

## Services for children and young people in Renfrewshire

11 December 2015

Report of a joint inspection

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## 1. Introduction

**At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.**

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from Renfrewshire Council, NHS Greater Glasgow and Clyde, Police Scotland, the Scottish Fire and Rescue Service and Engage Renfrewshire, the **third sector** interface organisation.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate Assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

A draft framework of quality indicators was published by the Care Inspectorate in October 2012. The indicators in 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators' are used by inspection teams to reach an independent evaluation of the

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quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are: leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

## 2. How we conducted the inspection

The joint inspection of services for children and young people in the **Renfrewshire Community Planning Partnership** area took place between December 2014 and February 2015. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 108 of the most vulnerable children and young people. We met with 97 children and young people and 51 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

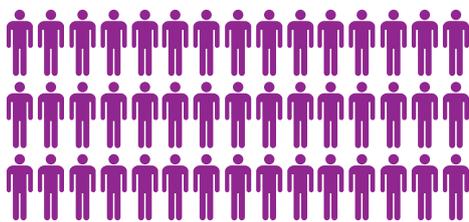
The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Renfrewshire Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Renfrewshire Council area published by Her Majesty's Inspectorate of Education in January 2011, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at **[www.educationscotland.gov.uk](http://www.educationscotland.gov.uk)**

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

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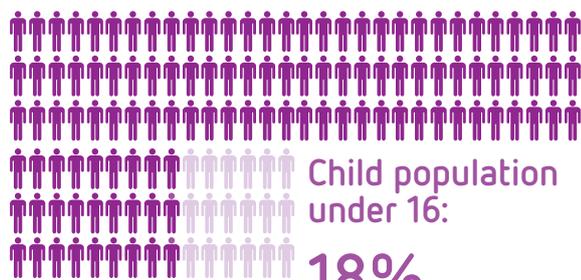
### 3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Renfrewshire has a population of 174,908 and covers 261 square kilometres. It is situated in the West Central Lowlands and is the ninth largest local authority in Scotland. Renfrewshire includes both urban and rural communities including Paisley, Johnstone, Renfrew, Linwood and Elderslie. It has a mixed economy with both long-standing industries such as manufacturing and modern technology-based enterprises. Sixty five per cent of Renfrewshire's population is aged from 16 to 64 years which is slightly lower than the Scottish average of 66%. Eighteen per cent of the child population is under 16 years. This compares similarly to the Scottish average of 17%. The 2011 national census reports that people from a minority ethnic background made up 3.5% of Renfrewshire's population.



Population of Renfrewshire

174,908



Child population under 16:

18%

The Renfrewshire community is diverse with areas of affluence sitting alongside areas of deprivation. Across communities, income and employment deprivation are significant factors with 15% of working age Renfrewshire residents employment deprived, compared to 12.8% in Scotland as a whole. Nearly 15% of Renfrewshire's population is income deprived, compared to a Scotland average of 13.4%. The 2012 **Scottish Index of Multiple Deprivation** shows that 48 areas in Renfrewshire are in the most deprived 15% of areas in Scotland. The most deprived neighbourhood area in Renfrewshire is located in Ferguslie, Paisley which is amongst the 5% of most deprived areas in Scotland.

The Renfrewshire Community Plan and **Single Outcome Agreement** published in 2013 set out the key priorities and objectives for the partnership over the next ten year period. This states the vision for Renfrewshire's children and young people that 'by 2023, we will get it right for every child and young person by ensuring that they live in a positive and inclusive environment, have the best start in life, are confident, healthy and free from disadvantage'. The **Integrated Children's Services Plan** 'Reach for a Better Future: Renfrewshire's Strategy for Improving Outcomes for Children, Young People and their Families 2013-2016' outlines how partners will work towards delivering this long term vision and explains how services working with children, young people and their families will provide support to achieve improved outcomes for Renfrewshire's children over the next three years.

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

### Improving the wellbeing of children and young people

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are: improving trends through prevention and early intervention; improvements in outcomes for children and young people; and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was very good. Community planning partners had delivered improving trends through prevention and early intervention approaches in community safety including reduced youth offending, house fires and road traffic accidents involving children. Small test of change initiatives purposefully tackled health inequalities for children and families and partners recognised the need to continually improve health outcomes across the whole child population. Partners were well informed about the needs of children, their families and their communities through their strategic needs assessment process. This focused planning priorities and successfully targeted resources to where they were needed most. Closing the educational attainment gap between communities caused by deprivation was a key priority. Partners also recognised they needed to significantly improve positive and sustained destination performance for their looked after children population.

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

Partners were delivering improving trends through effective approaches to prevention and early intervention and tackling inequalities. Community safety initiatives were reducing the risk of harm to children and young people from deliberate fire raising incidents, house fires and road traffic accidents. This included successful road safety campaigns within schools, fire reach courses to promote good citizenship and reduce anti-social behaviour, increased home fire safety visits and educational visits and talks within schools and nurseries.

Demonstrable improvements in performance were being made to successfully divert young people away from anti-social behaviour and prevent offending through a range of multi-agency youth engagement initiatives and programmes. The multiple award-winning Street Stuff programme was positively improving outcomes for children and young people through increased opportunities for them to participate and engage in a range of effective diversionary activities in areas where low-level offending and anti-social behaviour was prevalent. This initiative, coupled with other initiatives in children's services including the Early and Effective Intervention approach has contributed towards a 75% reduction in anti-social behaviour and low-level offending across the local authority area since 2009.

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Positive trends were being achieved in tackling health inequalities in key child and maternal health outcomes to support children to attain the highest level of health. This included improving trends in oral health, immunisation uptake, smoking cessation in pregnancy and child healthy weight. All nurseries delivered the Childsmile national preventative dental care programme to improve children's oral health and nurseries from the most deprived communities were providing twice-yearly fluoride varnishing for their children. This was also delivered to all primary one and two pupils across Renfrewshire. There was a slight increase in the percentage of primary one children showing no signs of dental decay when they started school, from 60.6% in 2010 of children in primary one to 63.3% in 2013. However the Renfrewshire figure remained below the Scottish national average of 66.4 per cent. To strengthen performance in this area a small test of change through the **Early Years Collaborative** was targeting families with children aged nine months with an additional and intensive Health Plan Indicator. The implementation of the child health 27-30 month review, Ready to Learn, was identifying and ensuring that the health and support needs of all children were being addressed at an earlier stage.

Immunisation rates for children under 24 months old were high and consistently above the national average, ranging from 97.7% in 2008 to 98.9% in 2012. This compared against a national average range from 97.1% to 98.2%. Smoking in pregnancy rates showed a fall from 20.7% in 2009/11 to 19.2% in 2011/12, compared to the national average of 19%, although rates were notably higher (22.7%) in the most deprived communities. Partners were very alert to these inequalities in health outcomes and a small test of change initiative, through the Early Years Collaborative, provided targeted one-to-one support to pregnant women who smoked and lived in the most deprived communities.

The percentage of primary one children who were assessed as obese during a health review had decreased from 9.7% in 2011/12 to 9.2% in 2012/13, compared to the Scottish national average of 9.3%. Partners targeted early intervention support through the New Mum, New You programme offering exercise and nutrition support to pregnant women and new mums with a high body mass index. Other key initiatives to improve child healthy weight were the promotion of the Active Children Eating Smart (ACES) programme and the Eat Well to Play Well programme for very young children identified as at risk of increased weight at the child health 27-30 month review. The **Family Nurse Partnership** launched in August 2014 was providing additional support to pregnant mothers who are 19 and under when first notified to the service. Data based on 24 teenage mothers who had delivered their babies showed early indication of positive impact on improved health outcomes and positive behaviour change in relation to tobacco, breastfeeding and healthy birth weight. Eleven out of 13 young mothers who smoked had smoked less during pregnancy whilst the percentage of new born babies being exclusively breastfed at birth was 38% which compared favourably with the Scottish national Family Nurse Partnership figures of 11%. Twenty-two out of 23 infants born at full term (at or after 37 weeks gestation) had a mean birth weight of 3382.8g which was inside the normal birth weight range (greater than 2500g).

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Partners recognised that further improvements were needed to improve performance, particularly in preventing teenage pregnancy, breastfeeding rates and low birth weight. The teenage pregnancy rate had reduced to 35.0 per 1,000 of the population compared to the Scottish figures of 34.7 per 1,000. In the last decade the national trend saw a decline in teenage pregnancy rates. While Renfrewshire had mirrored this, for the last two years they had remained slightly above the national average. To improve this outcome health staff worked closely with education to improve their sexual health and relationship programme in schools and support young people to access services.

Breastfeeding rates had remained low with 19% of babies being exclusively breastfed at 6-8 weeks compared to the national average of 26% in 2012/13, despite significant efforts and commitment from partners to increase support in this area. Partners were hopeful that a more targeted and focused approach would secure improvements. These included breastfeeding support to new mothers at the Royal Alexandra Hospital (RAH) following birth and post-discharge, Breastfeeding Welcome Award training delivered to staff within Families First; STAR project; Barnardos Threads and local libraries and 40 childcare students at the West of Scotland College had received Breastfeeding Friendly Nursery training since April 2014. Weekly breastfeeding Problem Solving Clinics at Paisley Maternity and local breastfeeding support groups also provided intensive care planning and support to breastfeeding women experiencing complex feeding problems.

The percentage of babies born of low birth weight was 2.7% compared to the national average of 2% in 2011/13. Whilst the number of babies with low birth weights in Scotland overall has been steadily declining, Renfrewshire's figures since 2009/11 has shown a slight increase. Following a review, partners introduced a new maternity booking system in June 2014 which made access to early ante-natal care available to support a healthy pregnancy, a good birth and a healthy baby. Although it was too early at the time of the inspection to evidence the impact of this work on improved pregnancy outcomes across the whole population, the Family Nurse Partnership was beginning to demonstrate early positive results in healthy birth weight.

Commendable early intervention and prevention programmes delivered through Families First, Renfrewshire's early years strategy, demonstrated early success in tackling the consequences of child poverty in the most deprived localities of Ferguslie and Linwood. Families First clubs operated across Renfrewshire to provide free meals and activities for children during school holiday periods. This nurturing approach was improving opportunities for children to be physically active and enjoy better physical and mental health. Work by partners to tackle child poverty showed early indications of positive impact and improvements in the lives of children and young people. For example, income maximisation through money advisors in Families First teams secured an additional £400,000 for local families. Our Place Our Families supported children and families to take part in activities that promoted healthy child development, financial

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and employment advice. Supported by Renfrewshire Community Planning Partnership, Renfrewshire Council had recently established a Tackling Poverty Commission focussed on mitigating the impact of child poverty and tackling inequalities across the different communities across Renfrewshire.

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

Partners were very well informed about the needs of children, their families and their communities through their strategic needs assessment process. This gave them baseline data so they could demonstrate improving positive trends in outcomes for children and young people. Achieving Step Change, an epidemiological study of the needs of children and families, and the Health and Wellbeing Survey of Young People, enabled partners to plan, prioritise and deliver better outcomes for children and families. A follow-up health and wellbeing survey of secondary school pupils in 2013 showed positive results including a reduction in young people smoking, drinking or taking drugs compared to levels reported in 2008. A total of 5,600 young people completed the 2013 questionnaire, a slight increase from 5,557 in 2008.

Proactive steps by partners including Renfrewshire Leisure had increased access to and participation in sport and physical activity by children and young people, including an 18% increase in rates of children participating in out of school holiday camps. Other initiatives included the ACES programme designed to combat childhood obesity. The Learn to Swim scheme had taught 15,400 children to swim in 2013/14. There was a 30% increase in participation in individual youth swimming lessons and a 43% increase in junior swims in 2013/14 compared to 2012/13.

