the capacity to continue to improve and to address the points for action highlighted in this report.

This is based on:

- services working well together, underpinned by a collaborative, learning culture
- staff united in a common purpose, underpinned by GIRFEC and a strong, shared commitment to improving outcomes
- positive leadership from chief officers, providing direction and scrutiny to services for children and young people in need of care and protection
- notable improvement in the partnership's joint approach to self-evaluation
- a willingness on the part of all partners to actively engage with children, young people and their families in order to share power, identify need and improve outcomes
- evidence of significant improvement in priority areas, including the wellbeing of care leavers and the recognition and immediate response to children and young people in need of care and protection despite challenges facing the partnership.

At the same time, the partnership faces notable challenges, including continuing financial constraint (in common with the rest of the country) and the need for consistency and stability at all levels. Increasing and sustaining the pace of change will be a significant challenge. Without doubting the commitment and hard work of staff and leaders, the future pattern of staff changes at all levels continues to hold some uncertainty.

What happens next?

We are asking the partnership for a joint action plan that clearly details how it will make improvements in the key areas identified by inspectors. Together with the other bodies taking part in this inspection, we will continue to offer support for improvement through our linking arrangements. We will also monitor progress in taking forward the partnership's joint action plan.

Appendix 1: Summary of evaluations

How good is our leadership?

Good

9. Leadership and direction

- Vision, values and aims
- Leadership of strategy and direction
- Leadership of people and partnerships
- Leadership of improvement and change

Rationale for the evaluation

In meeting the needs of children and young people in need of care and protection, there was collaboration and common purpose throughout the partnership. While some staff were not always able to articulate the partnership vision, a set of strongly held, common values helped to ensure that such uncertainty did not have an adverse impact on the quality of service. This was reinforced by widespread evidence that Getting it Right for Every Child was now fully embedded across the partnership as a common approach. All partners demonstrated a strong commitment to corporate parenting, and the chief officers' group for public protection provided effective scrutiny and direction at the strategic level.

Partners expressed a clear commitment to seeking the views of children, young people and their families, and were able to demonstrate a range of efforts to engage with children, young people, families and other stakeholders. Sometimes the impact of this participation, particularly that of children and young people, was unclear. Links with the third sector were also improving, raising the sector's profile at the strategic planning level.

Partners demonstrated commitment to public protection and corporate parenting with senior managers across the partnership working together. Strategic leaders were working well together to collaborate, plan and direct service delivery for children and young people in need of care and protection.

Partners modelled an effective approach to developing leadership in others by being self-aware and self-critical. They encouraged an open culture, where staff were able to appropriately challenge each other and seek guidance when required. There was evidence of a positive learning culture in both mainstream and specialist work settings. Most staff were satisfied that the training they received had contributed to an improvement in their knowledge, skills and confidence.

There was strong evidence of a culture of and commitment to collaborative working at all levels of the partnership. However, frontline staff's perceptions of working to the same purpose and agenda as senior colleagues needed to be strengthened through improvements in communication between chief officers and frontline staff.

The partnership used self-evaluation as an opportunity to demonstrate its capacity for change and to identify priority areas for improvement. This was more evident in relation to child protection and participation; less so in corporate parenting.

The partnership understood the importance of delivering continuous improvement and excellence that was based on an analysis of data. Leaders were driving forward the partnership's use of data and analysis to inform priorities and develop plans. It now needed to strengthen and develop its approach to strategic commissioning in order to help decide how to allocate resources to get the best, most effective services for children and young people in need of care and protection, both now and in the future.

How well do we meet the needs of stakeholders?

Good

2.2 Impact on families

Rationale for the evaluation

Families as a whole benefitted from positive working relationships with professionals, where staff commitment was a recognised strength that enhanced the strong, trusting relationships between staff and families. For a few vulnerable families, staff turnover was an issue in terms of building and sustaining working relationships.

There was a clear commitment at all levels of the partnership to engage with hard to reach communities, families and individuals. A range of approaches were in use, including improved use of digital technology to enhance services and create opportunities to participate in local communities.

There were clear processes throughout the partnership to engage and encourage parents, carers and families to express and record their views on services, supporting them to feel enabled to support their children and to provide them with the influence and ability to shape services.

For vulnerable parents expecting the birth of a child, the pre-birth pathway identified those needing support at the earliest stage. This resulted in parents being supported by appropriate early years services and a variety of parenting programmes and wider specialist services that built confidence in parents and carers, while ensuring those most in need of the service were identified and supported.

