



care
inspectorate

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

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

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

Stirling

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 Stirling Council, NHS Forth Valley, Police Scotland, the Scottish Fire and Rescue Service and the third sector.

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, which 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.

- How good is the partnership at recognising and responding when children and young people need protection?
- 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?
- How good is the partnership at maximising the wellbeing of children and young people who are looked after?
- How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- 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, which 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 against all 22 quality indicators in the framework and use this understanding to answer the five inspection questions in this report. 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 which 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 Stirling community planning partnership area took place between 7 May and 14 June 2019. 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 75 children and young people and 23 parents and carers to hear about their experiences of services.
- We offered children and young people and parents and carers the opportunity to complete a survey about their views of services and received 89 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 and received 452 responses.
- 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 92 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 emphasis on nurture and trauma-informed practice in universal services was improving the safety and wellbeing of children and young people in need of care and protection.
2. Many parents and carers had become more competent and confident parents. The wide range of universal and targeted services built their knowledge and parenting skills. They had been helped to make and sustain important changes in their behaviour.
3. Strong collaborative working and delegated leadership had successfully brought children and young people back into their local communities and more effectively supported other children to remain with their families.
4. Most children and young people in need of care and protection enjoyed sincere and trusting relationships with carers and staff who knew them well.

Priority areas for improvement

1. The chief officers need to take timely action to identify and address all emerging and potential risks. Although they have begun the process of strengthening their oversight of public protection this has not yet had the necessary impact.
2. Older care leavers did not always experience a consistently high quality of support into adulthood because they had not benefited from the recent improvements in the throughcare and aftercare service.
3. While there were some examples, partners were not yet fully analysing data to understand cause and effect, demonstrating improving trends in all relevant areas or making full use of their high-quality perceptual and observational information.
4. Partners had not yet fully developed a cohesive, shared and systematic approach to joint self-evaluation and quality assurance.

Stirling in context

Geography and demography

The Stirling council area covers a rich and varied landscape, with many distinct neighbourhoods and villages as well as the main towns and the city of Stirling itself. The area stretches from the scenic beauty of the Loch Lomond and the Trossachs national park in the north to Killlearn and Strathblane in the south-west, and former mining villages in the south-east. Almost a third of residents live in rural Stirling. Around two-thirds of Stirling's population live in Stirling city, and its neighbouring communities of Dunblane and Bridge of Allan.

The current population of the Stirling council area is 93,750 and is projected to increase to over 101,000 by 2039. The total population of children (aged 0-15) is 15,510, 17% of the total Stirling population and similar to Scotland as a whole. The child population is expected to increase by 2% by 2026 which is the same as the figure for Scotland. The child population is projected to increase by 10% by 2041 against a projected decrease of 2% for Scotland as a whole for the same period.

Social and economic

The city acts as the main urban centre and economic driver for the area. Although the Stirling area is relatively affluent, there are areas of significant social and economic need. The **Scottish Index of Multiple Deprivation (SIMD)** splits Stirling into 121 datazones. Some of Stirling's datazones are among the most deprived in Scotland and are categorised by SIMD as having deep-rooted deprivation because they are consistently among the 5% most deprived since SIMD began in 2004. This contrasts sharply with other datazones in Stirling that are among the least deprived in Scotland.

The level of income deprivation in Stirling is below that of Scotland as a whole. SIMD shows that 9% of the population of Stirling was income deprived compared to 12% for Scotland as a whole. Across Stirling, income deprivation ranges from 40% in Raploch to 0% in Dunblane and Blane Valley.

The partnership

The Stirling **community planning partnership** is led by the council, NHS Forth Valley, Police Scotland, Scottish Fire and Rescue and Scottish Enterprise. The wide range of additional partners subject to community planning duties includes, for example, Forth Valley College, Stirlingshire Voluntary Enterprise and the Clackmannanshire and Stirling integrated joint board. The strategic planning group for children provides the strategic overview for children in the community planning partnership. This group oversees the children's services plan including the annual progress reviews. The corporate parenting group and the champions board provide leadership and direction to improve the experiences and life chances of care experienced children and young people. The joint Clackmannanshire and Stirling **child protection committee** was independently chaired and brought together all the organisations involved in protecting children in the two local authority areas. The committee was accountable to the **chief officers group for public protection** which also covered both Clackmannanshire and Stirling.

The five inspection questions

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

Key messages

- 1 Universal services had embedded **getting it right for every child (GIRFEC)** processes particularly well, which helped staff identify risk and need at an early stage.
- 2 Staff across services worked well together, supported by comprehensive policies and revised multi-agency child protection guidance. Practitioners were skilled and confident in responding to child protection concerns. They took appropriate action to ensure that children and young people were protected from abuse, neglect, harm or exploitation.
- 3 There was a persistent backlog within the police concern hub that included child concern reports which presented a potential risk to the timeous sharing of information. This meant that some opportunities to provide appropriate and timely interventions were being missed.
- 4 There were many examples of effective information sharing to ensure children's safety. However, there were examples where the appropriate and timely exchange of information could be improved. Specifically, the introduction of the General Data Protection Regulation (GDPR) and the way in which it was being interpreted by the police had resulted in reductions and delays in the exchange of information.
- 5 While sound decision making at **initial referral discussions (IRD)** was contributing to keeping children safe, administrative arrangements were not fit for purpose and could get in the way of individual agencies' ability to fulfil their responsibilities.

Recognition of risk

Staff across services had thoroughly embraced their collective responsibility to recognise and respond when children and young people were at risk of harm. Almost all who responded to our staff survey were confident in recognising and responding to the signs that a child needed protection. Health services and schools had embedded getting it right for every child (GIRFEC) principles and processes particularly well, which was helping identify risk and need at an early stage. Multi-agency team-around-the-child meetings were providing a constructive network of support for children and families. This resulted in a collaborative approach to assessment of risk and need and readily facilitated pathways to other services.

Specialist assessment tools such as the child sexual exploitation screening tool and the multi-agency tool for assessing the risk of impact of parental substance misuse helped with timely recognition of risk.

Pre-birth planning services were well established with steadily increasing referrals over the last three years. Significant investment in the service meant it had doubled in size and changed the way it worked, introducing the best start programme¹ as one of five pilot sites. Vulnerable women were followed through their pregnancies up to just after the birth by their named midwife in the team. This continuity of care also facilitated better collaboration between social work, police and alcohol and drug services in identifying child concerns. We consider this to be an **example of good practice**.