A range of nurture programmes delivered in schools was having a positive impact on children and young people's social and emotional wellbeing and learning, developing resilience and improving peer relationships within classes and in the playground. Examples included Bounceback, PATHS programme (Promoting Alternative Thinking Strategies) and Families and Schools Together (FAST). Promoting positive behaviour programmes and restorative practices in schools were contributing positively to a reduction in rates of bullying and exclusions.

Performance in education across the majority of national measures over the period 2008/9 to 2012/13 continued to be above national and comparator trends in relation to educational attainment, rates of attendance and exclusions. Overall, school inspection reports continued to be positive. Figures showed that young people's attainment at the end of S4 at Scottish Credit and Qualifications Framework (SCQF) levels 3, 4 & 5 were better than the national average and comparator authorities. Levels of attainment at SCQF levels 6 and 7 overall, whilst better than comparator authorities, remained below the national average. There were improving trends in the percentage of school leavers in positive and sustained destinations, a rise from 87.7% in 2011/12 to 90.2% in 2012/13,

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compared against the national average of 91.4%. The percentage of young people moving onto further education increased the most, from 23.8% in 2011/12 to 28.6% in 2012/13.

Community planning partners recognised they needed to continue their strong focus on raising attainment and improving educational outcomes for children and young people in Renfrewshire and had introduced a range of initiatives. For example, all primary schools undertook Assessment for Excellence assessments at key stages to benchmark and provide important data on overall attainment for each school.

Partners were highly proactive in supporting children and young people's success, and opportunities for achievement had increased over the past three years. The number of awards achieved by children in 2013/14 was 1,477 up from 1,309 in 2012/13 and 1,044 in 2011/12. Children and young people across Renfrewshire achieved a range of awards including the Duke of Edinburgh Award Scheme, Sports Leader Award, Saltire Award, Youth Achievement Award, Young Scot Quality Award, Dynamic Youth Award and John Muir Award. Eight primary schools (396 children) had gained the Playmaker Award. The annual youth awards enabled community planning partners to celebrate the many achievements of young people in Renfrewshire. Youth awards included young carers, unsung heroes, sporting achievements and citizenship awards.

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

Renfrewshire partners were highly committed to tackling inequalities and improving the life chances of vulnerable children and young people and were demonstrating notable improvements through a range of effective early interventions and support services. For example, early intervention by Safer Choices Missing Service was effectively reducing the risks of child sexual exploitation for vulnerable young people. Screening for domestic abuse through **Sensitive Routine Enquiry** was helpfully identifying vulnerable young parents and children at an earlier stage. Early access to timely support from services including Threads Connections was giving children the best start in life by intervening early with young families affected by domestic abuse. Trends in the number of reported incidents of domestic abuse referrals had risen year on year as a result of improved recording of data by partners and effective identification and reporting of incidents. Child and Adolescent Mental Health Service (CAMHS) were successfully meeting the national **HEAT** targets to ensure vulnerable young people accessed timely help and support for their mental health and emotional wellbeing.

Partners had a strong drive to improve the educational attainment and wider achievements of looked after children. Figures on raising attainment, attendance rates and reducing exclusions for looked after children showed performance above comparator authorities and the national average. Renfrewshire's looked after children population had 91% school attendance rates which was above the national average of 89% in 2012/13. The number of exclusions of looked after children in Renfrewshire in 2012/13 as a rate per

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1000 looked after children was 134, which was significantly better than the national rate of 185 per 1000. The average tariff score for children in Renfrewshire was 134 in the year 2012/13 (up substantially from 79 in 2011/12) and ranked third when compared against comparator authorities and above the national average tariff score of 116 in 2012/13. These positive outcomes were as a result of a range of earlier intervention and targeted supports from services including the Home Link Service where additional contact with parents, carers, pupils and school staff was contributing to improvements in the attainment, achievement and attendance of looked after children.

Partners recognised that the educational attainment of their looked after children population continued to be significantly below the average tariff score of school leavers in Renfrewshire who were not looked after. Positive destination performance for school leavers who were previously looked after was 39%, significantly below the national average of 74%. Renfrewshire's performance was in the lowest quartile of local authorities in Scotland and as such had been the subject of a major focus for partners and services aimed at improving performance in raising the educational attainment and positive and sustained destinations of looked after children. A number of targeted initiatives were underway through Renfrewshire's Corporate Parenting Strategy and Corporate Parenting Plan to increase the proportion of looked after young leavers in positive and sustained destinations including education, training and employment. This involved a range of partners including the Economic Development Service, support from the Centre for Excellence for Looked After Children in Scotland (CELCIS), Education and Leisure Services, Skills Development Scotland and Invest in Renfrewshire.

Renfrewshire partners had named closing the attainment gap and improving educational outcomes for children from the most disadvantaged social backgrounds as a priority and had begun to tackle these inequalities through a range of measures. For example, further work in early years, primary and secondary school provision was taking place to ensure they were prioritising resources in order to intervene as early as possible and reduce the widening gap across school years. These included all schools examining pupil attainment in the context of the Scottish Index of Multiple Deprivation to identify and target interventions to improve children and young people's educational outcomes. One cluster of schools was involved in the Raising Attainment for All (RAFA) programme whilst the School Improvement Partnership (SIP) between a cluster of schools in the Johnstone area, in partnership with Education Scotland, was providing helpful evidence of the impact of collaborative working and learning across schools in improving outcomes for children and young people. The Improving Attainment of Looked After Children Strategy Group had a particular focus on supporting local improvement and raising attainment of looked after children across Renfrewshire.

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## Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people in Renfrewshire was very good. Children were participating in a broad range of activities both in school and the community which were helping to keep themselves safe. Young children were being helped to reach their potential by receiving flexible, responsive nursery education and early years support whilst older children benefitted from additional support for learning at school. Nurture work was a strong feature in nurseries and schools and was well established across the area. Staff across services helped build resilience in children and aspired to ensure they thrived in stable environments. A range of initiatives supported and promoted children to be active whilst children and young people were encouraged to express their views and opinions. However, the same rigour given to identifying and meeting the health needs of children who were looked after away from home was not in place for those children looked after at home or in kinship care where experiences and outcomes were more variable. For a few living at home or kinship care, it was not always clear how services were supporting caregivers to manage potential risks for the child during contact with some members of their extended family or significant people in their lives.

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

Most children and young people were being very well supported and equipped with the knowledge and skills they needed to keep themselves safe in their homes, schools and communities through an extensive range of opportunities provided by universal services as well as more targeted services. Primary and secondary schools promoted and provided very relevant personal safety programmes. Children described a wide range of learning they had experienced which included internet safety, road safety, cycling proficiency, safe play near water and dangers of under-age drinking. They confidently said what they would do if they felt unsafe or if a friend was not safe. Children we spoke to were easily able to identify an adult, parent or carer that they could speak with about personal safety and had trusting relationships with school based staff. Teachers and playground helpers were proactively addressing bullying and children trusted staff to resolve any problems quickly and fairly. Although most children felt safe in schools, some children we spoke with felt unsafe in their communities at night, describing street lighting not working and dark areas in parks.

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Safe Kids, a very successful annual community safety event held at St Mirren Park, brought approximately 1600 Renfrewshire P6 pupils together over a 2-3 week period to participate in workshops delivered by community planning partners. Key safety messages around internet safety, alcohol and drugs awareness, antisocial behaviour, vandalism in the community, fire safety, and the role of the police were discussed. Topics had been reviewed and updated to reflect current issues such as the dangers of passive smoking and railway track safety. As a follow up to Safe Kids, the Community Safety Hub delivered talks to P7 and S1 children reinforcing safety messages in relation to their role in the community. Since 2012, approximately 4600 S1 pupils and 3500 P7 pupils have benefitted from these talks. Scottish Fire and Rescue Service in partnership with Youth Services visited every secondary school in Renfrewshire to raise awareness of the dangers of fireworks which had a positive impact in reducing injuries and calls to the fire service. Young people who have been, or are, at risk of being involved with fire related crime attended a Fire Reach programme organised by the Scottish Fire and Rescue Service and supported by officers from the Community Safety Hub. The programme had significantly helped to reduce wilful fire-raising by 45% over the last four years.

The Street Theatre project was effective in discouraging young people from engaging in antisocial behaviour by exploring the potential damage it can do to themselves and others. The project had successfully worked with some young people who had complex challenges affecting their everyday life. The Community Safety Hub and Street Stuff Kick & Collect programme received the 'Achieving Excellence COSLA Award' in 2013 for their partnership approach in addressing safety issues in the Renfrewshire Community. Individual children were supported by peer support opportunities such as the At Your Side programme in Castlehead High School and home link workers provided very helpful support to some P7 pupils prior to starting secondary school. Health, social work and third sector staff undertook individual work with children and young people through helpful strategies that helped keep themselves safe both at home and in the community. A few vulnerable children could have benefitted from more one to one personal safety work which was tailored to the child's home situation.

Children were being kept safe from abuse by action taken to supervise, restrict or prevent their contact with people who presented the greatest risk to them. This included children and young people affected by domestic abuse, parental substance misuse or mental health problems. Those who were not able to remain safely in their own homes were being very well protected as a result of effective measures to keep them safe in high quality, alternative placements. Where possible, children and young people were cared for safely by relatives within their local community. However, for a few children living at home or kinship care, it was not always clear how services were supporting caregivers to manage potential risks for the child during contact with some members of their extended family or significant people in their lives.

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Early identification of risks to new-born babies, assessed as not able to remain safely at home, ensured they were kept safe through timely, alternative care from birth. Child safety sessions were routinely delivered as part of the Paisley Threads post-natal programme. Young people who engaged in risky behaviour were helped to keep themselves safer through helpful advice and guidance. This included young people with challenging behaviour, sexually harmful behaviour, mental health problems and substance misuse. Young people identified as at risk of child sexual exploitation benefitted from prompt responses to maximise their safety. For example, during 2013/14, the Safer Choices Missing Service undertook 64 Sexual Exploitation Risk Assessment Framework (SERAF) assessments of vulnerable young people. Over a quarter of the young people who engaged with the service felt more able to identify exploitative behaviour and, for over a third of young people, there had been a reduction in the level of risk of harm. Children and young people identified as a risk to themselves or others received valuable support from staff in residential care placements which was increasing their safety. Supported accommodation in the new build throughcare resource provided a safe, secure environment and positive relationships for young people preparing to leave care. Young people had their own self-contained flat within a community complex and had 24 hour access to staff for support which helped keep them safe. The service had helpful close links with the Public Protection Unit and staff were alert to risks of child sexual exploitation. Accommodation options for care leavers were carefully considered to ensure that their safety was maximised. This included young people remaining in foster care over the age of 18 years, supported carers and supported tenancies.

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

Children's health needs were generally monitored and addressed very well. Health visitors were providing helpful support and guidance to ensure young children had opportunities to maintain good health. The high uptake of the 27-30 month review had helped identify any developmental, behavioural and speech problems. This included dental health support workers identifying and addressing the dental health needs of children to support improved oral health. This was leading to earlier identification and intervention to specialist services and support including speech and language therapy, ensuring children were given the optimal opportunity to have problems identified earlier prior to starting school. Renfrewshire Community Health Partnership was UNICEF Baby Friendly accredited and breastfeeding was promoted well. Parents were provided with current and accurate information on weaning, food hygiene and safety and oral health through Starting Solids events that regularly took place across Renfrewshire every month.

