



**care**  
inspectorate

# Report of a joint inspection of services for children and young people at risk of harm in East Renfrewshire

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland

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## Introduction

### Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively
2. Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

### The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).
- When we say **partners or partnership**, we mean leaders of services who contribute to community planning. This includes representatives from the health and social care partnership, East Renfrewshire council, NHS Greater

Glasgow and Clyde, Police Scotland, Scottish Children's Reporters Administration and third sector.

- When we say **staff**, we mean any combination of people employed to work with children, young people and families in East Renfrewshire.

**Appendix 2 contains definitions of some other key terms that we use.**

## Key facts

### Total population: 95,980 people

This is an increase of 0.5% from 96,060 in 2020. Over the same period, the population of Scotland increased by 0.0%.

In 2021 20.4% of the population were under the age of 16, above the national average of 17%.

In 2020/21, East Renfrewshire had a rate of 0.4 for number of children on the child protection register (per 1,000 of the 0 – 15yr population), lower than the Scottish average of 2.3

The rate of child protection investigations (per 1,000 of the 0 – 15yr population) was 0.6, this was lower than the Scottish average of 12.8.

8 (7%) of East Renfrewshire's 122 data zones are in the 20% most deprived in Scotland. It is estimated 3,060 children and young people (16%) could be living in poverty in East Renfrewshire in 2020/21.

East Renfrewshire had 56 incidents per 10,000 population of domestic violence recorded by Police Scotland in 2020/21. This was lower than the national average of 119.



## Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#), published in August 2019. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the East Renfrewshire community planning partnership area took place between 28 February and 13 July 2022. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 32 children and young people and 35 parents and carers. This included face-to-face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 308 responses from staff working in a range of services.
- We met virtually with approximately 100 staff who work directly with children, young people and families.
- We met virtually with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

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 and young person in East Renfrewshire who may be at risk of harm.

## Key messages

1. Staff recognised and responded quickly to concerns raised about children and young people at risk of harm. Very effective collaborative early interventions were preventing risk from escalating.
2. Children and young people at risk of harm were benefiting from high-quality assessments, plans and support from a wide range of services. These were impacting positively on their safety and wellbeing.
3. The safety and wellbeing of children and young people who were at risk of harm was improving as a result of the caring relationships they had with key members of staff. Children and young people were listened to and respected.
4. Children and young people at risk of harm and their families were actively participating and influencing service planning, delivery and improvement.
5. The partnership was successfully using data and quality assurance information to inform and support decision making, service planning and delivery. This helped to identify emerging risks and inform future priorities.
6. The partnership was providing strong and effective leadership and shared a very strong vision for children and young people. This continued throughout the Covid-19 pandemic ensuring appropriate supports reached the families who were in most need.
7. The partnership has a strong track record of continuous development and improvement of its services. Focused plans were in place to support improvements and build on achievements. They had realistic goals and strong measures in place to monitor progress with clear timescales.

## Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

### Key messages

- Joint working and preventative approaches were helping children and their families to receive personalised support when it was needed to prevent risks escalating.
- Staff recognised and responded quickly to initial concerns about children and young people. Information was being shared effectively without delay.
- Staff worked in highly effective ways to continue to provide support and minimise the impact of the pandemic

### Prevention

Partners' commitment to prevention and early help formed the basis for family services to support children and young people to remain at home with their families and within their community. Family support was effectively integrated into service provision. It focused on supporting existing strengths and abilities rather than focusing on the problem or concern.

Staff shared a common understanding of the **getting it right for every child (GIRFEC) principles** and **national practice model**. This had helped to promote a strong culture of collaborative working and staff responding in an effective and timely way to protect children at risk of harm. A range of early identification and intervention approaches and services were being used successfully to prevent risk from escalating.

Request for Assistance is a multi-agency service, accessible to education, health, or any other service, as well as the public, where they believe a child or young person needs help. The service ensured that children and their families receive a prompt response to referrals or inquiries. Partner agencies that made referrals were also supported in a timely way and offered advice to strengthen the preventative approach to children, young people and their families.

The Request for Assistance approach ensured a tiered and proportionate response for additional intervention. This enabled early identification and personalised support for families, with safety planning initiated at the point of a concern being raised. From 1 April 2020 to 31 March 2021, the Request for Assistance team completed a total of 1,047 initial assessments, with only 19% requiring targeted intervention. These figures were consistent with the previous year's activity. Throughout the Covid-19 pandemic, this service and other preventative approaches continued with positive collaborative working to keep children at risk of harm, safe and provided with meaningful support. Staff continued to deliver on their statutory duties.



## Recognition and initial response to concerns

Staff, including those who worked with adults, worked well together to protect children and young people and keep them safe. Children at risk of harm were being kept safe because staff identified concerns and shared them effectively and without delay. This included concerns that came to light outside normal working hours and at weekends. We evaluated the immediate response to concerns in almost all records that we read as good or better. We evaluated the majority as very good. Inter-agency child protection arrangements and guidance provided the required instruction for all staff working with children and young people. Strong collaborative contributions with the involvement of police, social work, health and education were evident in initial multi-agency meetings.

The protective arrangements for older young people at risk of harm were effective when considering the most appropriate route, including **care and risk management** and vulnerable young person processes. The Youth Intensive Support Service (YISS), with its clear focus of early prevention and strong collaborative working with the police, responded to those young people at risk of harm. Through the provision of flexible intensive support, it ensured young people and their families were listened to and involved in the assessment, decision making and planning of their care and support.