Schools were successfully developing a nurturing culture that supported better identification of risk. Their focus on emotional wellbeing made it easier for children and young people to talk to school staff when they were worried about their own or a friend's safety. The recent work within schools in developing the 'Stirling Chooses Respect' anti-bullying policy will further enhance expectations of pupils about what they should expect from relationships and what they can do about it. Safeguarding networks in primary and secondary schools were identifying wider safety issues and introducing relevant initiatives for example, 'No knives, better lives'.

Throughout this report we talk about how well schools are promoting nurture, developing resilience and responding to the mental health and wellbeing needs of children, young people and families. This overall approach is an **example of good practice**.

The police concern hub consistently operated with a considerable backlog of concern reports, including child concern reports. Partners were aware of the risks of this backlog but were confident that those concern reports assessed as being high risk, following initial triage, were being shared and addressed within the prescribed 24-hour deadline. However, staff acknowledged that some reports initially triaged as medium or standard risk had escalated to a higher priority while waiting to be processed. This meant some opportunities to provide appropriate and timely interventions were being missed and this could result in increased risk to children and young people. A single police supervisor had responsibility for both the concern hub and initial referral discussions (IRD) which presented challenges in adequately addressing issues within both areas of business. The appointment of a dedicated Police Scotland IRD detective sergeant is likely to appropriately increase the supervision capacity in both these key areas.

Although taking forward plans to create an additional post should address the IRD issues it will not necessarily impact on the persistent concern hub backlog.

The recently updated multi-agency protocol for responding to and minimising risk to children and young people who go missing from home or care was supporting good collaborative working. Return discussions, a key part of risk assessment, were appropriately carried out by the practitioner who knew the young person best. Overall, episodes involving missing children and young people had decreased over the last three years, although the percentage of those looked after away from home going missing had increased. This included young people living in the Stirling area who had been placed there by other local authorities.

¹ Scottish Government: 'The best start: five-year plan for maternity and neonatal care.'

<https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/>

Initial response

Initial responses to child protection concerns were of a consistently high quality. Our review of records evaluated most initial responses to concerns that children or young people were at risk of significant harm as at least good. Overall, good-quality risk assessments, informed by appropriately detailed chronologies, leading to suitable risk management plans were keeping children safe. Most parents and carers responding to our survey agreed staff worked well together to ensure that their children were safe. However, there were a few examples where action could have been taken earlier in response to potential risk of harm. While the majority of respondents to our staff survey agreed that police, social work and health always took effective and timely action in response to child protection concerns, one in three did not agree.

There was an effective initial referral discussion process in place that helped to keep children and young people safe. All key partners contributed well to sound decision making in identifying and responding to initial risk assessments. However, the recording, transmission and storage of IRD records were not fit for purpose. There were unacceptable delays in circulating the findings, rationale and decision making from IRD meetings. This had the potential to prevent individual services from properly fulfilling their responsibilities. Partners had recognised that this needed to improve and were suitably streamlining administrative and monitoring procedures.

Overall, legal measures were used appropriately to secure children and young people's immediate safety. Partners attributed a significant fall in the numbers of child protection orders, and reducing care and protection referrals to the reporter, to increasingly effective prevention and early intervention and the provision of better voluntary support.

Information sharing

There had been recent changes in information sharing processes. There was good information sharing between health visitors and schools through the named person. An enhanced information-sharing pathway supported better joint working between the pre-birth service, family nurses, health visitors and adult substance misuse services. A recognised pathway for social work, health and education was enabling a consistent approach to identify and address those at risk of female genital mutilation.

However, there were examples where the appropriate and timely exchange of information could be improved to more effectively assist in the assessment and management of risk. Delays in processing police concern reports for example, meant that not all information available to police was formally shared in advance of initial referral discussions (IRD) and child protection case conferences. Although police officers were able to provide a verbal update to these decision-making meetings, a longer-term solution was required. The introduction of the **General Data Protection Regulation (GDPR)** added to this delay due to differing interpretations of the new rules for sharing information. For example, there had been a reduction in the number of domestic abuse referrals to the pre-birth planning team as a result of these revised processes.

Engagement with children, young people and families

Practitioners communicated well with parents and carers, who found it easy to understand what they meant and what was expected of them. Professionals worked well together and made particular efforts to engage with parents and carers who found it difficult to accept help. Parents and carers considered staff listened to them and took their views seriously. They were included in and informed about decision making and planning. Staff were supportive and parents and carers were confident that responses and decisions were timely and that services worked well together to keep their children safe.

Our review of records found good evidence that most children and young people were being involved in key processes, including seeking and recording their views. However, although many of the children and young people responding to our survey did feel fully involved, there were some who did not. In particular, this was true for children and young people aged 8-15.

Staff confidence and competence in protecting children

Staff demonstrated a strong and shared commitment to protecting children and young people. They were confident and competent practitioners who were well supported in their roles. Staff across services worked well together supported by comprehensive policies and revised multi-agency child protection guidance. A wide range of multi-agency training ensured staff had up-to-date knowledge about current child protection issues. These learning and development opportunities, coupled with regular supervision, ensured practitioners were skilled and confident in identifying child protection concerns. Staff took appropriate action to ensure that children and young people were protected from abuse, neglect, harm or exploitation.

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. Services in Stirling were having a positive impact on the wellbeing of children, young people and families. The partnership was providing a comprehensive, well-considered range of services that helped children and young people, including those recovering from past trauma.
2. Emotional health was being addressed with a well-planned range of support from a number of services and input from **child and adolescent mental health service (CAMHS)** at universal, targeted and specialist service levels enhanced and strengthened this.
3. Overall, assessment and care planning for children and young people in need of care and protection was well established and operating effectively.

4. Although the partnership demonstrated significant strengths in supervision and support for frontline staff, this was not consistent enough across the workforce.
5. The lack of available independent advocacy was limiting full involvement for some children and young people in key processes such as assessment of risk and need and care planning.

Positive change and sustained improvement

Overall, children and young people who had experienced abuse and neglect were being helped by the partnership to stay safe, healthy and well and recover from their experiences. Interventions designed to meet need and reduce risk had been successful in most of the records we reviewed. Almost all children and young people aged 8-15 responding to our survey felt safe where they were currently living and always knew what to do when feeling unsafe. A majority agreed they were in the right place to get the help and care they needed.

Parents and carers were being well supported to build their confidence and skills and make important changes in their behaviour. Almost all responding to our survey agreed that the help and support they had received, and that their child had received, had made their lives better.