The promotion of children and young people's health and wellbeing was actively supported across schools through a wide range of approaches, programmes and resources such as Eat Well to do Well and Your Body Matters. Renfrewshire Community Smoke-free Team supported young people to stop smoking by offering cessation support and if appropriate, offering nicotine replacement therapy. Local primary schools delivered the Second Hand Smoke initiative 'Jenny and the Bear' aimed at raising awareness to P1 children of the dangers

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of second hand smoke. NHS Greater Glasgow and Clyde Substance Misuse Toolkit, used in schools and youth organisations, provided online access to many resources which supported teachers and youth workers to deliver effective substance misuse education. The **Oh Lila resource** used in all pre-school establishments helped promote resilience and protective factors in younger children. Young people's sexual health was being optimised through accessible support services from the Sandyford Clinic where they accessed a range of services including advice, treatment and specialist counselling.

Children were provided with healthy choices at school meals and were encouraged to try new foods, particularly fruit. They had opportunities to learn about keeping healthy, dental health and how bodies grow and develop. Some children we spoke with felt healthy eating in school was hard because of long queues and coffee bar areas always being full, encouraging some children to go out of school at lunchtime.

**The ACES programme** helped to support children who were overweight to adopt and maintain a healthier lifestyle. Close working between a dietician, school staff and a link worker helped monitor carefully the child and any siblings' physical health and wellbeing. Staff worked in partnership with families to effect change in behaviour to promote longer term benefits of good health. Street Stuff worked with children and young people some of whom were vulnerable, and harder to reach, promoting healthy lifestyles and the benefits of exercise.

Children attending Children Experiencing Domestic Abuse Recovery (CEDAR) were supported very well to help overcome the effects of domestic abuse. The Functional Family Therapy Team worked successfully with families when family communication had broken down, providing effective support to improve the emotional health of children and young people. The health of children living with foster carers was being monitored and promoted effectively as a result of carers having access to appropriate information to help them understand and better meet a child's emotional needs. They were being assisted to attend routine medical and dental appointments and access any treatment required. Children who were looked after away from home were having an annual health assessment and their health needs addressed appropriately.

All children looked after away from home and care leavers had access to free leisure passes which was making a positive impact on their health and was helping them adopt a healthier lifestyle. Most children were benefitting from, and were positive about, the support offered by the looked after and accommodated children's nurse. Comprehensive medical assessments were being undertaken for most children who required them and these were helpfully identifying any health needs that needed to be addressed. Staff ensured care leavers were registered with a GP and supported to attend dental checks and to see the optician. Staff had a very good understanding of the issues affecting the emotional wellbeing of care leavers. However, children looked after at home or in kinship care were not routinely offered a comprehensive health assessment. The same rigour given

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to identifying and meeting the health needs of children who were looked after away from home was not in place for children looked after at home or in kinship care where experiences and outcomes were more variable. Plans are in place to redesign specialist paediatric services which will introduce health assessments for all looked after children including those looked after at home and in kinship care.

Within schools, children and young people's emotional needs were being appropriately recognised by Home Link workers, pastoral support staff and school nurses who were trained to recognise and support children and young people who self-harmed. Children and young people receiving help from Child and Adolescent Mental Health Services (CAMHS) benefitted greatly but access to services could be difficult for some children who did not reach the threshold for CAMHS support. Some children could have benefitted more from school nurse support to promote positive emotional wellbeing and mental health.

Most children who were on or had been on the child protection register were having their physical health needs met well but the emotional needs of a few children were not being given appropriate attention. This included a few children who would have benefitted from help to overcome or understand the impact of parental substance misuse or domestic abuse. Children affected by disabilities and their families attending the PANDA Child Development Centre were highly positive of help and support to maximise the health and wellbeing of their children.

Staff in the new build throughcare resource helped young people improve their physical wellbeing by ensuring they had access to free leisure passes. The service supported young people well with healthy eating through budgeting and cooking advice. This included commissioning the services of a chef to support cooking skills for staff and young people. The service worked effectively together with the health improvement team which involved themed nights on health issues.

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

Staff recognised the importance of celebrating children's achievements both in and out of school although for more vulnerable children this was not always recorded well in the child's plan. A range of well established early learning and literacy resources helped young children learn new skills and achieve. Examples included the Pizza Reading Club, Bookbug and the Play, Talk, Read Bus. Young children benefitted greatly from nursery placements at Pre-5 Centres. These were prioritised for children in most need and children thrived as a result of the wide range of play, social interaction and stimulation provided by staff.

Children were helped to recognise their achievements in school. They were clear about expectations and goals that they were working towards and a system of 'personal points' leading to prizes helped motivate them to work hard. Most young people were

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progressing well in their learning, development and attainment. Children were performing well above national levels in school attendance rates, exclusions and attainment and the number of school leavers in positive and sustained destinations was increasing. Young people were increasingly accessing a range of accredited award programmes including Duke of Edinburgh Award and Young Scots which was helping prepare them to succeed outside of school.

The Youth Services team actively encouraged and promoted children and young people's skills for learning, life and work, attainment and wider achievement. Some more vulnerable children were supported with homework or to attend school regularly by home link workers; others were helped to complete their homework by Brighter Future workers. Children described the Big Base at Castlehead School for those struggling in class where they got extra support as helpful and not stigmatising. One young person told us "I'd feel comfortable talking to my Guidance Teacher if I was struggling". Young people in S3 and S4 who had experienced disrupted education benefitted from the support and help given to them by Extended New Directions. This was allowing them to experience a more sustained and consistent environment, conducive to their individual learning needs. Children were very effectively supported when moving from nursery to primary schools and onto secondary school. This often included direct work with the Home Link service before and over the summer to prepare for the move resulting in successful transitions for children.

Children and young people attending Street Stuff celebrated success by receiving certificates and other awards. Some of the young people involved with Street Stuff had gained positions as coaches with the project and they were able to operate as role models for current participants. Young people living in children's houses were helped and encouraged to pursue their hobbies very well by the staff caring for them. Young people living in the new build throughcare supported accommodation and care leavers were using the Employability Hub and were supported well by staff to do so. This service was helping young people gain the skills they needed to be employable which included numeracy and literacy skills. Staff worked well with local colleges to help young people sustain placements and get their qualifications. Improving positive and sustained destinations for looked after young people was recognised by partners as a key priority area that required further improvement.

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

A major strength across services was the high quality, trusting relationships between staff and children and their families. In our staff survey, 92% of staff felt very strongly that their service did everything possible to ensure that children and young people thrived as a result of nurturing relationships and stable, supportive environments. Very young children were supported well by staff to develop secure attachments and experience warm, caring relationships from their parents and carers through Barnardos Threads

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post-natal programme, local baby massage groups and the Baby Buddies Group. Pre-school children were thriving as a result of the wide range of play, social interaction and stimulation provided by staff within nurturing environments across Families First Pre-5 Centres, playgroups and nurseries.

**A nurture approach** represented a strong feature of the work done across nurseries and schools and was well established across the area. Children and young people benefitted from improved social and emotional learning and well-being through a wide range of nurturing approaches and evidence-based programmes used across schools such as Promoting Alternative Thinking Strategies (PATHS) and Bounceback. These approaches were impacting positively on children's ability to self-regulate, build resilience and foster improved inter-personal interactions and relationships in the early years and primary school. For example, children with a range of additional support needs attending Bushes Primary School were able to describe their feelings, provide examples of strategies which they would use to help improve their emotional well-being, and demonstrated care and concern for others.

Similarly, older children at Williamsburgh Primary School were developing emotional intelligence through their health and wellbeing programme using the PATHs curriculum.

Nurture champions were available in nurseries to offer more individual, enhanced nurture support to younger children. They received extra training to help them develop the nurture principles within their establishments. Most primary schools had nurture rooms and some did outreach nurture work. Children with additional support needs in relation to attachment, social or emotional development experienced valuable, direct support in nurture bases within schools. School nurses and Home Link staff ran nurture groups for children improving children's self-esteem. Families First clubs provided activities and a healthy meal for children in P1- P3 eligible for free meals during school holiday periods.

Children were experiencing improved nurturing relationships and supportive environments at home as a result of valuable support being provided to their parents and carers through parenting programmes and groups from Families First. These were helpfully strengthening positive behaviours and secure attachments resulting in better parent and child communication and stronger family bonds. Bookbug groups in libraries, Bookbug at Home, Baby Massage and Play Talk Listen promoted appropriate attachments and encouraged nurturing behaviours between parents, carers and young children through reading and play activities. Vulnerable children and young people were benefitting from supportive, nurturing relationships through the Befriending Youth Scheme.

Children and young people looked after by foster carers, kinship carers and in children's houses that we spoke to told us they felt safe and well cared for as a result of consistent and predictable routines, dependable care and supportive, respectful relationships from carers and staff who looked after them. Where appropriate, they were well supported to maintain nurturing relationships with their parents, extended family and significant people

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in their lives to help build their identity and sense of belonging. However, a few children in kinship care would have benefitted from greater clarity about plans for contact with friends or other members of their family and why contact with a particular adult was or was not put in place. This would help children and young people to feel more secure and understand more clearly about any plans that are in place.

Staff in children's houses worked hard to create a caring and nurturing environment for young people using the attachment model Philosophy of Care. This initiative, supported by an extensive programme of training for residential care staff, aimed to improve outcomes for looked after and accommodated young people by creating, through reflective learning, a sense of nurture and belonging to a 'family' which had a long-term commitment to them.

The Family and Contact Team (FACT) was contributing positively and delivering improved nurture outcomes for children under three years where there have been previous concerns around parenting capacity by promoting earlier and more effective decision making and action to secure them a permanent family. Improved timescales for progressing permanency planning was ensuring more children and young people were being placed with long term, permanent carers at an earlier stage. Children in adoptive placements benefitted from meaningful help to understand their circumstances through effective post adoption supports. Outcomes for these children were positive, as carers and children were well matched and well supported. Many care leavers between the ages of 16 and 21 years who had been looked after benefitted from the opportunity to continue living with their foster carers and in children's houses longer where they continued to experience a stable and homely environment. This enabled these young people to experience sustained and consistent practical, financial and emotional support during their transition to independent adulthood. Care leavers living in supported accommodation at the new build throughcare resource experienced helpful, accessible and sustained support from highly committed staff.

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

Partners provided a wide range of opportunities for children and young people to be physically active and participate in sport and leisure activity both at school and in their local community. Families were able to easily access information about the range of sporting, recreational and leisure activities and programmes available to children and young people including during the school holidays through a range of comprehensive information. This included Renfrewshire Leisure's web site and seasonal publications which provided information on programmes and events available throughout the year.

All schools were achieving Scottish Government targets of two hours quality physical education per week in line with national requirements through a variety of activities and sports which helped keep children and young people physically active and promoted their healthy growth and development. Children and young people were positively

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encouraged and supported to adopt and maintain a healthier lifestyle at school through initiatives developed in partnership with health promotion staff to promote improved healthy eating and physical activity. This included the national pilot programme Better Movers and Thinkers.

An increasingly greater number of children and young people were accessing a wide range of inclusive sports, leisure and recreational activities which helped them to adopt and maintain a healthier lifestyle. Renfrewshire Leisure provided week long activity sports camps over the school holiday periods with 2,652 young participants benefitting, an 18% increase from the previous year.

Young people across Renfrewshire were being helpfully encouraged to learn new skills and develop their sporting interests after school through a range of youth social programmes delivered in partnership by Renfrewshire Leisure, Active Schools and Sports Development. Vulnerable children benefitted from opportunities to access and participate in free recreational and leisure activities during school holidays through Families First programmes. Children and young people affected by disabilities and those with additional support needs were helpfully supported to access and participate in recreational and activity programmes, available both within school term and during school holidays.