Pre-birth planning arrangements were effective, with the majority of pre-birth referrals progressed through the Request for Assistance team. These arrangements were enhanced by the **Special Needs in Pregnancy Service (SNIPS)** multi-agency meetings. East Renfrewshire saw an increase in pre-birth referrals to the Request for Assistance team of 13.3% in 2020/21 from the preceding year, however the number progressing to registration decreased.

## Follow-up to concerns

The **interagency referral discussion (IRD)** guidance was updated to ensure it incorporated all aspects of the **Scottish child interview (SCIM) model** and **Joint Investigative Interview pilot** process then shared with the **North Strathclyde partnership**. These developments strengthened the IRD procedures. Concerns for children and young people were being responded to very effectively and without delay. Appropriate information sharing, clear decisions about next steps and meaningful intervention were helping to protect children and young people. IRDs continued to take place during the Covid-19 pandemic.

The inclusion of education staff in the IRD process since 2020 positively impacted on decision making in relation to next steps for the child or young person. The level of rich information provided enhanced the assessment and decision making.

Concerns received for a child or young person not previously known to services were managed by the Request for Assistance team. The team manager liaised directly with police and ensured decisions regarding the need for an IRD were taken in a timely way. Where immediate risk of harm was identified, safety planning began before the IRD to minimise risk and secure the safety of the child. This was supported during record-reading activity and engagement with families and staff.

We evaluated the quality of follow-up to concerns as very good in most of the records we read. Staff considered the need for safety planning, medical examination and legal measures in almost all records.

The inclusion of East Renfrewshire in the North Strathclyde Partnership, and their developments in relation to the Scottish child interview model (SCIM) approach were ensuring coordinated protective responses to children and young people. Progress was being made towards the vision of a Child's House for Healing (Bairn's Hoose) in East Renfrewshire. This development was bringing together child protection and justice services into one place. Two premises had been secured in East Renfrewshire for development of the first **Bairn's Hoose** in Scotland.

We considered the multiple strands to the approach and the co-location to be extremely helpful. Children and young people benefitted from the trauma and recovery approach adopted by the joint investigative interview pilot and were able to tell what had happened to them. This was reflected in the initial evaluation from the Crown Office and Scottish Children's Reporter Administration. While numbers were low, all information from the joint investigative interviews was deemed able to be used as **Evidence in Chief** with no inadmissible material identified. This was reducing the possibility of the child experiencing the trauma of giving evidence in a formal court environment.

### **Performance management and quality assurance**

The well-established framework for collating data and audit activity effectively informed and supported improvement in the quality of child protection practice across the partnership.

The **child protection committee** used data to maintain oversight of service provision, emerging trends, and the impact of service provision. The use of the **minimum dataset for child protection committees in Scotland** provided trend information and an analysis of the data. Additional measures used in the area enhanced partners' understanding of local child protection activity and identified emerging trends such as the continued high levels of domestic abuse. While local recorded incidents of domestic abuse were significantly lower than the national average, domestic abuse continued to feature as one of the consistent concerns within interagency referral discussions. The overall proportion of IRDs where domestic abuse was listed as a significant concern remained at 31% throughout 2019/20 and 2020/21.

Other data included detail relating to increased numbers of peer-on-peer abuse which resulted in focused activity within schools. We found the partnership routinely reviewed data and effectively used it to inform planning. Data captured from the new Scottish child interview model was extensive and provided clear success detail. For example, since the pilot launch the disclosure rate from children and young people had been maintained at 80%. Given the pandemic period and the complexities this had presented across services, we considered this to be a positive outcome.

#### **Good practice example:**

The Youth Intensive Support Service (YISS) was making a positive difference in the lives of young people at risk of harm, and their families. The team's ethos is to support young people and ensure their rights are upheld and promoted. The service provides intensive intervention (including out of hours and weekend support) to enhance recovery from trauma, neglect and abuse. Additionally, the service provides the defined pathway for protective processes for young people at risk of harm.

The service supports children and young people aged 12 – 26 years, who are at risk of being accommodated, custody, placement breakdown and hospitalisation due to poor mental health. Support is also provided to young people who are looked after, in continuing care or in aftercare.

The School Nursing Service is aligned to the Youth Intensive Support Service. Both services adopt a relational-based approach to effectively engage the hardest to reach young people by co-ordinating and providing multi-dimensional support plans. The responsiveness of the service to the young person's needs has made mental health support more accessible.

The success of the Youth Intensive Support Service was reflected during the Covid-19 pandemic with an average of 81% of young people having contact at least fortnightly. Young people told us the support they received had made a positive difference to their lives. The approach taken by staff working together helped them to accept support to keep them safe. We consider this relational-based collaborative approach, which resulted in positive outcomes for young people and their families, to be an example of good practice.

From the period between 1 April 2020 and 31 March 2021, YISS directly supported 155 young people and their families.

- 38 were care experienced young people in receipt of continuing or aftercare support.
- 45 care experienced young people were supported through East Renfrewshire's **Family Firm**.
- 62 were assessed as being of immediate risk of custody.

## Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

### Key messages:

- Children and young people at risk of harm were benefitting from high-quality assessments and plans that were impacting positively on their safety and wellbeing.
- Children and young people at risk of harm were being effectively supported by a wide range of universal and intensive, targeted services. They were available to almost all children and young people at risk of harm at the time they were most needed.
- Children and young people at risk of harm, and their families felt fully supported as a result of the quality of the relationships between them and key staff.
- Strong partnership working was protecting children and young people from further harm and improving outcomes. The partnership arrangements and flexible supports to families continued throughout the pandemic.

### Assessment and planning to reduce risk

From our review of children's records, we found children and young people experienced improvements in their wellbeing as a result of high-quality assessments, planning and help they received.

The partnership implemented the **Signs of Safety** approach across all services as the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognised the need to define harm, outline danger and identify safety goals. Children's assessments and plans clearly benefitted from the use of the Signs of Safety analytical tools such as the harm matrix, scaling questions, the danger or worry statements and the safety and wellbeing goals. They provided children and their families with opportunities to fully engage in assessment activity and decision-making.

Multi-agency assessments effectively considered the needs, protective factors, and risks for children at risk of harm. Assessments consistently included the feelings, thoughts and experiences of the child and their parent or carers. They provided analysis and held clear evidence of management oversight. Our review of children's records supported this as we evaluated the quality of assessments as good or better in almost all, the overwhelming majority of which were very good. This demonstrated consistent high-quality practice.

Getting it right for every child (GIRFEC) principles were being used skilfully as the basis for all assessments and plans and were leading to improvement in the lives of children and young people. High-quality assessments and care planning were being used effectively to support staff to understand and respond to risks of harm. Chronologies were in place for all records and the addition of the harm matrix from the Signs of Safety model complemented the quality with an evaluation of good or above in most records.

### **Care planning and reviewing**

All children and young people had a high-quality plan that set out how the needs, protective factors and risks identified in the assessment were to be addressed and by whom. We evaluated the quality of plans as good or better in most records reviewed. Plans were produced in a timely manner. Staff from across services who had responsibilities in the plans monitored and reviewed progress effectively. These processes were firmly embedded and working well.

Most reviews were held within expected timescales despite the impact of the pandemic. We evaluated the quality of the reviews as good or very good in almost all records reviewed. Review minutes helpfully recorded oversight of the plan, the progress of actions and the involvement and voice of the child and their parent or carer. However, in a few of the records we read, there were no minutes. This was in line with the young person's safety planning protocol.

Staff adapted their collaborative working arrangements during the Covid-19 pandemic. Review arrangements were appropriately altered and ensured continued engagement across services and with families. For example, effective use of technology resulted in virtual, or hybrid models being introduced. We evaluated the continuity of collaborative working between agencies, during the periods in which there were restrictions due to the pandemic, as good or better in almost all records reviewed. We heard continuously from staff about the 'business as usual' approach throughout the pandemic. This view was echoed by parents with one noting, "there was no difference in the face-to face contact or meetings".

### **Availability and effectiveness of support**

Children and young people at risk of harm were being helped to stay safe, healthy and well, and to recover from their experiences. Interventions designed to reduce risk and meet needs had been successful in almost all the records we reviewed. A range of services that understood and responded to the impact of trauma on people's lives were successfully helping to keeping children safe and improve their wellbeing.

Practical help and therapeutic support were available from universal services, and targeted and intensive supports were provided by statutory and third sector partners. Supports such as Intensive Family Support Service, Youth Intensive Support Service and the Inclusive Support Service were effectively providing flexible responses to

meet the needs of children and young people in their recovery from abuse and neglect.

Staff in services worked hard to be responsive and improve emotional health and wellbeing for children and young people who needed it. Rising levels of demand for mental health support during the pandemic resulted in the priority development of the multi-agency Healthier Minds Service, aligned to school communities. Children and young people's mental health benefitted from the collaborative approach to identify opportunities to strengthen their mental wellbeing. This new service provided early help and complemented the already established **child and adolescent mental health service (CAMHS)**. Between November 2020 and April 2022, the service responded to 602 referrals, the majority for youth counselling. Children and young people accessing the service reported improvements in their mental wellbeing.

During the pandemic, services remained available but were adapted to ensure that children and young people continued to receive the right help and support. Childcare Hubs were introduced and focused on increasing contact with children and families at a time of increased risk due to children not attending school or other services. Children also benefitted from being provided with electronic devices as part of the digital inclusion programme. Over 3,500 devices were supplied to them. The partnership delivered a very successful Enrichment Activity Programme designed to increase face-to-face contact during the pandemic and this allowed children to try new skills outside of their home, build confidence and encouraged them to socialise and feel part of their community.

Children and adults affected by domestic abuse were supported through better safety planning following the implementation of the **Safe & Together model** and the **multi-agency risk assessment conference (MARAC)**. Therapeutic and practical support provided by Women's Aid was embedded and enhanced by additional funding from the East Renfrewshire Communities Mental Health & Well Being Fund. Information collated by the Violence against Women and Girls Partnership reported improved outcomes for children's safety, health and wellbeing, confidence, and self-esteem. To help meet increased demand for safe accommodation during the national lockdown period, additional local authority housing, designated as a refuge, had been made available. This resulted in mothers and their children being kept safe from further harm.