Universal services had developed a range of approaches, underpinned by GIRFEC principles, to help respond to the needs of children and young people in need of care and protection. A well-established nurturing ethos and trauma-informed approaches supported early intervention in schools. Support staff in schools, including family support workers, home-school link workers and campus police officers, promoted and enhanced the wellbeing of vulnerable children and families. An appropriate range of more specialist or targeted services was in place.

Development of services such as the parent and families support team, **functional family therapy**, Includem², primary mental health workers, educational psychologists and the inclusion support service had resulted in services able to meet a continuum of need. Specialist third sector services were successfully supporting women, children, young people and families affected by gender-based violence, including Forth Valley Rape Crisis, Stirling and District Women's Aid, and Shakti women's aid. For children and young people with more complex needs, the **resource allocation group** took a flexible and imaginative approach in allocating appropriate resources. In most of the records we reviewed there was evidence that referrals had been made to appropriate resources at the earliest opportunity.

In terms of emotional health and wellbeing, a coherent range of support was in place and we heard positive accounts from families who had benefited greatly from services. At a universal service level, the nurturing approach and work on developing resilience in schools was equipping children to talk about their emotions and discuss their anxieties. Training in trauma-informed practice had given staff a shared language, enabling them to communicate more effectively with each other and so respond more appropriately to children's behaviour.

² Includem – voluntary sector organisation providing intensive support to young people and families in challenging circumstances.

Tier-two services included a much-valued **child and adolescent mental health service (CAMHS)** advice line for professionals, CAMHS solution-focused, brief interventions and primary mental health workers. In addition, two therapists were employed in the adoption and fostering team and school nurses were trained in and supported to deliver **low impact anxiety management (LIAM)**. A helpful pathway for young people with substance misuse and mental health difficulties was agreed by CAMHS, community addiction services and Barnardo's Axis project.

Tier-three services included functional family therapy and CAMHS direct interventions. For young people in an inpatient setting, a care programme approach to plan and support recovery from serious mental illness was being used. However, CAMHS reported that there were sometimes difficulties identifying care coordinators early enough to enable early discussions about discharge planning.

Forth Valley CAMHS continued to exceed the target of 90% of children and young people starting treatment within 18 weeks of referral – significantly above the national average of 73.6%. This was a notable achievement, given that the Forth Valley service was one of the smallest in Scotland, and had the fourth highest rate of referrals per 100,000 population. CAMHS offered early intervention to children presenting with mild to moderate mental health difficulties, having taken over funding and management of primary mental health workers. Referrals for this service made up around a quarter of all referrals to CAMHS. This approach by CAMHS in Forth Valley provided positive opportunities for capacity building, training for other professionals, and support and access to mental health resources.

Assessment and planning to reduce risk and meet needs

Overall, key processes for assessment and care planning were well established and working effectively. Our review of records found purposeful risk assessments and thorough assessments of need with most being evaluated as good or very good. Well developed plans to meet need and reduce risk were in place in the majority of the records. The effectiveness of planning was also positive, with most plans evaluated as good or better in securing a stable and caring environment for the child.

A considered approach to formal legal processes was ensuring referrals were only being made to the children's reporter when in the child's best interests. This was enabled through constructive dialogue between the children's reporter and frontline practitioners. The team around the child process was also appropriately used to make decisions about referral to the children's reporter.

Trusting relationships with key professionals

Staff were successfully building trusting working relationships with children and young people in need of care and protection. Frontline practitioners recognised building relationships as key to their task and an important feature of a nurturing, trauma-informed approach. In almost all the records we reviewed, children and young people had received consistent support from at least one key person in the past two years. Levels of contact between children and families and lead professionals were in line with the child's plan in almost all cases. These figures were also reflected in our survey, as well as comments from the children and young people we met. Most children and young people that we surveyed felt respected by their worker and said that they could trust them, although there were a few examples where this was not the case.

Engagement with children, young people and families

Trusting relationships were being reinforced through efforts to involve children, young people and families in plans and decisions. Our review of records evaluated involvement of children, young people and parents as good or better in most cases. For families, this was also reflected to some extent in our survey, with most respondents agreeing that they had been involved in their child's plan. Responses from children and young people were more varied. While 14 out of 19 young people aged 16 and over had experienced some involvement, this fell to just over half for those aged eight to 15 years. Our review of records suggested that support given to children and young people to understand and exercise their rights, comment on services received and make a complaint was even more variable, with one in three evaluated as adequate or less. This indicated a need for efforts in this area to continue, including a more considered approach to providing advocacy to vulnerable children and young people. While there were positive examples that highlighted the availability and impact of independent advocacy, not all children in need of care and protection had access to this type of support. There was little to suggest that the picture was any stronger for parents, although support was available to those parents with learning disabilities.

Parent and carer capacity and support

Parents and carers were being well supported through a range of universal and targeted services and evidence-based interventions. They were benefitting from support groups and validated parenting programmes that had helped build their confidence, knowledge and skills, improving their parenting abilities to good effect. They reported positive outcomes from interventions, including those provided by the third sector. In common with other parents and carers, kinship carers described being helped to make positive changes in their parenting as a result of the support and help they were receiving.

Collaborative working

There was widespread evidence of collaborative working among different professionals, including third sector services. Most practitioners who responded to our survey felt valued by other practitioners when working as part of a multi-disciplinary team. The foundation of this was GIRFEC, which provided a common language, a standardised assessment framework using the My World triangle, and effective use of team-around-the-child meetings that had strengthened joint working practices. Building on this, a shared understanding of adverse childhood experiences and trauma-informed practice had led to a shift in emphasis, looking at causal factors for behaviour. This approach had resulted in staff working well together and delivering sustainable positive change for children and young people.

Staff supervision and support

The positive emphasis each service placed on the support and development of staff through supervision, personal development plans and training was contributing to building a confident, competent workforce. More needed to be done to ensure greater consistency in staff supervision and support. There was evidence of staff supervision in just under half of the records we reviewed. In addition, less than half the records had evidence that they were being reviewed by an appropriate

manager. While a majority of respondents to our staff survey agreed their managers provided regular, helpful support and effective challenge, between a fifth and a quarter of respondents disagreed.

Staff were being equipped for their roles through a wide range of useful multi-agency training. However, the child protection committee had not yet developed a comprehensive learning and developmental plan. There were no obvious processes that fed learning and good practice from significant case reviews and initial case reviews, quality assurance or review of initial referral discussions to practitioners.