Our parent and carer survey, along with our case file reading, revealed positive impact by services on families. Two-thirds of families in the sample of files we read had experienced at least some improvement in their circumstances and most parents reported that the help and support received had led to improvement.

Parents and carers of children and young people in permanent placement felt supported through active participation in planning and review processes and the support they experienced through positive, trusted relationships with staff.

How well do we meet the needs of stakeholders?

Good

2.1 Impact on children and young people

Rationale for the evaluation

Most children and young people in need of care and protection were enjoying positive and caring relationships with staff and carers. These positive relationships were contributing to their wellbeing. A small number of children and young people in some localities did not benefit from a consistent lead professional due to staff turnover in some social work teams.

Children and young people in need of protection were being kept safe as a result of timely and effective intervention by staff. Strong pre-birth planning processes supported early identification of vulnerable pregnancies and reduced risks for newborn babies. Strong partnership working, underpinned by Getting it Right for Every Child, was helping staff recognise and respond to risk and children told us they felt safe. Children who could no longer live with their birth parents were living in suitable accommodation with foster carers, kinship carers and in residential care. Improvements in permanency arrangements were providing increased numbers of children and young people with stable and nurturing environments.

Vulnerable children and young people were being equipped to develop emotional resilience through a range of supports within universal services. These included nurture provision in schools and youth counselling. Individual measures were developed to support vulnerable children in the most isolated communities. Some children and young people experienced more specialist support (including mental health services) helping them to recover from abuse, neglect and trauma. However, the provision of this support was not readily available to all, mainly due to geographical constraints.

Targeted supports within education services were successfully helping some vulnerable children to engage in learning. Pre-school supports, including early years provision and stay-and-play sessions including family members, encouraged a whole-family approach to learning. Young vulnerable children were benefiting from the enhanced social and recreational activities provided by community childminders.

Continuing care had been embraced by the partnership and young people who chose to were happily staying with the carers with whom they had enduring relationships. Young people who had moved on to independent living were receiving a range of supports to enable them to maintain their tenancies. Housing staff, including third sector services, were helping them build capacity and self-care skills. While there were no homeless care leavers there was a mixed picture of availability in housing. For a small number of young people this resulted in offers of tenancies far away from family and friends.

Many care leavers were also in employment and further and higher education or were building their skills through internships and apprenticeships. Young people moving into adulthood appreciated the continuity of support from health staff with whom they had established relationships. As with other groups of children and young people, the variability of mental health provision meant not all care leavers were receiving the help they needed in good time.

What outcomes have we achieved?

Adequate

1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

Rationale for the evaluation

In general, the partnership was contributing significantly to the safety, wellbeing and life chances of children and young people in need of care and protection. Partners provided some good examples of improvement over time, particularly in respect of care experienced young people. This included trends in educational attainment, positive destinations and reductions in the numbers of police referrals. We also found increased activity to secure permanence for looked after children, with strength in relation to securing adoptions and permanent foster placements. This was particularly so over the past year, with improving permanent care arrangements for looked after children and young people. For children in need of protection, exception reports and quantitative data were now a feature of the work of the child protection committee. This had helped focus self-evaluation activity, which in turn had enhanced understanding about the impact services were having in making children and young people safer.

Both the child protection committee and corporate parenting board had made recent changes to the use of data, with a scorecard developed for reporting data across partnership agencies. At the time of the inspection, the child protection committee was tracking 20 cases from child protection referral through to the outcomes. The council's education service was tracking looked after children's educational progress in order to develop bespoke education packages based on need identified in data. Overall, there was a strong sense of commitment to making further progress in this area.

However, we found that there were significant limitations to the partnership's ability to demonstrate improving trends over time for children and young people in need of care and protection. Although there were some pockets of strong performance management, an inconsistent approach to the use of trend data and a lack of reliable data measures and outcome-based reporting meant that the partnership struggled to demonstrate sustained improvement over time in key areas. Nonetheless, the partnership recognised the need to improve the gathering of useful data measures in order to demonstrate, assess and evaluate the impact of services.

Appendix 2: The quality indicator framework and the six-point evaluation scale

Our quality improvement framework

In August 2018, we published a quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all of the indicators in the framework and use this to answer the five inspection questions. The evaluative answers to each question take account of evidence against up to seventeen quality indicators from across the framework. In addition to answering the inspection questions we use the six point scale below to evaluate three quality indicators and the domain of leadership:

- 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people
- 2.1 Impact on children and young people
- 2.2 Impact on families
- 9.1 – 9.4 Leadership.