Street Stuff provided children and young people across communities with free and accessible sporting and recreational activities whilst encouraging them to adopt and maintain a healthier lifestyle. A strong inclusion policy and well-designed facilities helped ensure children with additional support needs were actively helped to access the programme. During 2013/14, a total of 24,153 attendances were recorded, which represented an increase of 18% in comparison to the preceding year. The Street Stuff Football Festival, held at St Mirren Park, brought 400 young people from across Renfrewshire together to take part in the 5-a-side games and meet the first team squad. In response to the views of young women, Street Stuff developed a programme of successful dance activities to encourage and involve girls.

Children and young people looked after in foster care and residential care benefitted from continued encouragement and support from carers' and staffs' to be physically active and develop their interests in a range of ways including swimming and football. Free leisure passes issued to all looked after children and young people or those using after care services was helping young people to access sporting, recreational and leisure facilities which they might otherwise be unable to afford, and enabled them to be more active.

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

Across services there was a strong emphasis and well embedded culture of respect for children and young people and their rights. A number of schools had achieved or were working towards the UNICEF Rights Respecting Schools Award. Children and young people across schools were actively consulted and involved in making improvements towards

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achieving this award. Children and young people had opportunities to learn about their own rights and the rights of others through the active promotion of high profile, school-based events including around e-safety and social media, cyber-bullying and the promotion of the anti-bullying policy in schools. All S2 pupils had the opportunity to express their views and learn about children's rights and relate these to their own lives in a fun and interactive way through Do the 'right' thing workshop at the 2013/14 Annual Youth Participation Event.

We found many examples of children and young people being meaningfully consulted on a range of issues and in a range of ways to increase their democratic involvement and engagement in schools. For example, highly positive and effective Pupil Councils and youth forums including Democracy Days encouraged children to participate and share their views and influence decision-making within their schools. Across schools, young people were actively involved in the appointment of senior members of staff such as Depute Head Teachers and Head Teachers. Nurseries positively supported and involved very young children in activities and encouraged them to give their views. This included children being involved in staff recruitment.

The majority of children and young people who had completed the **wellbeing survey** in November 2014 felt they were given opportunities to express their views and helped to do so if they needed it. They knew what to do if they were unhappy about support they were given or disagreed about decisions made about them. There were a number of very positive initiatives to support and empower vulnerable young people and hear their voices. For example, looked after and accommodated young people and those involved with through care and aftercare services had direct access to their corporate parents through the Children's Champions Board. One young person told us "I meet people who are in my shoes and I don't feel as though I'm the odd one out". Through the Champions Board, young people were consulted on the Looked After Strategy for education and social work. Young people who had previously been in foster care were closely involved in foster carer preparation groups speaking to prospective carers about their experiences of being in foster care. Other young people were actively involved in the interview process for staff within children's houses.

A range of methods to promote and uphold the rights of the most vulnerable children and young people across Renfrewshire enabled them to express their views and be involved meaningfully in decisions which affected them. Vulnerable children and young people were being assisted to contribute their views through a range of effective tools and approaches including Viewpoint on-line questionnaires, Having Your Say and This is Me forms. All About Me forms were used to seek the views of children and young people at children's hearing meetings. These helped to ensure that their views were listened to and well recorded. Young people living in children's houses had their views heard through a variety of methods including questionnaires, individual and group meetings, comments and suggestions box, you said/we did feedback forms, informal feedback, and through

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formal consultation about their care plans. Children with complex and special educational needs benefitted positively from staff ensuring their views and opinions were taken into account and heard through suitable communication aids and approaches such as talking mats.

Most children and young people were well prepared and supported to contribute or participate directly in planning and decision-making meetings that impacted on their lives. Staff listened carefully to them and considered their wishes and feelings fully. Looked after and accommodated children and young people were being effectively helped by their advocacy worker to express their views and be involved meaningfully in decisions that affected them. Most children and young people who needed independent support were helped very well to access this through the Barnardos Hear 4 U Advocacy Service and Who Cares? Scotland. However a few children who could have benefitted from independent advocacy had not been offered this service. In our reading of children's records there were a few cases where the views of children could have been sought and recorded more effectively within the child's plan.

Some young carers we spoke to were very positive about the help they received from services to understand their issues and had received helpful information about their rights and entitlements and opportunities to express their opinion through the Young Carers Forum. As a result of listening to their views, partners had reviewed their approach to supporting young carers and better identification of their needs both at school and at home, through the Young Carers' Strategy. Lesbian, gay, bisexual and transgender (LGBT) young people were being empowered to make meaningful contributions affecting important aspects of their lives through a support group where they could seek advice, information and be appropriately signposted to other services.

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

Overall, children and young people across Renfrewshire were benefitting from appropriate guidance and supervision to help them grow into responsible citizens. They were being supported very well through schools, youth groups and residential care services through opportunities to develop responsibility for their own behaviours, respect for others and participating actively in their own community. Examples included nurture groups in schools which demonstrated how well children were supported to show care and responsibility for their peers. Buddying and mentoring programmes in both primary and secondary schools encouraged senior pupils to take on appropriate levels of responsibility for younger pupils.

Children and young people were being provided with opportunities to become responsible citizens in the life and work of their school and their communities through extensive involvement in school committees and community based youth forums and groups. This included pupil councils, eco-school groups, fair-trade groups and opportunities to work with local and global charitable organisations and trusts. Meaningful

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opportunities by partners to support youth engagement were also encouraging a significant number of young people to become responsible citizens. For example, young people played an effective role as members of all five Local Area Committees, Renfrewshire's Licensing Forum and cashback for Communities Grant Panel.

Young people were better able to understand the perspectives of other members of their community through the joint initiative Generations Working Together between schools and care homes. This initiative was having a positive impact on helping to bring young people and older people together through participating in social and recreational activities and had helped to increase the respect and empathy between younger and older people. Increasingly more young people were gaining positive experiences of taking on new or additional responsibilities and making a meaningful, positive impact on their community through volunteering. Volunteer awards provided real benefits for young people's preparation for moving onto further education, training or the workplace. The Duke of Edinburgh Award Scheme recognised young carers caring responsibilities to build credits towards achieving the award.

Restorative practices used in schools, under the Promoting Positive Relationships policy, were supporting children and young people to take responsibility for problem solving and decision-making on issues affecting their lives, learning and experience of school and helping them to better understand their responsibilities as citizens. Vulnerable children and young people were benefitting from a range of diversionary, educational and community engagement activities within their local communities which were having a positive impact on reducing anti-social behaviour and successfully encouraging more responsible behaviour. Young people who offended were receiving helpful, early and effective intervention through a range of restorative justice programmes and approaches which were having a positive impact on reduced offending and risk taking behaviour. Services supporting young people included ASIST (Anti Social Investigations Team), RADAR (youth drug/alcohol service) and RaMPS (restorative justice, mediation and parenting support service).

The introduction of the **Philosophy of Care model** used in children's houses had helpfully supported young people to take more responsibility for their behaviours and make better, informed choices through reflective discussions between staff and young people. Collaborative support from throughcare and aftercare services, children's houses and throughcare supported accommodation were successfully helping young care leaver's transition to independent living. Young people were actively encouraged to undertake increasing levels of responsibility and autonomy for different aspects of their lives as they prepared for independence. This included staff in children's houses helping looked after young people learn about 'life skills' such as personal care, cooking, cleaning, budgeting, shopping and using public transport. Young people not in employment were supported by Barnardos Works Renfrewshire to secure employment and were helped to develop the necessary skills needed to be responsible adults in the work place.

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

A wide range of responsive and inclusive approaches and practices helped children and young people build a strong sense of belonging and feel part of their wider community. For example, very young children were benefitting from the nurturing environments provided within Pre-5 Family Centres and nurseries where staff knew them very well. Parents we spoke to felt staff made them feel welcome and were aware of their children's specific needs. Children and their families were being successfully helped to widen their social networks and reduce isolation through initiatives such as the Polish Little Angels Club, where children, young people and their families benefitted from helpful support to increase their engagement in their local community. Within schools, The English as an Additional Language Team supported children, young people and their families to ensure they settled into their school and community and successfully access the school curriculum.

Children and young people were supported effectively to feel more included and involved at school through the Home Link Service which ensured stronger links and effective communication between home and school. HomeStart Renfrewshire working with Families First locality teams successfully supported and strengthened young children and their families' engagement in community networks, reducing barriers to isolation. Inclusive environments within nurseries and schools promoted a strong sense of belonging and connectedness where children and young people were encouraged to value diversity. A strong culture across all schools of promoting positive behaviour strategies and nurturing practices helped children and young people foster inclusive relationships and build effective social skills. Buddying systems in primary schools fostered a sense of whole-school community and helped young children starting school to feel welcomed and well supported.

A wide range of community based resources and activities provided opportunities for children and young people, including those who were vulnerable or disadvantaged, to participate and be meaningfully included in their community. Barnardos Hear 4 U Advocacy Service worked to increase children and young people's participation and inclusion by helping access local community based supports. Children and young people affected by disabilities and additional support needs were helped by staff to access and participate in a range of therapeutic, social and recreational activities and groups that increased their opportunities to socialise and be fully included in their community including Families First Clubs during school holidays, Renfrewshire Special Games, befriending and residential respite services through Action for Children.

Many children and young people retained a sense of belonging to their wider family in kinship care placements. Contact with other important adults and people in their lives was encouraged and well supported. Children and young people looked after away from home were well supported by their foster carers and staff in children's houses to maintain

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important contact with wider family members and friends. Young people leaving care benefitted from the Befrienders Service to support transitions and inclusion. Many vulnerable and disadvantaged children and young people were being actively helped through Street Stuff to develop positive relationships with their peers and become more included in a wide range of community based activities. Active Renfrewshire enabled young people aged 10-17 years old to access a range of free sporting activities including football. Free leisure passes for children and young people looked after had increased their access to sporting and leisure facilities in their local communities.

Young people living in children's houses or using throughcare and aftercare services were actively encouraged and involved in the design of services and helped choose furnishings for their children's houses and supported accommodation tenancies at the new build throughcare resource. Skills for Learning, Life and Work increased young people's inclusion and participation through initiatives and events such as Dragons' Den, Young Enterprise Company Programme and the Youth Philanthropy Initiative. There were positive examples where children and young people were valued contributors and meaningfully involved in shaping policies and services within their local schools and communities. For example, the Young Carer's group was instrumental in changing the transition information for secondary schools so that it included young carers as a category of need. This enabled young carers' needs to be met more effectively.

### **Impact on families**

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

The impact of services on family wellbeing was very good. A wide range of parenting programmes, supports and interventions, both universal and targeted, were having a positive impact on family wellbeing. Staff pro-actively engaged with families and where necessary used flexible and imaginative approaches to encourage uptake of services. Valuable, intensive work was being undertaken to promote effective parenting and prevent family breakdown. Whilst effective individual supports were provided by midwives, health visitors and family nurses, a few parents had had difficulty accessing health visiting services. Parents and carers of pre-five children affected by disabilities received a well-coordinated service and highly comprehensive care and support from the PANDA Child Development Centre. However, a few parents with older children found it difficult to access the same level of supports from specialist disability services. Overall, staff established highly effective and trusting relationships with families, enabling them to provide a wide range of supports and services to promote family wellbeing and resilience.