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

Key messages

1. Partners had substantially reduced the number of children and young people in residential care and externally purchased placements. Sustained attention and significant investment had been successful in bringing children and young people back into their local area.
2. The extensive range of supports and planned interventions were effectively supporting care experienced children and young people to remain with their families and also successfully minimising the likelihood of placement breakdown.
3. Most care experienced children and young people were enjoying sincere and trusting relationships with carers and staff who knew them well. They were benefitting from flexible, responsive, person-centred approaches from staff who worked hard to foster and embed relationship-based, trauma-informed practices.
4. While there had been encouraging progress in improving the educational attainment of care experienced children and young people, partners recognised there needed to be further improvement in closing the gap with their peers.
5. The **champions board** was successfully voicing the views of many care experienced young people. However, younger and other groups of care experienced children needed to become involved in the development and review of corporate parenting services.

Rebalancing of care

Partners had substantially reduced numbers in residential care and externally purchased placements. As a result, more children and young people were being successfully supported to return to their local communities often within a family-based setting. This could be either with their own family, with kinship carers or a local foster placement. Enhanced investment in early intervention and preventative work had successfully increased community-based supports. Strong partnership working had provided the infrastructure and resources to support more care experienced children and young people to stay

within their own family or to remain in their home community. This had also been achieved through recruiting **enhanced foster carers**, family support workers and play therapists within the fostering team

Care planning and review

Good care planning was supporting well the focus on increasing placements in family-based care. This was maximising children's chances of remaining or returning to their own family or kinship care, supported by carefully planned and well-managed transitions.

Team around the child meetings were being used well, providing staff from across services with a mechanism to come together regularly to plan and coordinate interagency support to improve the overall wellbeing of care experienced children and young people. Most children's plans were being reviewed at a frequency that met the child's needs. The quality was evaluated as good or very good in most of the cases.

Most of the plans for children who required permanent substitute family care were progressing well with minimum or no delays. However, for a few children there was significant drift where their future care arrangements had yet to be legally secured as no formal permanence decision had been made. Working with the **centre for excellence for looked after children in Scotland (CELCIS)**, the partnership had recently implemented the **permanence and care excellence (PACE)** collaborative project to help improve timely decision making and reduce drift and delay in securing permanency for looked after children.

Improvements in wellbeing

Partners were providing a wide range of purposeful, targeted interventions and specialist supports that were maximising the wellbeing of care experienced children and young people. A number of third sector services provided evidence-based programmes and valuable intensive support. In particular, functional family therapy, Barnardo's and Includem were effective in working with the whole family in supporting and sustaining children and young people to remain at home, in school and reduce high risk behaviours.

Improvements in parenting

A range of parenting programmes were meeting the needs of parents, carers and families and promoted positive, supportive interactions with their children. These programmes were supporting increased resilience and confidence in parenting and were in place for as long as they needed it.

Care experienced children and young people living away from home were actively supported and enabled to remain included in their wider families and local community. Staff ensured that relationships with siblings and family members were effectively nurtured, supported and sustained and appropriate parental relationships maintained.

Corporate parenting responsibilities/improvements in wellbeing

School attendance, attainment and exclusion rates were improving for care experienced children and young people. However, partners were acutely aware that local trend data continued to show performance below that of their peers and were working hard to change this. Partners had laid the groundwork for a promising **virtual head teacher team** to improve the attainment and wellbeing of care experienced children and young people. Pupil equity funding and care experienced attainment funding were being used creatively to provide a more targeted response for children and young people who were looked after at home. The Stirling inclusion support service enabled children and young people to receive bespoke educational programmes that were successfully engaging and sustaining them in education. This was demonstrated by improved attendance, lower exclusion rates, lower incidence of anti-social behaviour and increased levels of attainment. Nurturing approaches being embedded within all schools were supporting children and young people's positive mental health and wellbeing and promoting greater readiness to learn.

Improving trends in the completion of health assessments for care experienced children and young people made it more likely that their health needs were identified at an early stage and addressed. A local delivery plan supported the development and delivery of health services to care experienced children and young people. This included improving the timeliness of local authority notifications to the looked after children health service, which co-ordinated delivery of all health assessments when a child or young person became looked after. This included children looked after at home and in kinship care. At the time of the inspection most children and young people were seen within four weeks of becoming looked after.

Care experienced children and young people benefited from effective prioritisation for therapeutic support and intervention provided by the specialist child and adolescent mental health service (CAMHS). The service also provided professional consultation and an advice line for practitioners and carers supporting looked after children and young people at home and kinship care.

Care experienced children and young people and their parents or carers were supported to be active through unlimited access to the Peak leisure centre. A recent improvement had been to enable the children and young people to bring a friend at no cost.

Self-directed support was being promoted effectively and used regularly. The approach enabled children and young people with disabilities and their carers to have more choice and control in supporting their wellbeing needs and achieve positive outcomes. A range of communication and engagement methods was helping children, young people and their carers to be active participants in the design and delivery of their personalised care and support.

Consistent relationships with trusted adults

Most looked after children and young people experienced sincere and trusting relationships from carers and staff who knew them well. They benefited from flexible, responsive, person-centred approaches from staff who worked hard to foster and embed relationship-based, trauma-informed

practices. This was enabling staff to better understand and respond to children and young people's wellbeing needs.

Improved support for kinship and foster carers was helping placements to be sustained and children and young people to experience stable care. This was reflected in the reduced numbers of unplanned placement moves.

Improved outcomes for most young people living in residential care placements were being achieved through consistent and high-quality relationships with staff members and carers. However, for a few children and young people it had been difficult for them to develop consistent relationships with a trusted adult due to changes of workers or moving placement.

Listening to children and young people's views

Care experienced children, young people and their parents and carers were meaningfully involved, well informed and actively encouraged to contribute effectively in processes and decisions about their lives. The children's rights officer helped children and young people to participate in meetings, put their views in writing or speak on their behalf at meetings. The newly-launched web-based app, **Mind of my own**, was a promising addition to enable care experienced children and young people to give their views at a time and in a way that suited them best.

Children and young people participating in hearings had their views and wishes sought and taken into account. The Better Hearings Partnership programme had improved the experience of children's hearings based on the views of children and young people. A wide range of improvements had been implemented to make hearings more accessible. This included pre-hearing preparatory work being undertaken with children and young people before attending their hearings to help them better understand the process and making hearing rooms more child friendly.