Involvement in the national **Equally Safe at Work programme** was strengthening opportunities for learning and development about gender-based violence for staff across services. The training frontline staff received in the application of the **domestic abuse and stalking, and harassment (DASH)** risk assessment tool resulted in early identification of risks to children and young people.

The collaborative approach adopted across services provided responsive and needs-led support to children at risk of harm and their families. We evaluated the effectiveness of work carried out to reduce risk of abuse and neglect as good or very good in the records reviewed. The effectiveness of work to reduce risks posed to



children and young people as a result of parents' or carers' circumstances or behaviour was evaluated as good or better in almost all records. Most children, young people, parents and carers shared the view that they benefitted from the support provided.

Protocols and practice guidance, such as inter-agency child protection procedures and gender-based violence guidance were providing the required instruction for all staff working with children and young people.

### **Good practice example:**

#### **Healthier Minds Hub**

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier Minds Hub is East Renfrewshire's framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff. The component parts of the hub are:

- Family Wellbeing Service
- Healthier Minds Service
- School Wellbeing Service
- Youth Counselling Service.

The hub is enhanced by the Healthier Minds website and resources.

The hub has representatives from CAMHS, Social Work, Youth Counselling, Educational Psychology, and the Family Wellbeing Service which is delivered by Children 1<sup>st</sup>. Hub members meet weekly to consider referrals. The needs of the child or young person determine the route for provision of the optimal support. The newly-formed, multi-agency recovery team, Healthier Minds service, was developed and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery.

The three key elements of the service are:

- strategic mapping and support to maximise school community capacity to be trauma responsive
- provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
- strengthening of the existing school counselling model.

One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.

The Healthier Minds Service gathers data effectively to evaluate and improve its work. Recent self-evaluation shows that more girls accessed the service and Black and minority ethnic groups were underrepresented. Staff considered how to

address these issues and introduced a worker with a focus on sport to encourage boys to access services.

602 Referrals were received between 25 November 2020 and 30 April 2022. The majority (247) were referred to the Youth Counselling Service, 179 were referred to Healthier Minds Team, and 104 continued with existing services. The majority of persons referred were female and aged 13-16 years.

### **Quality of relationships**

The quality of relationships between key staff and families was an area of particular strength.

In response to our survey, all parents and carers reported that their child had the right help to keep loving and supportive relationships with people they cared about. They also reported positively about their established relationships with staff members. They told us that staff communicated well and helped them to understand what needed to change to keep their child safe. This reflected the opportunities provided for parents and carers to engage in difficult conversations. Most agreed that staff took their views seriously. Among the many positive comments we heard, one parent commented that the relationship with the social worker had helped them recognise and understand the need for child protection registration and noted their daughter to be happier and more confident.

Staff formed and sustained trusting relationships with children at risk of harm and their parents and carers. Staff were confident that they took time to understand the strengths and needs of children and young people and these positive relationships helped them respond effectively. The quality of relationships was helping children and young people understand why staff were involved with them and their family.



### Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.

#### Key messages:

- Meaningful involvement of children and young people at risk of harm, and their families was very well rooted across services. Their views and experiences were at the heart of all decision making about what mattered to them.
- Advocacy was routinely offered to children and young people within protective and looked after processes.
- Children and young people at risk of harm and their families were actively participating and influencing service planning, delivery, and improvement. Their involvement helped evaluate, shape, and deliver services.

#### Meaningfully involving children, young people and their families in decisions about their lives.

The partnership was fully committed to the promotion and protection of children's rights in line with the **United Nations Convention on the Rights of the Child (UNCRC)**. The principles of the UNCRC were reflected in every aspect of policy making. Partners were demonstrating clearly their commitment to ensuring that these principles were implemented in practice every day across services for children and young people.

Meaningful involvement of children and young people and their families was very well rooted across services. The views and experiences of children and young people at risk of harm were at the heart of all decision making. In almost all records read, children and young people and their parents and carers expressed their opinions in decisions that were affecting their lives.

Parents were routinely involved in multi-agency planning and decision-making and were listened to and respected; even when they did not agree with decisions being made. There was consensus among parents about this, and one parent commented "I didn't lose my independence and could be involved in decisions. It actually helped to know they (social workers) were there" and "working with our social worker made it easier".

Most parent and carer survey respondents said that workers communicated well and helped them to understand what needed to change to keep their child safe. Most agreed that staff listened to them and took their views seriously and almost all found the involvement of services helpful.

Children and young people told us that their worker listened to their views and opinions about what matters to them. Staff spent time with them and gave them the help they needed. Importantly, young people believed that their lives had improved because of the support they received.

In almost all the records we read, the ways in which children, young people, and parents and carers were listened to, heard and involved by professionals was rated as good or better, with the majority rated as very good. In almost all records, children and young people and a parent or carer contributed to an initial multi-agency meeting, where appropriate.

Frameworks such as the national practice model and Signs of Safety tools were effectively used by staff to minimise communication barriers and encourage the participation of children and young people and their families. Tools such as 'the three houses', 'danger or worry statements', 'scaling questions' and the 'safety and wellbeing goals' were helping families become more involved in their own assessments and decision-making and in working in partnership with key staff to make changes in their lives.