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Families and their children benefitted from a wide range of reliable, accessible and high quality services that contributed to increased parental confidence and positive wellbeing. Parents and carers who participated recognised the value of these programmes in supporting them to establish consistent routines and set appropriate boundaries for their children which was resulting in improved parent-child attachment and interaction. Early intervention and prevention programmes delivered through Renfrewshire's innovative Early Years Strategy Families First, ensured families benefitted from a flexible range of appropriate help and individualised support, at times when they needed it to prevent difficulties arising or getting worse. Many families were helped in very practical ways including budgeting and income maximisation through Advice Works.

Parents-to-be received very helpful, early support during pregnancy and in the early years through universal and targeted programmes to help them prepare for parenthood. Families benefitted from very effective universal support offered by family support workers, health visitors, Children 1st staff, midwives, family nurses and early years staff. Baby Massage and community baby groups were helping families bond better with their young children and increase parental wellbeing. Families were encouraged to use community resources such as libraries, toddler groups, soft play facilities, Book Bug programmes, Play@home and Play, Talk, Read. These services were being successfully offered to families at an early stage to strengthen parental confidence and promote strong nurturing relationships between parents and young children. However, a few parents we spoke to had experienced difficulty accessing their health visiting service when they had needed support due to available health visitors.

Effective and well-coordinated pre-birth support for pregnant women was having a positive impact on parental confidence and parenting abilities. Midwives identified vulnerable pregnant women early in their pregnancies to provide targeted care and support. The Special Needs in Pregnancy Service (SNIPS) worked very effectively with staff across a range of agencies, including staff in adult services, to provide tailored support from an early stage to vulnerable pregnant women and their families. Targeted, intensive support from the Family Nurse Partnership was having a positive impact on teenage mothers' confidence and infant attachment. Many vulnerable young parents benefitted from effective help from Barnardos Paisley Threads in the ante and post natal periods to increase their knowledge of child development, management of infant behaviours and support healthy attachments. Opportunities for group support for vulnerable pregnant women over the age of 21 years would be a helpful addition to the current effective range of supports offered for younger women.

Parenting programmes for toddlers and older children helped support parents to develop nurturing relationships with their children. Strength-based programmes delivered on a group and individual basis, were enabling families to focus on what they were doing right rather than on focusing on problems. Staff trained in delivering evidenced-based parenting programmes such as Triple P, Incredible Years and the Solihull Approach were

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having a positive impact on increasing parental confidence and strengthening family resilience. Barnardo's Five to Thrive programme engaged young parents in a range of interventions to promote healthy parent-child attachment and family wellbeing through a range of intensive one-to-one support, outreach and group-based programmes. There were positive examples of fathers being supported to develop cookery skills, healthy eating and budgeting through participating in Buddie Hell's Kitchen; a collaboration between Community Resources, Childcare First and St. Mirren Football Club. This valuable work helped them develop a supportive peer environment, improved social network and reduced social isolation.

Functional Family Therapy (FFT), a partnership service provided by Action for Children, helped families of the most vulnerable young people including those who demonstrated significant behavioural difficulties, anti-social behaviour and issues such as substance misuse to build on existing family strengths and relationships and prevent young people being looked after and accommodated away from home. Intensive support from FFT staff helped young people promptly and effectively in times of crisis to remain within their families and communities by strengthening family wellbeing, parental confidence and resilience. Over the first year of service delivery, FFT had made a significant impact in improving outcomes for families and young people by successfully keeping families together and maintaining young people within their local communities.

Family support workers undertook intensive work with families to improve their parenting capacity and confidence, offering helpful practical support and guidance. Staff were particularly flexible and creative in their approach. Where a need for support was identified, early years nurseries quickly offered placements to provide support to families and promote nurturing relationships. The Home Link Service was undertaking valuable work with families from nursery upwards. Staff in education and other agencies found the service to be effective in promoting family resilience. Many families were benefitting from Barnardos Parenting Matters Project to develop parenting skills and widen social networks. Staff demonstrated persistence and creativity in working with families who found it hard to engage. There was clear evidence of staff building positive and trusting relationships with families and engage them in work to promote family resilience and parental confidence. Parents and carers of pre-5 children affected by disabilities received a well-coordinated and comprehensive level of care and support from the PANDA Child Development Centre. However, the accessibility and level of support available for children over five years affected by disabilities was more variable due to waiting to access specialist disability services. For a few children this had caused delay obtaining services such as respite or support for adapted housing.

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## 5. How well are partners working together to improve the lives of children, young people and families?

### Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

Providing children and families with help and support at an early stage was very good. Staff across services, including staff working with adults, were very alert to concerns about the wellbeing of children, young people and families through strengthened information sharing procedures, processes and practice. The National Practice Model and wellbeing indicators supported staff well to recognise when help was needed to enhance a child's wellbeing and to take appropriate, proportionate and timely action. Highly effective and trusting working relationships between services helped to ensure timely early sharing of information. A range of early, responsive and co-ordinated interventions and supports were available to give children, young people and families' timely and effective help when they needed it. However, for a few children and their families, help and support at an early stage had not been sufficient in improving wellbeing.

**Getting it right for every child** was providing a consistent framework for agencies to work together to assess need at the earliest possible opportunity. Staff across services were confident that difficulties were being recognised early as a result of successful partnership working and strong professional relationships. In our staff survey, 87% of respondents agreed that Getting it right for every child principles had made it easier to help children, young people and families at an early stage. Our review of children's records showed in the majority of cases, services were evaluated as very good or good at recognising when children and families needed additional help and support at an early stage to prevent difficulties arising or escalating. However, for a few children and their families the quality and consistency of help and support at an early stage had not been sufficient in improving wellbeing due to services continuing to provide the same approach without a review of the effectiveness of the support being deployed.

The implementation of Getting it right for every child and the National Practice Model approach had helped establish a culture of early sharing of information which was well embedded across all services. In our staff survey, most health and education staff agreed that they understood their role and responsibilities as named persons while the majority agreed that they understood their role as lead professionals. Health visitors had been trained as champions to provide support to colleagues and assist with the roll out of the

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named person role throughout Renfrewshire. This development was in parallel with the roll out of a web-based information system, EMIS Web, which is a clinical information system currently being rolled out within specialist and universal children's services in NHS Greater Glasgow & Clyde. This system is implementing a single shared health record for all children and to date has been implemented in CAMHS, speech and language therapy and children and families services in Renfrewshire. EMIS Web allows health staff full access to real-time information across children's services within health. Training for staff on the National Practice Model had helped to establish a shared, common language and understanding of children's individual needs and wellbeing and to respond confidently and proportionately, within the staged intervention approach to lower level concerns.

Early sharing of information within and across services in response to the learning from the significant case review into the tragic death of Declan Hainey, completed in November 2010, had been strengthened through improved procedures, clearer guidance and inter-agency training. A multi-agency information-sharing protocol in place across the partnership had brought greater consistency to sharing of information and channels of communication. Staff across services, including those working with adults, were alert to concerns about children's wellbeing. Clear protocols in place for staff working with adults where there were dependent children was ensuring these children were seen and staff proactively shared information when there were concerns about their wellbeing. Effective and trusting working relationships between school staff and school nurses helped to ensure that relevant information about a child or young person's wellbeing was promptly and appropriately shared, including information arising from police child concern reports.

Communication and information sharing was particularly effective in pre-birth cases between the pre-birth social work team, health visitors, Family Nurse Partnership, community midwives and the SNIPS specialist midwives. All pregnant women were routinely asked about any issues in relation to domestic abuse, drug and alcohol misuse, past history of being looked after, and about any difficulties regarding previous children. This was assisting midwives and health visitors to assess and identify supports at an early stage. Robust pre-birth screening assessments at booking visits by midwives were leading to prompt referrals to the pre-birth team or Special Needs in Pregnancy Service (SNIPS) depending on need and level of risk. Pregnant women and their partners had access to parenting education classes, including at weekends. Family support assistants played a positive role in supporting families at an early stage and offered flexible support outwith office hours and at weekends. Support was being provided for as long as families needed it.

Effective transition planning for children moving from nursery to primary and from primary to secondary school was helping to ensure that any additional supports required were put in place promptly to support children's learning and engagement in school. Home Link workers were working directly with families at an early stage when wellbeing concerns were identified and helping young people to re-engage in school.

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Staff we spoke with including children's reporters and teachers were confident that early multi-agency planning, supported by the staged intervention approach and integrated assessment framework, was helping families get the support they needed at an early stage. However, while the staged intervention approach was generally well understood by staff across services, in a few cases referrals were made to social work before universal services had attempted to address lower level concerns.

Effective action had been taken to raise the profile of issues associated with child sexual exploitation (CSE) through a well-coordinated, strategic approach being taken across the partnership. For example, the awareness raising programme 'Dangerous Lover Boy' was being rolled out across schools. This had led to greater enhanced staff awareness of how to recognise children at risk of child sexual exploitation at an early stage. The Safer Choices Missing Service was directly engaging and intervening with vulnerable young people who had been missing to offer support and assess if the young person was at risk of sexual exploitation.

Police child concern reporting helpfully contained a checklist of indicators and vulnerabilities to support police officers to better identify risks associated with child sexual exploitation.

A range of multi-agency groups and forums supported by a staged intervention approach was enabling staff to bring together relevant and timely information from across services to ensure children and young people received early help and support when there were concerns about their wellbeing. For example, school based Extended Support Team meetings were a helpful forum for discussing early action where there were concerns about a child's wellbeing and were effective in ensuring their needs were identified and supports put in place at an early stage. The Renfrewshire Forum for Resource Management (RENFORM) group was effectively ensuring that families who were involved with social work services and who were in need of extra support were provided with the right response at the right time. Young people identified as being involved in anti-social behaviour were being appropriately discussed at multi-agency Community Safety Hub meetings. The Early and Effective Intervention Screening Group were successfully addressing young people's offending behaviour at an early stage through the whole systems approach to ensure early access to suitable services. Domestic abuse referrals were being appropriately screened by police and social work regarding the appropriateness of referring to the Children's Reporter. Whilst police child concern reports were shared timeously with partner agencies including named persons in education and health, these were being sent via social work and not sent directly to the named person.

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## Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

Assessing and responding to risks and needs was adequate. When there were concerns about the safety of children and young people, staff across services responded promptly and worked together well to keep them safe. Responses to immediate concerns about unborn babies were well managed and effectively co-ordinated at an early stage. However, the limited role given to health involvement in initial referral discussions to early sharing and collation of information meant they were not sufficiently involved as full partners in the joint planning of investigations and decision making process. A few children experienced multiple interviews as a result of single agency investigations taking place prior to a joint investigative interview by police and social work. There was no shared or agreed record of initial discussions to clearly reflect the joint decision-making process of police, social work and health in joint child protection investigations. As a result the effectiveness or quality of joint decision making and planning was not always clear or transparent. The majority of chronologies in lead professionals' files were fit for purpose with positive examples of staff using chronologies effectively as helpful tools to support their assessments of risk and need but further improvements were needed to increase the number of chronologies which were of an acceptable standard. An integrated multi-agency framework for assessing risks and needs was clearly embedded and usefully framed around the national indicators of wellbeing. Staff confidence was increasing in their use of the framework and as a result, the quality of their assessments of risks and needs was improving. Children looked after at home or living in kinship care did not routinely have health assessments or an integrated assessment, which was a barrier to providing suitable supports to meet their needs. A robust risk assessment and planning process in place for young people considered at risk of child sexual exploitation was helping to reduce or mitigate identified risks.