On the other hand, less than a third of children, young people and their parents and carers who responded to our surveys had benefited from the support provided by independent advocacy. This service was not routinely made available to all care experienced children and young people which limited their access to independent advice and representation.

The champions board (known as Stirling Champs) was successfully voicing the views of very many care experienced young people. However, they recognised that they needed to find more effective ways of gathering the views of an even wider group of care experienced children and young people – especially those of younger children. This would enable younger children to have a more direct role in service planning and development.

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

Key messages

1. Many care leavers experienced positive and trusting relationships with their workers as a result of consistent throughcare and aftercare support. There were steadily increasing numbers of care leavers staying in touch with social services.
2. Important improvements in the range of accommodation options for care leavers were helping more care experienced young people succeed in their transition to adulthood. This was evident in the numbers of care leavers sustaining tenancies.
3. The Stirling Champs successfully voiced the views of care experienced young people. They were optimistic that they were making things better for all care experienced children and young people.
4. Despite evidence of young people being encouraged to stay put in foster care, continuing care registration conditions for residential services had not yet been varied beyond age 18. Continuing care needed to be better explored and planned with young people living in residential care.
5. Greater consistency in the quality of support to care leavers would be achieved through developing pathway planning to reflect the highest ambitions and aspirations for their futures by thoroughly addressing the six pillars of the care leavers' covenant.

Positive relationships with staff and carers

Many care leavers experienced positive and trusting relationships with their workers built up through consistent throughcare and aftercare support. Overall, the young people we met or who completed our survey agreed that their worker cared what happened to them, listened to their views and opinions, treated them with respect and wanted the best for them. This was reflected in the increasing number of care leavers who remained in touch with social services, well above the Scottish average. A few care leavers greatly valued having a throughcare and aftercare worker who also provided their criminal justice social work supervision as this allowed them to build a positive relationship with one person. The mentoring service for care experienced young people aged 16-25 was providing them with an important opportunity to develop a consistent and trusting relationship.

On the other hand, we heard from a few care leavers of their experience of inconsistent support from the throughcare and aftercare team and not always being clear about what they could expect in terms of aftercare support. Responses to wellbeing questions in our 16+ survey were mixed, suggesting quite a few young people were not coping as well as others with their transition to adulthood. There was also very limited capacity for advocacy for care leavers.

Supporting successful transition

For the last four years, many young adults have welcomed the opportunity to remain in **continuing care** with their foster carers who became registered as supported carers. However, continuing care registration conditions for residential services had not yet been varied beyond age 18 to enable those young people to stay put. This meant that young people in residential care were less likely to experience graduated and extended transitions. The new continuing care policy had very recently been approved and supported a more formal approach to ensuring the rights of all groups of care experienced young people.

A number of recent practice changes had contributed to better transitions for young people. The transitions forum for young people with additional support needs was starting to support earlier planning with well considered transition reviews taking place. The approach to bringing young people back to Stirling from external care placements had been supported by timely and high-quality transition planning arrangements for individual young people. The options of self-directed support were being rolled out across children and families' social work and had been extended to 18/19 years to help plan smoother transitions to adult services.

While these promising changes had contributed to the broadly positive experience of young people, they were not yet fully embedded in practice. Not all staff were confident that their service did everything possible to ensure that young people made a successful transition to adulthood. Although adult services were getting involved in transitions at an earlier stage there remained particular difficulties. For example, transition to adult mental health services remained problematic for a few young people despite the important provision enabling the looked after children nurse to make direct referrals to adult mental health.

Corporate parenting

The Stirling Champs was an **example of good practice**. It had been in place for just under a year and was already successfully voicing the opinions of care experienced young people and driving change. Members of the Stirling Champs were positive and optimistic about what they could achieve. The group was determined to make sure all care experienced children and young people were informed of and kept up to date with their rights. All members were very active in networking and raising awareness of the board.

Leaders, including elected members, knew the Champs members well and were keen to hear what they had to say. As a result, the Champs had been effective in raising key issues like mental health, social work and education. They were working closely with education to provide important input to schools that actively challenged stigma and preconceptions around care experienced children and young people.

The Champs had facilitated meaningful engagement between care experienced young people and their corporate parents. This enabled care experienced young people to engage with partner agencies in ways that helped influence planning and policy. The board was now actively considering how best to ensure its sustainability into the future. A 'mini-champs' group was one way members planned

to involve younger care experienced children and young people and prepare them to become the Champs' board in the future.

There was no dedicated throughcare and aftercare nurse. The specialist looked after children nurse provided the health support to all care experienced children and young people. The support from the looked after children nurse was greatly valued by care leavers but as there was only one post, she could not always be available. Partners were undertaking a full review and redesign of this service, giving particular consideration to the specific needs of care leavers.

Pathway planning

Although comprehensive guidance on pathway planning was in place, a management audit of a very small number of young people's plans found significant deficits. Our review of records indicated that plans were in place for young people entitled to aftercare, but they were of variable quality. For a few young people a lack of appropriate pathway planning had resulted in reactive rather than proactive support. A minority of respondents to the staff survey (just over a third) agreed that plans for care leavers supported their transition to greater independence and adulthood at a time and pace that was right for them. However, a new approach to the quality assurance of pathway planning had recently been introduced and, with more stability in the operational management of the TCAC team, the quality of pathway planning was beginning to improve.

Steps towards living independently

Partners gave careful consideration to identifying historic, current and projected need, including for continuing care, when developing the new corporate parenting hub at Glasgow Road. They had successfully increased the number of housing options for care leavers over the past two years. Glasgow Road offered supported accommodation to young people with the staff also providing outreach support to young people who were living in their own tenancies. They had increased the number of supported lodgings and more supported accommodation was planned. The multi-agency youth housing liaison group operated to agree support for care experienced young people who were ready for their own tenancies.

Although there had been recent positive changes in housing management, to a trauma-informed approach, there remained a significant shortage of suitable accommodation for young people in Stirling. The housing protocol that appropriately gave priority to care leavers unfortunately could only be used once. This meant that if the young person did not manage to sustain their first tenancy it was difficult for them to start again. This protocol was being reviewed with the involvement of the champions board. The improvements in the range of housing options with the right support were undoubtedly enabling more care leavers to achieve a settled place to live. Figures demonstrated most care leavers were sustaining their tenancies. Other care leavers who had moved into their own homes before some of these choices were available had poorer experiences. This was recognised by partners as needing to change but there were care leavers still living in unsuitable accommodation.