### **Independent advocacy**

Independent advocacy was routinely offered to children at risk of harm. The partnership's own data indicated that a high proportion (76%) of children subject to child protection processes had been offered advocacy. Nonetheless, partners were determined to improve on this and had set themselves the goal of increasing the numbers of children offered advocacy. In almost all survey responses, children and young people told us they had an adult they could trust to talk to about things that were important to them or when they are not happy about something. Almost all said they had someone who explained their rights to them. This provided us with a high level of confidence that children and young people can access appropriate support to advocate for them.

We have a high level of confidence that parents and carers had opportunities to access the appropriate support to advocate for them. The majority of parents and carers responding to our survey said that they had the opportunity to speak with an independent advocacy worker. Although independent advocacy for parents and carers was not universally available, most parents agreed that staff listened to them and took their views seriously, and almost all found the involvement of services helpful. The partnership had identified that advocacy was an area they wanted to strengthen and had included it in the child protection committee improvement plan 2020-23.

Staff maintained strong relationships with families throughout the pandemic. Virtual and face-to-face meetings supported children, young people and their families to share their views. The majority of children and young people who responded to our survey said that they had enough contact with their worker during Covid-19 lockdown most or all of the time.

## **Involvement of children, young people and families in influencing service planning, delivery and improvement.**

The partnership was taking positive action to ensure that policies, planning arrangements and service developments fully reflected the views of children and young people. Young people told us they believed they were making a difference and that their personal confidence had increased as a result. The partnership had established a strong culture of participation and engagement. Creative approaches to communication and consultation were having a positive effect on the development of services. Despite the challenges of the pandemic, the partnership continued to support participation with harder to reach children and young people. Examples included creative consultation around a vision for the children and young people's services plan and involvement in the consultation of school nursing services.

Information from extensive consultations and co-production events that drew on the lived experiences of children and young people, and parents and carers was used well to inform improvements in services. Children and young people at risk of harm were important contributors in the production of the **children and young people's services plan** and the development of the key priorities. Partners' desire for the experiences of young people to better inform service design and delivery was central to the approach.

Commendably, the partnership routinely involved children and young people at risk of harm, and families in service development. The partnership engaged with children and young people in a variety of ways including surveys and consultation activities. Services had well established systems in place to gather feedback about children, young people and families' experiences of the supports they received as well as their views about the quality.

**The champions board** was offering young people opportunities for leadership and to influence policy and practice development. Young people involved with the champions board told us that they were encouraged to share their views and expertise, even when their views might challenge the partnership. In recognition that the views of younger care experienced children were under-represented, the mini-champs group for those aged 8-12 years was formed. Young people in the champions board were responsible for shaping the agenda. They identified themes and influenced change.

As a result of the influence of the champions board and feedback from parents and children, the Healthier Minds service was developed. The champions board also influenced the establishment of care experienced traineeships. Care experienced trainees were supporting the partnership to further improve their approach to participation and consultation. This included ensuring the voice of older young people at risk of harm was heard and influencing development.

Other influencers such as young people who were at risk of offending, were actively engaged in the co-development of harm reduction programmes. This included a

programme with police, which took a young person through a mock custody process. Some young people who were involved in carrying knives helped frame and took part in the local No Knives, Better Lives campaign, which heightened young people's and community awareness.

In partnership with Children's Hearing Scotland, young people with experience of secure care delivered training to children's panel members. Inclusion of young people in the recruitment of some staff across the health and social care partnership and council was well-established. Staff described the value of young people's involvement as thought provoking.

The Request for Assistance team was formed after a co-production event. The partnership listened to families who wanted a simpler referral and service and made changes to reflect identified needs.

Some parents fed back that they found core group meetings daunting. As a result of this feedback, these meetings could now take place in the family home, where appropriate. This was helping families to be more actively engaged in key processes. Aligning with Signs of Safety, children, young people and their families have helped review how plans are produced. Work was undertaken to adapt language and to make plans more concise, so that people are clearer about their plans.

**Good practice example:****Participation and engagement**

The partnership produced a report, Children's Rights in East Renfrewshire, that describes how it promotes, supports and upholds children's rights. The principles of the United Nations Convention on the Rights of the Child (UNCRC) underpinned all policy, practice, and services across children's services. Meaningful involvement of children and young people and their families was very well rooted across services.

Partners were ensuring that children and young people, and their parents and carers were at the heart of decisions that affect their lives at an individual level as well as in wider society. They demonstrated this by:

- staff building strong, trusting, and respectful relationships with children, young people, and their families
- listening to children and promoting their participation
- focusing on strengths and assets of families
- an informed workforce that understood the risks and needs of children, young people and their families and the implications of them for the families they are working with.

The focus on strengths meant that individuals and families were at the very heart of the planning and decision-making process and integral to delivering the overall vision for children and young people in East Renfrewshire.

Staff effectively used the ethos and tools from the Signs of Safety approach to build trust and listen to the views of children, young people, and families. Tools such as the three houses, danger or worry statements, scaling questions and the safety and wellbeing goals were helping families become more involved in their own assessments and decision-making. They were empowering families to work in closer partnership with key staff to make changes in their lives.

Children, young people, parents and carers told us they were encouraged to share their views and expertise, even when their views might challenge the partnership.

The quality of relationships was helping children and young people understand why staff were involved with them and their family.

Children and young people told us that their worker listened to their views and opinions about what matters to them. Workers spent time with them and gave them the help they needed in most cases. Importantly, young people believed that their lives had improved because of the support they received.

## Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

### Key messages

- Strategic leaders collectively demonstrated a very strong drive and ambition to continually improve performance, standards and outcomes for children.
- The partnership used data and quality assurance information very successfully to ensure their work was truly effective and having a positive impact on children's lives. It enabled them to identify future priorities and plan the right action to meet them.
- The partnership was providing strong and highly effective leadership and shared a very strong vision for children and young people. They ensured that children and families continued to get the support they needed throughout the Covid-19 pandemic.
- Leaders were highly visible across the partnership and available to the workforce.

Strategic leaders collectively demonstrated a very strong drive and ambition to continually improve performance, standards and outcomes for children. In the period since the joint inspection of services for children and young people in 2014, leaders' determination to streamline the integration of services and improve practice was evident. Examples included the successful redesign of children's services and the improvement of the IRD processes. More recently, investment in intensive support for children, young people and families was preventing escalation of risks and was supporting children and young people to remain at home in their communities, where appropriate. The implementation of the Signs of Safety framework was empowering families to be more actively involved in their assessments and plans.

The partnership shares a very strong vision for "children to grow up loved, respected and given every opportunity to fulfil their potential, to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE". This was underpinned by the principles of the United Nations Convention on the Rights of the Child (UNCRC) and was well understood and received by staff across services. It led to an exceptionally high degree of motivation and drive to deliver the best possible outcomes for children and young people at risk of harm, and their families.

Senior leaders, elected members and staff across the partnership recognised their responsibilities to improve opportunities for children, young people and families. Leaders were well sighted on the challenges within their communities and the potential for these to negatively impact on outcomes for children and families. Leaders demonstrated collective ownership and a shared commitment to embedding the culture, systems and practices of the Getting it Right for Every Child approach across services. This was supporting good multi-agency working to reduce risk and



improve children and young people's wellbeing. This was underpinned by a strong approach that valued respect, inclusiveness, and cooperation.

We were confident that leaders are holding one another to account and challenging each other and themselves about what they could do better or differently to enhance outcomes for children, young people and families.

The **chief officers' public protection group** was the primary strategic group overseeing public protection matters. Clear lines of accountability and well-established governance arrangements were in place between the child protection committee and chief officers. Leaders had well-established and robust governance arrangements in place that are ensuring clear oversight and connectivity within children's services planning and across wider community planning. Collective accountability and responsibility for leading integrated services for children and young people was very well embedded.

Purposeful corporate parenting was a clear priority for leaders, and elected members were highly committed and ambitious to deliver improved outcomes. There was a consistent approach to corporate parenting planning. Central to the approach was the inclusion of the expertise of children and young people based on their experiences, to better inform service design and delivery for children and young people at risk of harm.

Strategic and operational leaders had comprehensive knowledge of the existing risks and needs of children, young people and families in their communities. They had identified emerging risks and needs of groups of young people and were planning appropriately to address them. This included the risks to and needs of young people seeking **asylum** and increasing numbers of children and young people with neurodiverse conditions such as autism.

Strategic and operational leaders and staff across services were intelligently using data to support, maintain oversight of performance and drive improvement. Partners knew themselves well through their evidence-based self-evaluation and effective use of performance data and quality assurance. The child protection committee demonstrated continuous improvement and monitored a range of performance data about key processes. As a result, leaders were well-sighted on areas of strength and where they should target their efforts for further development.

The 2020-2023 children and young people's service plan, *At Our Heart*, provided a coherent strategy, clear direction and key priorities for integrated children's service planning for the next three years. It was informed by the strong approach to using data on a partnership basis.

Leaders and managers at all levels were successfully sustaining a very strong culture of engaging, supporting and motivating staff across agencies to deliver high-quality services. Opportunities were made available for staff to continually reflect and learn from best practice. This embedded culture of developing the strengths, skills

and knowledge of the workforce is empowering frontline managers and staff to make decisions and deliver creative and flexible services.

Leaders were highly visible to staff, and managers were viewed as approachable and available, recognising and appreciating the hard work and often difficult situations staff were regularly faced with. This contributed to staff feeling valued and being highly motivated.

The partnership has worked closely with children and young people to learn more about their experiences of the supports they received. They have used this learning to determine what has worked. A strong ethos of innovation and creativity encouraged them to improve the quality of their work and practice. A learning and improvement culture was very evident across services. Agencies worked together collaboratively with many examples of meaningful use of research, relevant data and other learning opportunities informing developments. For example, the partnership was embracing **whole system** change in response to external drivers such as **The Promise** and the **National Guidance for Child Protection**.

Senior leaders and their teams responded quickly to the emerging Covid-19 pandemic. They effectively used their extensive knowledge to provide the best safeguarding arrangements for each individual child. Thorough strategic oversight ensured that children, young people and their families continued to have the appropriate support to keep them safe and well.

At the start of the pandemic, the partnership quickly produced comprehensive child protection and looked after children contingency guidance for frontline managers and staff to ensure that high-risk situations were effectively managed. For example, it offered helpful advice on IRDs, **joint investigative interviews**, undertaking home visits and child protection case conferences.

Throughout the pandemic, staff across the partnership continued to maintain support to families in a variety of ways, including face-to-face meetings and virtually. They described their support to families as 'business as usual'. It was evident that staff worked collectively above and beyond in very difficult circumstances to ensure that those in most need received practical, financial and wellbeing support and that children were kept safe. This meant that staff undertook tasks that may not have been part of their usual duties.