### Initial response to concerns about safety and wellbeing

Across all services, staff were highly motivated to keep children and young people safe. Staff, including those who worked with adults, were very alert to the signs that children may need help or protection from significant harm and acted promptly by appropriately sharing concerns and quickly identifying risk. They took immediate action in response to child protection concerns to keep children safe. When it was no longer safe for a child or young person to remain at home, appropriate accommodation was found without delay with suitable friends, family or with foster carers. Responses to immediate concerns about unborn babies were well managed and co-ordinated as a result of very effective liaison between health visitors, social workers and other professional staff such

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as community psychiatric nurses. Pivotal to this was the effective work undertaken by the midwives in the Special Needs in Pregnancy Service (SNIPS) who worked well together with partner agencies to ensure that risks to new born babies were clearly identified and decisions to manage and mitigate risks were jointly addressed for example at pre-birth case conferences. Staff were aware of the long term impact of chronic neglect and responded quickly when circumstances deteriorated to ensure children and young people in need of care and protection were kept safe.

Despite these strengths, there was still an absence of a robust jointly assessed and planned approach to all child protection referrals and investigations by police and social work to fully and routinely involve health partners in the joint investigative planning and decision making process. The **record of inspection findings** from the joint inspection of services to protect children in Renfrewshire in 2011 noted the need to “ensure health staff are involved at an early stage when there are child protection concerns” as a main point of action. To ensure Renfrewshire practice was compliant with the 2014 National Guidance for Child Protection in Scotland and West of Scotland procedures, local procedures were refreshed in November 2014 and an implementation process for initial referral discussions was also introduced. However, this development was a relatively new approach and the extent to which this process had been implemented in practice was not consistent or embedded. There was no shared view by staff about health’s role in joint investigations and decision making.

Whilst progress had been made in strengthening processes to ensure health involvement in child protection discussions since 2011, including revised guidance for health, police and social work staff in early sharing and collation of information, health staff were not sufficiently involved as full partners in the joint planning of investigations and decision making process in initial referral discussions with social work and police. Practice continued to limit the involvement of health’s contribution to providing early sharing and collation of information and when police and social work were seeking a forensic medical examination.

Where a child or young person was alleged to have been the victim of abuse, consideration to arranging a joint investigative interview needed to be more consistent by police and social work. We found a few examples of a single agency response to child protection concerns where children were being interviewed by social work staff before a decision was taken to initiate a joint investigative interview with police. This had resulted in a few children being interviewed more than once. When reading children’s records, the effectiveness or quality of joint decision making and planning was not always clear or transparent. Partners acknowledged that a shared recording of joint planning and decisions of initial referral discussions was not in use and were recorded within single agencies records. A common recording tool across partners to reflect the joint decision-making process would strengthen the standard of recording of initial referral discussions. This would ensure a robust, transparent and comprehensive record of the effectiveness

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and quality of the joint initial response to child protection concerns and clearly evidence joint decision-making processes.

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

Staff in individual services were compiling their own chronologies of significant events in a child's life. We evaluated two thirds of chronologies of significant events in the lead professional or named person's case records as fit for purpose. Many staff had a very clear understanding of what constituted a helpful chronology and there were positive examples of staff using chronologies effectively with families to help them understand patterns of risk or as a tool when the need for permanence planning was being considered. Throughcare workers found chronologies very helpful when they started work with a care leaver with a long history. Partners are aware that further work is needed to fully embed the use of chronologies across services. Of the third that were not fit for purpose, some chronologies were out of date or missing significant information. Some did not start at the birth of a child but at the point of service involvement and some contained dates and lists of service contacts rather than record the outcome and impact of the significant event for the child. Staff indicated they would welcome the opportunity to undertake additional training on how to develop useful chronologies and a greater understanding of how these could be used as a supportive tool to inform assessment of risk and needs and this was identified by the partnership as an area of further work.

### **The quality of assessments**

Almost all children and young people who needed a risk assessment had one in place and, in cases we read, under two thirds were assessed as good or better. In over a quarter of cases we read, the quality of the risk assessment was evaluated as adequate. One in ten we evaluated as weak or unsatisfactory, where risks and protective factors had not been articulated well within the assessment. Almost all children requiring an assessment of their needs had one, with three quarters assessed as good or better and a quarter evaluated as adequate or below. Renfrewshire's staged intervention approach ensured that the risks and needs of children and young people were effectively assessed and support provided to keep them safe and meet their needs. The Staged Intervention Model was well connected to the principles of Getting it Right for Every Child, helpfully ensuring children, young people and their families were appropriately identified, their needs assessed and then supported in a proportionate and timely manner. This process was helping staff to be sufficiently focused to know when they should access additional services, seek further supports or liaise with other agencies for other interventions. For example, education staff made extensive use of the Home Link service appropriately both at Stage 1 and Stage 2 of the process to provide parents with additional supports, guidance and advice and signpost parents to other services which were available.

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The Integrated Assessment framework was used well by staff to assess the risks and needs of children and young people and was helpfully structured around the national practice model with reference to the wellbeing indicators, My World Triangle and Resilience Matrix. Through the effective use of multi-agency meetings, staff across services ensured that the holistic needs of children were fully considered. The revised process of embedding a parental substance misuse tool in the assessment of risk of children affected by parental drug/alcohol use or parental mental health issues was helping staff better identify and respond to their needs. To avoid duplication, integrated assessments were also used to provide the children's reporter and panel members with all the information they required to make decisions about the future for vulnerable children. Staff confidence was increasing in their use of the framework and as a result, the quality of their assessments of risks and needs was improving. The completion of an integrated assessment was no longer seen as the primary responsibility of social work. All relevant services felt that they were more actively involved in meetings and contributing to the actual assessment. Improvements had been made in assessments of family members and friends to become kinship carers and helpfully included appropriate background checks in terms of health, police, along with a consideration of their caring capacity and support needs. However, children looked after at home or in kinship care did not routinely have health assessments or an integrated assessment, which was a barrier to providing suitable supports to meet their needs.

Assessing the needs of children, young people and their families affected by high risk domestic violence took place in Multi-Agency Risk Assessment Conferences (MARAC) and for those at risk from repeated incidents of domestic violence assessing and planning to meet need took place in Multi-Agency Tasking and Co-ordinating (MATAC) groups. Both MARAC and MATAC were embedded well in practice and work undertaken in these forums was effective in protecting children and families through sharing information and identification and management of risk. The Family Assessment and Contact Team (FACT) provided a twelve week rigorous assessment around parenting capacity for parents of children under three years who required to be looked after away from home and where the parents had a previous child which required to be looked after and accommodated. This intensive assessment process was resulting in a fully comprehensive assessment of the child's needs, parents' needs and importantly parents' ability to care for their children to an acceptable level now and in the future.

When a young person was considered to be potentially at risk of child sexual exploitation, a multi-agency discussion took place at the Vulnerable Young Persons Operational Group. Services jointly shared information, agreed a risk assessment and put in place a supporting risk management plan for each child or young person. Whilst specialist assessment was used, the Getting it right for every child approach ensured that planning was based on a holistic assessment of need and risk.

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## Planning for individual children and young people

This section considers the quality of **children's plans** and the effectiveness of arrangements to review them.

Planning for individual children and young people was good. Most plans were of an acceptable quality but a few plans to manage risk were not. Two thirds of plans were not SMART (specific, measurable, achievable, relevant and time-bound). Planning for children and young people took place within a helpful framework based on the national indicators of wellbeing and through a range of helpful multi-agency meetings. Children and young people who were looked after away from home and care leavers had their plans and circumstances reviewed regularly but there was insufficient attention to reviewing plans for those children looked after at home or living with kinship carers. For a few children affected by disability, planning was adversely affected by capacity in specialist services.

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

In the majority of cases we read, plans to address risks and needs were of an acceptable quality, with over half of plans to manage risk good or better, and a fifth evaluated as adequate. Plans to meet needs were good or better in under a half of cases with over a third evaluated as adequate. Slightly more than a fifth of plans to manage risk were weak. More than half of plans to meet need were good or above, but some were weak. Two thirds of plans to meet needs were not SMART (specific, measurable, achievable, relevant and time-bound) and a fifth of plans did not set out the desired outcomes for the child. There was a lack of understanding and consistency among some staff across services about what constituted a SMART plan. The partnership's self-evaluation recognised this as an area for further development.

Staff made effective use of integrated assessment multi-agency meetings to draw up the child's plan. On a practical level, the electronic child's plan was set up to ensure that for every action identified a wellbeing indicator had to be selected, which some staff found helpful. Although the electronic template of the plan was useful there was variability in understanding by staff of whether all wellbeing indicators must or should be addressed within the plan or as part of the planning process. This resulted in inconsistency in practice with some practitioners skipping indicators they felt irrelevant or where they had little of note to say, while others completed all sections irrespectively of identified need. For some children and young people there was insufficient attention given to promoting active, respected, responsible and included outcomes in child's plans. These wellbeing needs were not so well evidenced in some children and young people's plans or were not outcome focused.

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Of those who responded to our staff survey, 71% agreed that they had received training on how to prepare a child's individual plan. Additionally, 76% of respondents agreed or strongly agreed that they had the guidance and tools they needed to prepare a child's individual plan. However, not all staff felt equipped to develop a child's plan. A fifth disagreed or strongly disagreed that they had had training to help them develop a child's plan and did not feel that they had guidance or tools to undertake the task. Partners recognised further work was needed to improve the quality and effectiveness of plans and planning for individual children and young people and were providing training to better support staff in preparing SMART, outcome focused plans.

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

We found an appropriate level of partnership working to support the children and their families in 92% of the records we read. Plans were based on the assessment of risks and needs and involved relevant professionals in their development. Multi-agency meetings were being used effectively to implement and review plans and agree the best way forward to promote better outcomes for children and young people. This included case conferences, looked after reviews and core groups for children and young people in need of protection. Staff across services were confident and knowledgeable on the systems, pathways and processes to use to plan for children and young people, ensuring needs were identified, actions taken and needs met without delay or unnecessary drift. Relevant staff from across all services including adult services workers such as those from addiction, mental health and criminal justice services attended and were involved in meetings to plan and review children's needs. Work was on-going by partners to streamline planning processes with the goal being that children and young people will have a single child's plan and single planning process.

In three quarters of cases we read, children's plans were being reviewed at intervals appropriate to the child's needs. The quality of reviewing the child's progress was rated as good or better in over half of cases whilst over a third were evaluated as adequate. Children and young people who were looked after away from home had their circumstances and their plans reviewed regularly and effectively at multi-agency meetings. Appropriate levels of challenge and accountability were achieved in these meetings as a result of independent chairing by senior social workers with no responsibility for the day to day management of the case. There was a lack of consistency in the approach to independent scrutiny of meetings of child protection case conferences and reviews which were chaired by social work managers at a senior level with overall management responsibilities. Most care leavers had an accommodation and housing support plan. These were used well by staff to ensure they supported young people to obtain and sustain a tenancy. Few had yet had this developed to a full pathway plan addressing their holistic needs. Managers acknowledged this and were making progress to address this. Multi-agency review meetings did not consistently take place for children and young people looked after at home or in kinship care placements. The annual review

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children's hearing may be the only reviewing process for these children. Not all children and young people in kinship care had an integrated assessment or child's plan.

Children, young people and their families or carers were supported well to attend case conferences and reviews and be partners to the planning and reviewing process. Many young people who were looked after away from home or whose names were on the child protection register benefitted from opportunities to express their views with the help of an advocacy worker from Barnardos Hear 4 U Service, Who Cares? Scotland or independent reviewing officers. Effective use was made of Viewpoint and Having Your Say forms to obtain young people's views on their wellbeing to support the planning and reviewing process. However, minutes of meetings such as core groups and planning meetings were not systematically recorded. While individual staff made their own notes, the lack of a shared and agreed record of the meeting had the potential to lead to misinterpretation of decisions and reduced the likelihood of a full and well informed understanding of expectations by relevant partners and agencies.