Young people's responses to our survey suggested they did not feel they were getting enough help to learn household tasks, make decisions, manage their money, or with their housing or accommodation.

Responses were mixed in terms of young people feeling settled where they lived and not all of them knew what to do if they did not feel safe.

Positive destinations

Stirling council, Skills Development Scotland, the NHS and employability services were all working well together to enable care experienced young people to move on to positive destinations. Education co-ordinators in schools were helping young people prepare for further education, and dedicated staff within local colleges and universities offered support. A range of agencies was on hand to connect young people with potential employers. The promising Ready for Work pilot was working with young people who were identified as at risk of not achieving a positive destination, including care leavers. The team supported young people to sustain their positive destination through mentoring.

The number of looked after school leavers who were recorded as being in a positive follow up destination had increased over the last year and was now higher than the national average. The number of care leavers in Stirling entitled to aftercare who were in education, employment or training had increased over the last three years, in contrast to a decreasing national trend.

Care experienced young people were helped to move successfully into adulthood by a number of important supports. This included financial support for continuing education, increasing apprenticeships, the redesign of Peak centre leisure passes to include free access for a friend and use of personalised planning money from social work. While many care experienced young people were successfully encouraged to stay on in education, some care leavers had not been offered enough support. Very little information was provided when bursaries for care experienced young people were introduced and a few young people were not supported well enough at college. There was still work to be done sustaining the support to care leavers after they had left school.

5. How good is collaborative leadership?

Key messages

1. Leaders placed improving outcomes for children and young people in need of care and protection at the heart of their shared vision. They were thoroughly committed to fulfilling their corporate parenting responsibilities and had already achieved significant improvements in reducing the numbers of children and young people in out-of-area placements.
2. Strong collaborative working and delegated leadership had enabled the partnership to deliver promising improvements across services for children and young people in need of care and protection. Partners were developing their use of reliable performance information but had yet to analyse data to understand cause and effect.
3. Chief officers had taken positive action to strengthen their effective oversight and scrutiny of public protection. These changes were still at too early a stage to assess their full impact.

4. The child protection committee did not yet have in place measures to demonstrate that children in need of protection were increasingly safer. Continued developments in the use of performance measures would help partners to better track and evaluate performance against their shared priorities.
5. The partnership's joint approach to improvement and change would be strengthened by continued development of a cohesive, shared and systemic approach to quality assurance and self-evaluation.

Vision, values and aims

Leaders placed improving outcomes for children and young people in need of care and protection at the heart of their shared vision. The **children's services plan** identified three priority areas requiring improvement: mental health and emotional wellbeing; life outcomes for looked after children and young people; tackling the impact of low income on participation and achievement. These planning priorities usefully connected the children's services, corporate parenting and the **local outcome improvement** plans. Partners were acutely aware of the persistent inequalities that existed in their area and had a purposeful focus on improving outcomes for the more vulnerable groups of children and young people.

Leaders shared a common aspiration to intervene as early as possible in the lives of children, young people and families. They aimed to meet the needs of children as soon as they were identified and indeed, if possible, take action to prevent needs arising in the first place. In particular, this was reflected in the promising place-based approach and the developing nurturing culture in schools. The place-based approach, supported by careful analysis of community profiles, aimed to bring the workforce closer to the areas of greatest need. The educational psychology service had been instrumental in the successful shift towards supportive, nurturing practice which was well embedded across schools. This cultural shift in values was driving changes in practice that contributed to reducing inequalities for children and young people in need of care and protection.

Children and young people, including those in need of care and protection, had contributed to shaping and developing services through identifying their key priorities for improvement. Key messages from consultation during high-profile gatherings of children and young people in 2017 and 2018 were reflected well in improvement work streams. In May 2019, a 'sit in' provided children and young people with direct access to leaders and elected members. Young people reported that they felt listened to and taken seriously.

Leaders were thoroughly committed to fulfilling their corporate parenting responsibilities. They had taken a well-planned, focused approach and successfully delivered improvements in the balance of care. As a result, there were fewer children and young people in residential care and also fewer in externally purchased placements. More children and young people were being effectively supported to remain at home with their families. Leaders had made significant investments in services to promote improved educational outcomes for care experienced children and young people. For example, the introduction of the virtual head teacher team and wellbeing support staff in schools.

Leadership of strategy and direction

Leaders were working well together to plan and direct service delivery for children and young people in need of care and protection. They were embracing longer-term planning in key priority areas. Thorough data analysis underpinning the rebalance of care and detailed local profiling directing the place-based approach produced plans based on an analysis of needs and gaps. The council had carried out a comprehensive review of third sector services. This had contributed to significant service redesign and the commissioning of new services to deliver better outcomes for children and young people in need of care and protection. However, partners did not yet have a joint commissioning plan in place and had only recently begun to plan a **strategic needs assessment**.

The child protection committee set the strategic direction for child protection across the partnership. The committee was developing an understanding of how well services performed in keeping children safe. This was achieved through self-evaluation and regular audits of records. Improvements in the quality of key child protection processes were supported by the largely positive results from our review of records. Partners recognised that monitoring performance in child protection needed to be improved. They had recently introduced a multi-agency performance framework which could, in time, sit alongside the **national minimum dataset**. While the child protection committee had developed a risk register, this did not fully reflect the potential risks in operational delivery of child protection services. In particular, it did not identify the risks associated with the delays in processing police concern reports, which we detailed earlier in this report.

The Care Inspectorate had concerns about the effectiveness of the chief officers group early in 2018. In particular, infrequent chief officers group meetings with poor and inconsistent attendance had potential implications for the leadership and direction of child protection. Newly appointed chief officers had made a number of recent improvements to strengthen their effective oversight and scrutiny of public protection. This included implementing a more robust schedule of meetings and greater commitment to regular attendance. This inspection found that the chief officer's group recognised its accountability for, and was developing a greater understanding of, its key role in the scrutiny of public protection. Chief officer group members were building a more effective working relationship with the child protection committee, providing appropriate challenge and support for the improvement plan. Chief officers were confident they were now working well together, shared the same values and were strongly motivated to fulfil their responsibilities. Stakeholders across the partnership appreciated the chief officers group's clearer expectations and priorities for keeping children safe and felt confident about the future. It was still too early to assess the impact of these recent changes.