The six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

6 Excellent	Outstanding or sector leading
5 Very Good	Major strengths
4 Good	Important strengths, with some areas for improvement
3 Adequate	Strengths just outweigh weaknesses
2 Weak	Important weaknesses – priority action required
1 Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

Appendix 3: The terms we use in this report

Child and adolescent mental health services (CAMHS) are the NHS services that assess and treat children and young people with mental health difficulties. CAMHS include psychological, psychiatric and specialist social work support, to address a range of serious mental health issues.

Care assessment and reviewing officers (CARO) independently chair child protection case conferences and child's plan meetings. More broadly, they provide a quality assurance role for all children who are looked after or subject to a child protection plan.

Children's houses, sometimes referred to as children's homes, are residential care for children and young people who are looked after and accommodated, normally in small residential units located in the community.

The **Scottish Care Leavers' Covenant** is a promise to young people who have experience of the care system that they matter. Signatories undertake to close the gap between policy and practice for care leavers by supporting the implementation of Part 10 of the Children and Young People (Scotland) Act 2014. This means supporting the aftercare (advice, guidance and assistance) of care leavers transitioning into adulthood. <https://www.scottishcareleaverscovenant.org>

Centre for Excellence for Looked After Children in Scotland (CELSIS) is based at the University of Strathclyde. Its purpose is to make positive and lasting improvements in the wellbeing of children and young people living in and on the edges of care, and their families. It works in partnership with carers, social workers, teachers, nurses, charities, the police, local authorities and the Scottish Government. It uses a range of methods including consultancy, learning and development and research. <https://www.celcis.org>

The **Champions Board** is a forum intended to create a unique space for care experienced young people to meet with key decision-makers, service leads and elected members to influence the design and delivery of services that directly affect them and to hold corporate parents to account.

Chief officers' group for public protection (COGPP) provides strategic oversight of key partnership functions in the protection of children and young people. The COGPP works to a single public protection strategy and reviews the learning from initial and significant case reviews, self-evaluation and external scrutiny.

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 **children and young people'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.

The Argyll and Bute **community planning partnership** is the multi-agency arrangement by which public agencies work in partnership with communities and the private and third sectors to plan and deliver better services.

The **continuing care** provisions within the Children and Young People (Scotland) Act 2014 offer looked after young people the right to remain in their care setting (if they are in kinship, foster or residential care) up to their 21st birthday.

<https://www.cypcs.org.uk/ufiles/Right-to-Care-Extra-Info---Part-11.pdf>

Cool2Talk is a web-based early intervention service for young people. The 1-2-1 service gives young people the opportunity to chat online with a counsellor for up to 50 minutes. The 1-2-1 service works like a waiting room, and on a first come, first served basis. It offers help with a wide range of issues.

Core and cluster in Argyll and Bute refers to each of the three children's houses becoming a core base for up to three premises clustered within a 10-mile radius of the core. Each cluster project will provide a bespoke service meeting the individually assessed risk and needs of care experienced young people.

Early and effective intervention includes methods and approaches that provide options to support children, young people and families in a timely and proportionate way. Earlier, suitable interventions that address their needs result in less exposure to harm.

Family Firm complements and reinforces corporate parenting, with all partners planning and delivering opportunities for looked after children, young people and care leavers to help ensure a positive experience for those aged 16 years and over. It is guided by the principles set out in Our Family Firm, published by Scottish Government in January 2011.

https://www.celcis.org/files/8314/3878/4784/Family_Firm_SG_2011.pdf

The **General Data Protection Regulation (GDPR)** was approved by the European Parliament in 2016 and came into effect in 2018. GDPR brings data protection legislation into line with the new ways that data is being used. The new regulation is designed to give users greater rights and control over their own personal data.

Getting it Right for Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parents to work in partnership with the services that can help them.

The **Help project** is a charitable company supporting young people in Dunoon and Rothesay between the ages of 16 and 25 years to sustain a tenancy, enter employment and training, become part of their local community and lead a quality life.

An **initial referral tripartite discussion (IRTD)** is the process of joint information sharing, assessment and decision-making about child protection concerns. The IRTD is not a single event, but takes the form of a process or series of discussions.

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