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

The effectiveness of the plan to secure a caring and stable environment for children and young people was good or better in three quarters of cases. In only a very few cases were there difficulties in implementing key actions in the child's plan because of delays in the child being assessed for key services. Similarly, staff had not experienced difficulties in implementing key actions in the child's plan because of delays in provision of key services following assessment. However, a few children affected by disability were being adversely affected by a waiting list for specialist services. This meant that some children were not having their needs fully assessed or plans to meet their needs progressed timeously.

For almost all children where there was a plan for permanent alternative care, progress was being made with minimal delay. Renfrewshire was one of two pilot areas taking a whole systems approach to delivering better outcomes for children requiring permanence. In partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and using the Permanence and Care Excellence (PACE) model, improved decision making was helping to secure permanent homes for more children as quickly as possible with the minimum number of placements and unnecessary delays.

In some circumstances where children were looked after at home or in kinship care placements, not all of their needs were being fully addressed. Some did not have access to comprehensive health assessments. In a few kinship care situations, long term permanent placements were still subject to annual children's panel reviews because no alternative legal measures had been secured to obtain other permanence routes for older children.

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The newly built, high quality children's houses provided a very stable and safe environment for young people who required to be accommodated. Low numbers of young people resident in the children's houses and the associated good staffing ratios were factors for the delivery of positive outcomes for the young residents. All of the care staff and other staff had received extensive training from CELCIS in the attachment model for looking after young people in residential care. One of the positive aspects of the adoption of a Philosophy of Care approach was that young people stayed for longer in children's houses with good transitional support as they moved through aftercare. An increasing number of young people who were aged up to 20 years were supported to remain in their care placements, including foster care, long after they were subject to statutory orders and until they were ready to move on and live independently.

### Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

We found joint planning to improve services was good. Children, young people and their families were a clear priority within joint plans related to integrated services for children. Community planning partners were committed to continuous improvement in the delivery of positive outcomes for children, young people and their families. The Getting it right for every child approach was well embedded in children's services planning and operations throughout Renfrewshire, contributing to enhanced integrated working and a common shared language and approach. Partners had responded quickly and decisively to external scrutiny of child protection practice, however, current processes had not progressed from early sharing of information and seeking a forensic medical examination to ensuring health's involvement as full partners in the joint planning of investigations and decision making process. Renfrewshire **Child Protection Committee** (RCPC) gathered a wealth of information and high quality data but effective analysis to inform planning and service development was unclear as no performance targets were set. Partners were alert to potential risks to vulnerable children and young people. In particular, the RCPC and Chief Officers' Group had led the development of an effective response to prioritising and responding to the assessment of risk to unborn babies and children and young people at risk of child sexual exploitation.

### Integrated children's services planning

Children and young people were a key priority in the Renfrewshire Community Plan and Single Outcome Agreement (SOA). This was appropriately informed by a thorough strategic needs assessment involving all stakeholders. Partners were committed to making

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use of expert knowledge, and worked alongside the Child Poverty Action Group and Save the Children to better understand challenges and potential solutions in Renfrewshire. The commitment to making use of expert knowledge to shape service development and secure additional funding was also evident in the Poverty Commission. There were clear links between the Community Plan (SOA) and the Integrated Children's Services Plan 'Reach for a Better Future: Renfrewshire's Strategy for Improving Outcomes for Children, Young People and their Families 2013-2016'. Explicit and appropriate links were made to the implementation of the Getting it right for every child approach. Working in partnership with the Social Research Unit at Dartington, partners reviewed their approach to planning and intervening to improve outcomes for children. The Achieving Step Change approach involved an epidemiological study in 2011 (repeat survey planned for 2015) where 12,789 children and young people (9-17 years) responded to standard questionnaires about their health, wellbeing and educational experiences. The results of this survey played a crucial role in the strategic needs assessment and informed the community plan. The study was used to shape the prevention and early intervention policy. It highlighted that children and young people with the highest need were being well served in Renfrewshire. On the other hand, partners were concerned that vulnerable children and young people were not coming to the notice of services early enough. As a result of the study, partners put in place a range of evidence-based parenting approaches including Triple P and Incredible Years. The Children and Young People Thematic Board was responsible for monitoring progress on the outcomes identified for children and young people in the Community Plan. Renfrewshire Children's Services Partnership was responsible for the Integrated Children's Services Plan (ICSP) and linked directly to the Children and Young People Thematic Board.

The Getting it right for every child approach clearly informed all the relevant planning processes. Policies, procedures and protocols were either being reviewed or had been reviewed ready to align them with Getting it right for every child principles and shifts in culture were already apparent. Children's plans which identified the support required rather than assessing need were no longer acceptable. Schools were well supported to make this shift in their thinking when considering how best to meet children's needs. Important information gathered through the Educational Placement Group helped evaluate how universal services were managing children with additional support needs. Staff across services understood the key Getting it right for every child principles of prevention and early intervention and these principles informed staff practice. Overall, those who would be named persons were confident about their future role.

There had been an increase in team leader, practice development and administrative support for health visitors. Staff nurses and nursery nurses had increased the capacity and skill mix of the team. This reassured staff who were concerned about their capacity to undertake extra work as a result of the statutory named person role. Other aspects of Getting it right for every child were at a much earlier stage of development. For example, health staff were only at the time of inspection being trained in the National Practice

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Model. The roll out of the use of the integrated assessment and child's plan was not yet complete. In particular, many looked after children and young people were still assessed and reviewed using the older looked after children materials, rather than the integrated assessment.

### **Child Protection Committee business planning**

The Renfrewshire Child Protection Committee (RCPC) was accountable to the Public Protection Chief Officers' Group, which provided leadership, direction and scrutiny for child protection services and the work of the RCPC. The RCPC had benefitted from the additional challenge and scrutiny of an independent chair since 2004. It had ensured that learning from the significant case review into the tragic death of Declan Hainey completed in November 2010 and subsequent fatal accident inquiry which reported in September 2014 was the focus of its improvement programme. Through a comprehensive multi-agency self-evaluation and audit programme, the RCPC had driven forward improvements which were routinely scrutinised by the Public Protection Chief Officers' Group. In doing so, partners had taken effective and timely action to implement the recommendations through improvements to processes, procedures and practice. They had increased staffing resources, provided additional funding and trained and briefed staff to deliver improvements in the quality of services for vulnerable children.

Progress had been made in strengthening processes to ensure health involvement in child protection discussions since the previous joint inspection of services to protect children in 2011, including early sharing and collation of information. Further work was needed to involve health as full partners in the joint planning of investigations and decision making process. To ensure that Renfrewshire practice was compliant with the 2014 National Guidance for Child Protection in Scotland in this area, RCPC refreshed its local procedures in November 2014. The procedures also recently introduced an initial referral discussion process which will be the subject of future self-evaluation. The existing RCPC Medical Group plans to expand its focus on health involvement in investigations to become a wider review of investigations including the number of interviews children experience. This work will feed into the overall RCPC Practice Improvement Group.

The RCPC Child Protection Management Information Annual Report 2013/14 contained a wide range of useful activity and performance data from across the partnership. Comparisons were made both to the equivalent figures for Scotland and to comparator areas. Evidence of measurable progress included reporting on the volume and frequency of service delivery, improvements in processes and performance in improving outcomes for vulnerable children and young people. While RCPC and Chief Officers' Group have oversight and scrutiny of management information, the child protection management information annual report (2013/14) did not explore or analyse the meaning of the data in any depth, and no performance management targets were set or had been fully developed. As a result, the RCPC was less able to demonstrate its role in ensuring timely progress was being achieved against targets.

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## Risk management

Partners were alert to risk to particular individual children and young people and also to vulnerable groups of children and young people. In particular, the RCPC and the Chief Officers Group had led the development of an effective response to prioritising and responding to the assessment of risk to unborn babies and children and young people at risk of child sexual exploitation. The commitment of elected members to learning from the Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013 (published in 2014) had led to the creation of a weekly report on missing children. The RCPC was responding effectively to the need to prevent child sexual exploitation. By 2013 the sound foundations of a resolute response to child sexual exploitation had been established. Knowledge and understanding had grown across all services, but particularly within throughcare services and children's houses. Child sexual exploitation risk assessment frameworks were being used to identify children and young people at risk. The invaluable partnership between Police Scotland, Renfrewshire Council children's services and Barnardos in supporting and providing the Safer Choices Missing Service was instrumental in taking forward a mature, responsive approach to child sexual exploitation across Renfrewshire. Services were now moving into a much more proactive preventative phase in the development of their approach, for example identifying disruption opportunities by engagement with the night-time economy and the taxi licensing board.

## Participation of children, young people, families and other stakeholders

**This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.**

The extent of participation by children, young people, families and other stakeholders was very good. There was a very strong ethos in how partners meaningfully involved children, young people and families in shaping policy, planning and service development. The views of children, young people and families were fully evident within joint plans and strategies' including the Integrated Children's Services Plan and were being used to helpfully shape policies and inform planning processes. There were many outstanding examples of innovative and meaningful ways of consulting effectively and involving young people in service development through a wide range of activities and planning forums. Services were strongly committed to promoting children's rights. Partners should now build on this very good practice to extend these opportunities to younger children and other minority stakeholder groups.

Very effective mechanisms were in place by Renfrewshire Community Planning Partnership to consult widely with and support children, young people, families and other stakeholders to participate fully in policy, planning and service development. A range of effective structures ensured that they were actively supported to engage in policy and

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service design and in evaluating the effectiveness of multi-agency plans and services. For example, Renfrewshire's Community Plan, Integrated Children's Services Plan, Corporate Parenting Action Plan, Young Carers Strategy and Youth Participation Strategy were all informed by and reflected the views and needs of children, young people and their families. Renfrewshire Children's Services Partnership held six youth participation events, the most recent event in February 2014, and looked at wellbeing and key aspects of the Children and Young People (Scotland) Act 2014. Secondary-aged pupils and vulnerable groups participated in a series of child friendly workshops focused around the Getting it right for every child wellbeing indicators. The outcomes of these discussions had been fed back to the Community Planning Partnership Thematic Board to help inform future services to children and young people in Renfrewshire.

Young people had direct access to community planning partners and elected members and were systematically involved in community planning processes through community planning conferences, working groups in schools and the Children's Champion's Board. For example, young people involved in a community planning conference in 2013 had identified a gap in knowledge about sexual health services for young people. They had worked with community planning partners and successfully produced a DVD for young people in Renfrewshire. Young people took active leadership roles in supporting other young people to make meaningful inputs to policy making. For example, the annual Renfrewshire Children's Services Partnership Youth Participation Event invited a selection of vulnerable young people from eleven secondary schools, the Mary Russell School and New Directions Service to have the opportunity to engage with community planning partners, give their views on a range of wellbeing issues, and participate in workshops focused on wellbeing. The outcome from these discussions helped inform policy and planning developments around Getting it right for every child.

There were many remarkable examples of innovative and meaningful ways of communicating and consulting with children and young people. For example, almost all young people spoke positively of their increasing role in consulting other young people through events such as open days and in setting up a dedicated blog for young people to feed in their views about a proposed youth café in Paisley.

Similarly, children from vulnerable groups in areas with high rates of low-level offending and anti-social behaviour had been instrumental in shaping community engagement and activity in the Street Stuff initiative involving police and youth services. A school based approach to youth work had increased young people's involvement in democratic and decision making processes and encouraged young people to take an active role in campaigns. This included Castlehead Media Club winning the national We-CTV Award 2013 for the best anti-knife crime campaign video in Scotland.