Leadership of people and partnerships

Leaders had successfully built a collaborative culture across the partnership. Work was appropriately delegated, and staff were successfully empowered to work together to improve outcomes for children and young people in need of care and protection. Examples of multi-agency decision making were evident in children's service planning structures, the resource allocation group and the corporate parenting group. Collaborative working at an operational level was well embedded. Staff experienced

positive and respectful working relationships and were able to confidently challenge each other. Staff were encouraged to work creatively to improve outcomes for children, young people and families. An important example of individual workers being empowered was the use of personalised planning funds to meet the needs of children looked after at home.

Most respondents to our survey agreed that training had increased their knowledge, skills and confidence and helped them to do their jobs better. Staff across services successfully used trauma-informed approaches in their work with children and young people. This approach was welcomed by staff as making a positive difference to their day-to-day practice. Health staff were well supported through change and to overcome staffing challenges within the health visitor and school nursing service. NHS Forth Valley had made extra funding available to build and retain this key staff team.

Leaders understood the importance of communicating effectively across the partnership, particularly during periods of change. They had achieved some success in this area but recognised they still had work to do. Staff appreciated the opportunities leaders took to engage with them through coffee mornings, engagement events and visits to services, and expressed confidence in the new leadership arrangements. However, less than half of the respondents to our staff survey agreed that leaders were visible and communicated regularly. In particular, some staff were not clear how the chief officers group and the child protection committee communicated their vision or interacted directly with staff. The development of a communication strategy for the child protection committee was at an early stage. Frequent changes in senior police officers in the public protection unit meant management was less visible to police staff.

Leadership of improvement and change

Over the last two years, leaders had achieved significant service redesign with a view to improving outcomes for children and young people in need of care and protection. Despite the challenge of constrained budgets and rising costs, leaders had ensured that change and improvement were supported by sufficient resources. The introduction of the place-based approach, engaging with communities and bringing services closer to those in greatest need set out to purposefully tackle inequalities. Expansion of the pre-birth service and the transformation of the health visiting and school nursing service was making it more likely that children would be better protected through receiving help earlier. The positive shift in the balance of care, the introduction of the virtual head teacher team and increased housing options for care leavers were likely to improve the life chances of care experienced young people.

Leaders were developing their use of reliable evidence about performance, outcomes and effective practice to guide strategic direction. The place-based approach had a solid grounding in detailed community needs profiling and caseload analysis across services. Partners gathered and monitored data about processes, performance, outcomes and the quality of practice but had undertaken only limited analysis that would enable them to attribute cause and effect. While clear improvements had been achieved, particularly in key processes, since the last joint children's inspection in 2014, the child protection committee was at an early stage of scrutinising measures of children's safety. The promising multi-agency performance report is likely to help partners achieve this.

Partners acknowledged that the corporate parenting plan required more detailed improvement measures in order to evaluate the success of the planned actions. In terms of **early and effective intervention**, although partners continued to meet, information from the police about the numbers of children who had been charged, warned or diverted was not being shared, discussed or used. Despite many examples of useful perceptual and observational data, there was limited evidence partners had systematically analysed and used this to demonstrate outcomes.

Self-evaluation was developing well across the partnership. A range of activity had taken place at an individual service level, but this important work was not pulled together to provide an overarching view of service performance. The council and the chief officers group were at the early stages of evaluating their effectiveness using the public services improvement framework. There was a range of useful single-agency quality assurance in place, including the work initiated by the child protection committee. The initial referral discussions (IRD) review subgroup was not yet providing sufficiently robust oversight of this key decision-making process. The key challenges in relation to late circulation of IRD records, and the various issues in respect of timely and appropriate information sharing were not documented or monitored by the IRD review group despite the potential risk that they present.

Conclusion

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

This is based on:

- staff across services working well together to deliver sustainable positive change for children, young people and families
- significant improvement in assessment of risk and need since the last full joint inspection in 2014
- leaders having achieved significant service redesign over the last two years
- the self-evaluation prepared by partners for this inspection and discussion during partnership meetings demonstrated their keen awareness of where they needed to improve
- the strength of the Stirling Champs in effectively voicing the views of care experienced young people and driving change.

The partnership will need to maintain its strong focus on improving the quality of services for children and young people in need of care and protection. The chief officers group must establish robust oversight of child protection processes and take timely action to address emerging or potential risks. More systematic analysis of data gathered, further development of joint self-evaluation and strengthened quality assurance should help deliver ongoing improvement.

What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. They will also monitor progress in taking forward the partnership's joint action plan.

Appendix 1: Summary of evaluations

How good is our leadership?

Adequate

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

Partners shared a coherent vision to achieve the best possible outcomes for children and young people in need of care and protection. As corporate parents, they had taken ambitious decisions and successfully delivered improvements in the balance of care. Children and young people had been involved in developing the vision through identifying their key priorities for improvement.

The child protection committee set the strategic direction for child protection across the partnership. The committee was developing an understanding of how well services performed in keeping children safe. Partners recognised that they needed to improve their monitoring of performance in child protection. While the child protection committee had developed a risk register, this did not fully reflect all the potential risks. In particular, it did not identify the risks associated with the delays in processing police concern reports.

The chief officers group had not been functioning well in the recent past. It had made a number of recent improvements to strengthen its effective oversight and scrutiny of public protection. It was developing a more effective working relationship with the child protection committee, providing appropriate challenge and support for the committee's improvement plan. Stakeholders across the partnership appreciated the chief officers group's clearer expectations and priorities for keeping children safe and felt confident about the future. However, chief officers had not yet taken direct action to deal with the potential risks presented by the backlog of police concern reports.

Leaders had successfully built a collaborative culture across the partnership. Work was appropriately delegated, and staff were successfully empowered to work well together to improve outcomes for children and young people in need of care and protection.

Over the last two years, leaders had achieved significant service redesign that had improved the experiences of children and young people in need of care and protection and had the potential to improve longer-term outcomes. Despite the challenge of constrained budgets and rising costs, leaders had ensured that change and improvement were supported by sufficient resources. Although self-evaluation was developing well across the partnership it was not yet systematically feeding into service improvement. A range of useful activity had taken place at an individual-service level, but this important work was not yet pulled together to provide an overarching view of service performance.

How well do we meet the needs of stakeholders?

Good

2.1 Impact on children and young people

Rationale for the evaluation

Overall, children and young people felt listened to, respected and helped to make positive choices. Most of the records we read showed that there had been at least some improvement in children's wellbeing as a result of the help they received. Services were enhancing the wellbeing of children and young people in need of care and protection through an emphasis on relationships and trauma-informed practice. The majority of children and young people knew what to do if they weren't happy about something and the Stirling Champs were increasing the voice of care experienced young people.