The health and wellbeing of staff, personally and professionally, was impacted as the pandemic progressed. Staff told us about the loss of a work/life balance, increased stress and tiredness. The partnership added 'support for resilience and staff wellbeing' as a new strategic priority and introduced a variety of measures to promote staff wellbeing. These included a health and wellbeing champion and a health and wellbeing group. Along with informal and formal wellbeing conversations with managers and colleagues, staff had access to resources and information that could improve their wellbeing. The partnership was very committed to ensuring that working arrangements were sustainable and that staff felt safe and supported.



The partnership has a solid track record of delivering continuous improvement. The impact and the restrictions of the Covid-19 pandemic resulted in delays in progressing elements of planned development and improvement work. Nevertheless, the partnership remained fully committed to strengthening practice and improving the safety and wellbeing for children and young people and their families.

The partnership had agreed nine key priorities in the children and young people's services plan to support improvement. These included actions to further enhance:

- protecting the most vulnerable children, young people and families
- corporate parenting and implementation of the Promise
- responding to the mental, emotional, and health and wellbeing needs of children and young people.

The child protection committee's three-year comprehensive business improvement plan incorporated elements of the children's services plan priorities and appropriately focused on safety planning for children, participation, management oversight and multi-agency working. It also included planning for recovery across the multi-agency partnership to "ensure that children, young people and their families are supported to recover from the immediate and longer-term impact of the pandemic".

Combined, these plans, based on evidence gathered by the partnership, provided targeted improvement actions to build on the partnership's achievements and strengthen practice.

We are confident that these plans are resourced, focused, have realistic targets and timescales, and are the basis for continuing to strengthen areas of practice and sustain the very supportive culture that is embedded.

## Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

### Evaluation of quality indicator 2.1: Excellent

We found strengths that significantly impacted on the experiences and outcomes for children and young people at risk of harm. There was a long track record of innovative, effective practice and very high-quality performance across a wide range of activities and from which others could learn. The partnership was fully committed to the promotion and protection of children's rights.

- Nationally reported statistics showed sustained positive trends in child health, educational attainment and positive destinations for school leavers.
- Children and young people were getting the best start in life. Strong partnership working across the universal and targeted intensive services was safeguarding their safety, health and wellbeing.
- Children and young people were being kept safe because of timely and highly effective intervention. They benefitted from staff working in partnership with them to reduce risks and build resilience.
- Children and young people at risk of harm were benefitting from enduring and trusting relationships with workers who were interested in them and took time to get to know them and build relationships with them.
- A wide range of health and wellbeing services was improving children and young people's emotional health. The Healthier Minds service was offering more timely and appropriate support to children and young people aged 10-18.
- Children and young people were benefitting from targeted supports in education services to help them engage in learning. Young people were successfully setting their own goals to help build and achieve qualifications through alternative and bespoke timetables. Efforts were taken to maximise a range of opportunities, including outdoor learning and forest schools.
- Children and young people at risk of harm were participating meaningfully in decisions that affect their lives. They told us that they felt listened to and their views mattered.

- Children and young people were well supported to exercise their rights to make real choices in matters that were affecting their lives. Advocacy was routinely offered to children and young people at risk of harm. Children and young people told us they had an adult they could trust to talk to about things that were important to them, or when they were not happy about something.
- Children and young people were benefiting from a range of opportunities to contribute to service planning. The partnership's extensive participation and engagement approaches were successfully supporting a wide and diverse range of routine consultation and engagement. The partnership recognised young people were the experts. Their contributions significantly improved services and directed the change. Examples included the redesign of children's services, the influence of the champions board on the development of the healthier minds service and the establishment of care experienced traineeships.
- The partnership was effectively supporting older young people to benefit from modern traineeships and supported employment.

We can be confident that excellent performance is sustainable and that it will be maintained. Therefore, we evaluated quality indicator 2.1 impact on children and young people as **excellent**.

See appendix 1 for more information on our evaluation scale.

## Conclusion

We are confident that the lives of children and young people at risk of harm in East Renfrewshire are improving as a result of services delivered by the partnership. We are confident that partners have the capacity to build on their achievements and strengthen service delivery. We did not identify any notable gaps in services, nor did we identify any significant areas for improvement during the inspection.

This is based on the following.

- The collective leadership, direction and accountability demonstrated by partners to deliver the best possible outcomes for children and young people at risk of harm.
- The strong relational-based approach that was the foundation for collaborative working across agencies and with children, young people and their families.
- Partners actively engaging with children, young people, and their families in order to empower them to be more involved in identifying their needs and improving outcomes.
- The effective use and analysis of data to inform decisions and target resources.
- The partnership having already identified their achievements and areas of practice that they wanted to strengthen.
- The evidence of improvement in safety and wellbeing outcomes for children, young people at risk of harm, and their families.

## What happens next?

The children and young people's services plan and the child protection committee business plan are the partnership's key improvement documents. They are focused and have realistic targets and timescales. The partnership has oversight as part of the quality assurance process. The Care Inspectorate will continue to engage with the partnership and offer support for continued improvement through our link inspector arrangements.

## Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections use the following scale for evaluations, which is outlined in the [quality framework for children and young people in need of care and protection](#), published in August 2019.

- **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 peoples' 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 2: Key terms

Note: more key terms that we use are available in [The Guide](#) to our inspections.