Many of the children and young people we spoke with were very positive about their relationships with staff. In almost all cases in the file reading, there was evidence the individual had consistent support from at least one person over the past two years. Children and young people were experiencing relationships with workers who were interested in them, who took time to get to know them and build relationships with them. The quality of the relationships with school staff in particular was strong.

Independent advocacy was not easily available to all those children and young people who could potentially benefit from it. Advocacy was offered to children and young people who were looked after away from home and to children who had additional needs. However, advocacy services were not available for other groups of looked after children or those involved in the child protection processes.

Recent improvements in housing options with the right support enabled more care leavers to achieve a settled place to live. However, some older care leavers who had moved on before these improvements were made were living in unsuitable accommodation. Responses to our 16+ survey suggested some care leavers did not feel settled or safe where they lived, and a few did not know what to do if they did not feel safe.

How well do we meet the needs of stakeholders?

Very good

2.2 Impact on families

Rationale for the evaluation

Parents and carers were being supported well to build their confidence and were enabled to make and sustain improvements through a range of universal and targeted supports and evidence-based interventions, offered by commissioned and universal services.

Overall, parents and carers experienced supportive, trusting relationships with services. Practitioners made particular efforts to engage with parents and carers who found it difficult to accept help. Parents and carers were confident that services worked well together to keep their children safe. Parents whose children were looked after away from home were supported to remain involved in their child's life.

All of the parents and carers in our survey understood why staff were involved with them. Most of them understood why decisions had been made about them or their family and that staff were trying to improve things for them and their family. Our review of records evaluated involvement of parents and carers in key processes as good or better in most cases. Kinship carers described being helped to make important changes in their parenting due to the support they received. On the other hand, some kinship carers were less aware than others of what resources were available to them and parents and carers were not easily accessing independent advocacy.

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

Partners were able to demonstrate a number of important positive trends in improving outcomes for children and young people in need of care and protection. There had been a significant fall in the numbers of child protection orders and reducing care and protection referrals to the children's reporter. They had also significantly reduced the number of children whose names were re-registered on the child protection register within 18 months. Sustained attention and significant investment had been successful in bringing children and young people back into their local area and more effectively supporting other children to remain with their families.

However, there were other important areas where they were unable to demonstrate clearly improving trends. Partners did not yet have in place key measures to demonstrate that children in need of protection were increasingly safer. There was very little information on health outcomes but there was an improving trend in health assessments of looked after children. This made it more likely that their health needs would be identified at an early stage and addressed. Careful segmentation of attainment data demonstrated that children and young people looked after at home performed less well than those away from home. The introduction of the virtual head teacher team will, in time, enable better tracking and monitoring of educational outcomes. Only very limited youth justice information was being gathered, shared, discussed and used.

A steadily increasing number of care leavers remained in touch with social services in Stirling, well above the Scottish average. The number of care leavers in Stirling entitled to aftercare that were in education, employment or training had increased over the last three years, in contrast to a decreasing national trend. Accommodation options for care leavers had increased over the past year. Partners were able to provide figures to demonstrate a high rate of care leavers sustaining tenancies.

Although a range of data was gathered to measure outcomes, greater attention could usefully be given to careful analysis that would allow partners to attribute cause and effect. Despite partners gathering a large range of good-quality perceptual and observational data, they were not making full use of this to demonstrate improving outcomes.

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

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. 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 scale is used when evaluating the quality of performance across quality indicators

Our inspection used the following scale for evaluations made by inspectors:

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

CAMHS (child and adolescent mental health services) 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, addressing a range of serious mental health issues.

Centre for excellence for looked after children in Scotland (CELCIS) 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, using 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 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'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 **community planning partnership** is all those services that come together to take part in community planning. Each community planning partnership focuses on where partners' collective efforts and resources can add most value to their local communities, with particular emphasis on reducing inequality.

Continuing care is the obligation on local authorities to secure some care leavers in their looked after placement, or suitable alternative accommodation, up to their 21st birthday.

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

Enhanced foster carers have been specifically recruited in Stirling to support young people who are at risk of being placed in residential care or are returning from residential care. The enhanced foster carers receive bespoke training and support to enable them to care for young people with a higher level of social, emotional and behavioural difficulties.

Functional family therapy is a short-term, intensive family intervention. Therapists work closely with families to help them overcome difficulties by finding different ways of communicating and helping them to make changes to how they relate to each other.

The **General Data Protection Regulation (GDPR)** is a series of laws that were approved by the EU Parliament in 2016, coming into effect on 25 May 2018. GDPR is an EU initiative that brings data protection legislation into line with new ways that data is now used. The new laws are designed to give users great control over their data, including the ability to export it, withdraw consent and request access to it.

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 parent(s) to work in partnership with the services that can help them.

An **initial referral discussion (IRD)** is the process of joint information sharing, assessment and decision-making about child protection concerns.

The **local outcome improvement plan (LOIP)** is how the community planning partnership delivers improved outcomes for its communities. It is based on a clear understanding of local needs and reflects agreed local priorities, as well as the national performance framework developed by the Scottish Government.

Low impact anxiety management (LIAM) is an evidence-based intervention for mild to moderate anxiety experienced by children and young people.

Mind of my own is a digital app which aims to make it easier for children and young people to have their voices heard and to participate more fully in decisions about their lives.

A **National minimum dataset** for child protection is being developed for Scotland. There have been three pilot child protection committees and Stirling is now planning to use the dataset, supported by CELCIS.

Permanence and care excellence (PACE) is an improvement programme that aims to reduce drift and delay for looked after children in achieving permanence. It brings multi-agency partners together to look closely at children's journeys through care.

The **resource allocation group** makes decisions about children and young people's placements and allocates support services to best meet their identified needs.

Scottish Index of Multiple Deprivation identifies small area concentrations of deprived areas across Scotland in a consistent way. This allows partners to effectively target policies and funding where the aim is to tackle areas of deprivation.

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

A **strategic needs assessment** is the means by which local leaders work together to understand and agree the needs of all local people in order to deliver a strategy that sets priorities for collective action.

Universal services is the term given to those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting.

The **virtual head teacher** team is a group of education managers leading improvements in the attainment and wellbeing of school-aged looked after children and young people attending both in and out of authority schools.

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