**Asylum-seeking young people:** a person under 18 years of age or who, in the absence of documentary evidence establishing age, appears to be under that age who is applying for asylum in their own right and is separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so.

**Bairns' Hoose (Barnahus approach):** a multi-agency co-ordinated approach designed to reduce the number of times children and young people who are victims or witnesses to abuse or violence have to recount their experiences to different professionals. The approach aims to make child protection, health, justice, and recovery services available in one setting.

**CAHMS (child and adolescent mental health services):** the NHS services that assess and treat children and young people with mental health difficulties. CAMHS includes psychological, psychiatric and specialist social work support, addressing a range of serious mental health issues.

**Care and risk management (CARM):** processes that are applied when a young person has been or is at risk of being involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm.

**Champions board:** these allow young people to have direct influence within their local area and hold their corporate parents to account. They also ensure that services are tailored and responsive to the needs of care experienced young people and are sensitive to the kinds of vulnerabilities they may have as a result of their experiences before, during and after care.

**Chief officers' public protection group:** The collective expression for the local police commander and chief executives of the local authority and NHS Board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

**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.

**Child protection committee (CPC):** the locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

**Domestic abuse and stalking and harassment (DASH) risk assessment:** The DASH tool (domestic abuse, stalking, harassment and honour-based violence assessment) is part of the multi-agency risk assessment conference (MARAC) referral. It's a risk assessment form to help work out the risk level for the victim. The DASH form gives vital information to safeguarding professionals.

**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, suitable interventions that address their needs result in less exposure to harm.

**Equally Safe at Work:** an innovative employer accreditation programme developed by Close the Gap, Scotland's expert policy advocacy organisation working on women's labour market equality. It supports employers to improve their employment practice to advance gender equality at work and prevent violence against women.

**Evidence in chief:** the evidence given by a witness. In certain circumstances, a written or video-recorded statement may stand as a witness's evidence in chief.

**Family Firm:** the East Renfrewshire Family Firm programme provides one-to-one personalised employability support for care experienced young people aged 16-26 years. Aligned to the Youth Intensive Support Service, they offer practical advice, guidance and further training based on the young person's needs and aspirations.

**Family nurse partnership:** an evidenced-based, licenced, intensive home visiting programme offered to young, first-time mothers in Scotland by family nurses from pregnancy until their child's second birthday.

**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.

**Independent advocacy:** a service that supports a child or adult to express their own needs and views and make informed decisions on matters that influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

**Interagency referral discussion (IRD):** the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

**Joint investigative interview pilot:** the aims of this new approach are to improve the quality of experience of child victims and witnesses, minimise re-traumatisation, and improve the quality of evidence gathered during joint investigative interviews to prevent the need for these children to have to give evidence in person as part of child protection, court or children's hearing processes.



**Minimum dataset for child protection committees in Scotland:** a set of agreed measurements, criteria or categories required to create a robust understanding of information about a service. The data populated through these measures provide a baseline and then a progress measurement for the planning and development of services delivered.

**Multi-agency risk assessment conference (MARAC):** a meeting in which agencies identify and talk about the risk of future harm to people experiencing domestic abuse and their children and draw up an action plan to manage that risk.

**The National Guidance for Child Protection:** describes responsibilities and expectations for all involved in protecting children in Scotland. The Guidance outlines how statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

**National practice model:** a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people.

**Neurodiverse:** refers to the diversity of all people but is often used in the context of autism spectrum disorder (ASD) as well as other neurological or developmental conditions such as ADHD or learning disabilities.

**North Strathclyde partnership:** comprised of four local authority areas: East Renfrewshire, East Dunbartonshire, Inverclyde, and Renfrewshire; two policing divisions: G (East Dunbartonshire and East Renfrewshire) and K (Inverclyde and Renfrewshire); Children 1<sup>st</sup>; NHS Greater Glasgow and Clyde, SCRA and the Crown Office and Procurator Fiscal Service.

**The Promise:** the main report of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It described what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

**Safe and Together:** a practice model that aims to improve how child welfare systems and practitioners respond to the issue of domestic abuse. It provides a common framework for practitioners to consider and discuss concerns, challenges and solutions for families.

**Scottish Child Interview Model (SCIM):** a trauma-informed, best practice model that seeks to secure best evidence for court processes and inform assessment of risk to the child and other children.

**Scottish Children's Reporter Administration (SCRA):** an executive non-departmental public body of the Scottish Government with responsibility for protecting children at risk.

**Signs of Safety approach:** child-focused and inclusive of children young people and families. It incorporates risk assessment, risk management, care planning and safety planning. The approach makes use of professional knowledge and knowledge from families and their wider networks to rigorously explore harm and danger alongside existing strengths and safety within the family. It aims to work in partnership with families to reduce risks and increase safety by building on the family's strengths, resources and networks to change the everyday lived experience of the child.

**Special Needs in Pregnancy Service (SNIPS):** provides a specialist service to women who are pregnant and have alcohol and or drug misuse issues and their babies. This includes people who are in hospital and those living in the community and includes pre and ante natal assessment.

**United Nations Convention of the Rights of the child (UNCRC):** A widely ratified international statement of children's rights.

**Whole-system approach:** involves applying systems thinking, methods and practice to better understand public health challenges and identify collective actions.

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