Vulnerable groups such as young carers, children and young people looked after away from home and young people identifying as lesbian, gay, bisexual or transgender (LGBT)

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were supported very well to understand and exercise their rights. They had very effective ways of contributing to policy, planning and service development through forums including LGBT Youth Forum and Young Carers forum and had made a significant impact to outcomes for these groups of young people. For example, the Youth Parliament was able to influence the legislation in relation to young carers' allowances. Young carers were instrumental in changing the transition information for secondary schools so that it included young carers as a category of need. This enabled young carers' needs to be met more effectively. The Children's Champions Board very successfully provided a means for looked after young people to shape services through workshop activities and direct discussion between young people and community planning partners.

There was strong evidence of the key role played by families and carers in the development of services. The Families First initiative consulted with a wide range of service users and staff to help design the service so that it met the needs of the local community better and encouraged greater participation of more excluded and vulnerable families. Children, young people and families were involved in decisions affecting them within schools and were routinely consulted and involved on a range of issues through pupil councils, eco schools, library committees, peer mediators, library groups and environmental groups. Children and young people were consulted through the Achieving Step Change epidemiology and Health and Wellbeing Survey providing high quality data on their wellbeing and informed policy, planning and service provision in Renfrewshire.

Renfrewshire Youth Voice and the Renfrewshire Youth Forum linked directly with community planning partners to ensure that young people's concerns were acted upon. The outcomes of their engagement was well demonstrated and was shown in the DVD 'Renfrewshire Youth Voice Review', and in the instigation of 'Positive About Youth Awards', designed to improve the community's perception of young people. Services were strongly committed to promoting children's rights. A number of Renfrewshire schools had achieved or were working towards the UNICEF Rights Respecting Schools Award in promoting and putting the United Nations Convention on the Rights of the Child at the heart of school planning, policies, practice and ethos.

While there was very good practice in meaningfully involving and communicating with young people in informing policy, planning and promoting their rights and being very well supported to do this, it was more difficult to see how younger children, and other minority stakeholder groups, were equally supported and engaged in shaping policy, planning and service delivery.

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## 6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was very good. Renfrewshire Community Planning Partnership and elected members were all highly committed to working together and had a compelling vision, values and aims, with meaningful ownership across the partnership to collaboratively realise the vision. Partners demonstrated strong leadership for corporate parenting and had developed a very clear strategy for the integration of services for children and young people. The partnership had developed a number of very effective initiatives to help address the effects of poverty and deprivation on children, young people and their families. Effective approaches to preventing child sexual exploitation were an example of commendable practice. There were many very good examples of effective implementation of the Getting it right for every child approach and national wellbeing indicators which were now being further embedded across partnership staff, in particular health staff. There were very good examples of leadership of change and innovation and a willingness to embrace and champion new ways of working. Whilst partners had developed an impressive range of projects aimed at delivering timely and effective support for children and young people, they needed to develop more cohesive oversight and evaluation of these projects, to clearly evidence good practice and roll this out across the partnership.

The community plan instilled a clear, purposeful shared vision for children, young people and their families. This vision was cascaded through multi-agency plans and strategies within children's services including the Integrated Children's Services Plan. Elected members, chief officers and senior managers had a collective ownership of the ambitious joint vision for children young people and their families and they were all highly committed to collaboratively delivering the vision. Commendably, over 95% of the staff who responded to our staff survey were clear about the partnerships vision for children, young people and families and considered that the vision was shared across services. Staff articulated well the united overarching vision for children, young people and their families and the relationship with the integrated children's services plan to achieving better outcomes for children and young people.

The partnership was strongly committed to the concept of corporate parenting for looked after children and young people. There was a cohesive and effective structure of multi-agency implementation groups, which fulfilled its corporate parenting obligations and

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made sure it delivered positive outcomes for children, young people and their families. There were many examples of positive outcomes resulting from the implementation of corporate parenting, such as the recent improved educational attainment of looked after young people. Looked after young people were familiar with the concept of corporate parenting, and they knew of examples where the implementation of corporate parenting had delivered positive outcomes, such as improved employment opportunities. Staff were committed to the goals of corporate parenting and to the systematic realisation of the goals for children, young people and their families. The Children's Champions Board had ensured direct and meaningful dialogue between looked after children and young people and their corporate parents. Commendably, according to the training provider, Who Cares? Scotland, the partnership had undertaken more corporate training for its staff than any other partnership in Scotland.

Staff showed demonstrable commitment to anti-discriminatory practice. The English as an Additional Language team helped children and their families to settle into their new school environment and their communities. Partners had made considered efforts to elicit the views of young people from an equality group by setting up a Lesbian, Gay, Bisexual and Transgender Young People's Forum. Staff strove to make sure that children and young people were included within their families, their schools or other educational settings and within their communities. There was a broad raft of purposeful initiatives, which aimed to reduce the damaging effects of poverty, inequality and deprivation on children, young people and their families. The successful Families First project was an ambitious initiative which provided timely, early support to vulnerable children and families who lived in areas of deprivation. Staff from this and other inclusion-promoting initiatives confirmed the invaluable leadership and support they had received from elected members and senior managers in the partnership towards investing resources towards supporting and addressing inequalities and inclusion, in particular through early intervention and prevention approaches.

Partners had developed a strong, cohesive strategy for the integration of services for children and young people. One element of this strategy was the plan for the creation of a new children's services department (an amalgamation of Renfrewshire Council's education services, social work services for children and criminal justice services). The overarching aim for the creation of the children's services department was improved integrated working and improved outcomes for children, young people and their families. The partnership had shown a capacity and a willingness to effect major change in the structure and configuration of children's services when this was considered necessary. Staff understood the rationale for the change. They were confident in their leaders' track records and consequent ability to effectively manage the change.

Partners worked collaboratively to develop and improve integrated services for children and young people and monitored and evaluated the effectiveness of integrated services for children and their delivery of positive outcomes for children and young people.

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An example of this was the constructive supported self-evaluation of the work of Renfrewshire Community Planning Partnership. They had made effective use of the epidemiological study Achieving Step Change to start to focus services to maximise impact on the lives of children and young people. This was part of a long-term improvement strategy. Strenuous collaborative efforts had been made to implement the Getting it right for every child approach with tangible, positive outcomes and impact for children and young people. The ethos of this framework and its associated wellbeing indicators was well embedded among most staff groups across the partnership including the third sector. Partnership staff understood the approach and this underpinned their practice and operational joint working. The multi-agency staged intervention process was used efficiently to ensure vulnerable children and families got the right help at the right time. Work was progressing to embed the Getting It right for every child approach and national practice model across all partnership staff, in particular health staff.

One of many examples of partners' commitment to prevention and early intervention was their commendable and highly developed work to prevent sexual exploitation of children and young people. Strong collaborative leadership across the partnership on child sexual exploitation had delivered a proactive, multi-agency operational approach in this area. There was evidence that frontline staff and their managers had worked cohesively to identify young individuals who were at significant risk of child sexual exploitation. Staff then took decisive action to prevent further abuse of the young people.

Community planning partners and chief officers demonstrated vigorous, visible and effective leadership for continuous improvement in the delivery of positive outcomes to children, young people and their families. Managers and staff were enthused and motivated by this leadership. They expressed confidence in the competence and commitment of their leaders and appreciative of the leadership and support that they received for continuous improvement in practice and delivery of the best possible outcomes for children and young people. In general, leaders were highly visible and accessible to staff and to some children, young people and their families. Staff knew who their leaders and senior managers were, and could give compelling examples for how they had been motivated and supported by them. Staff worked effectively in formal teams and informal teams around the child to provide high quality services to children and families and deliver positive outcomes for them. The multi-agency, multi-disciplinary Community Safety Hub was just one example whereby staff worked in a highly productive manner to combat anti-social behaviour and bring about safer communities.

Partners had a continuous improvement ethos, which was supported by robust joint self-evaluation. In general, they had helpful information about the performance of services for children. The partnership had put well-balanced improvement plans in place when it identified the need for improvement. For example, partners quickly developed an improvement plan in response to the Care Inspectorate identifying (in 2013) the need for improvement in risk assessment and risk management practice for children. They

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instituted an extensive programme of staff training, procedural updates, monitoring and audit. Our file reading evidenced that implementation of the improvement plan had had a positive impact on improving risk assessment and risk management practice, albeit partners were aware of the need for further improvement in this important area.

Staff were broadly encouraged to develop their professional competencies and apply them in creative and innovative ways. For example, the attachment and social pedagogy initiative for staff who looked after young people accommodated in children's houses had brought about a step change in the philosophy and practice for looking after these young people. Through the work of the Early Years Collaborative, staff were increasingly valuing the benefits of small tests of change using improvement methodology as a helpful approach to continuous improvement. Partners also demonstrated a willingness to embrace and champion new ways of working. An example of this was the development of a whole system approach to securing permanency for children who required a substitute family. An impressive range of projects aimed at delivering timely and effective support for children and young people across different localities had been developed. However, partners at the time of inspection needed to develop more cohesive oversight and evaluation of these projects to clearly evidence good practice and roll this out across the partnership.

## **7. Conclusion, particular strengths and areas for improvement**

We were confident that the lives of many children and young people growing up in Renfrewshire were improving as a result of the services delivered to them by the community planning partnership. Partners were well informed about the needs of children, their families and their communities through their strategic needs assessment process and this had focused planning priorities and targeted resources to where they were needed most. Children and young people were being assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included as a result of the help provided by highly committed and responsive staff. Investment in early intervention, positive parenting programmes and high quality supports were successfully having a positive impact on family wellbeing. Children and young people in need of protection were helped to keep safe and risks to their safety and wellbeing were identified timeously by effective, multi-agency action, supported by early information sharing and proportionate management of risk. Children at risk of sexual exploitation were being quickly identified and supported by innovative interventions to minimise risks. However, the life chances of some of the most vulnerable children and young people could be further improved, in particular improving positive post-school destination performance for looked after children and care leavers, and closing the gap between the educational attainment of children from deprived areas and all children in Renfrewshire.

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In the course of the inspection, we identified a number of particular strengths which were making a positive difference for children and young people in the Renfrewshire community partnership area. These were:

- Staffs' committed and pro-active engagement with families and flexible, responsive and imaginative approaches which are enhancing children and families' life opportunities.
- Effective parenting programmes and supports which are having a positive impact on family wellbeing.
- Constructive and trusting working relationships between staff which are ensuring timely sharing of information and early help and support to children and their families, particularly vulnerable pregnant women and their babies.
- Successful early and effective intervention processes which are identifying and responding to children and young people to reduce anti-social and offending behaviour and securing timely permanent placements and positive outcomes for children.
- Innovative and meaningful ways of consulting and involving children and young people in service developments and planning to improve outcomes, in particular the Achieving Step Change approach to inform the strategic needs assessment.
- Strong collaborative leadership demonstrated by Renfrewshire community planning partners to deliver a proactive, multi-agency approach to identify young people at risk of child sexual exploitation.

We are confident that partners in Renfrewshire will be able to make the necessary improvements in light of the inspection findings. In doing so Renfrewshire Community Planning Partnership Board and the Children and Young People Thematic Board should now:

- Work jointly to improve aspects in the initial response process of child protection concerns to ensure a robust, jointly assessed and planned approach to all child protection referrals and investigations that fully includes health, and to develop a joint record of decision making in initial referral discussions between staff in social work, health and police when sharing concerns about a child or young person's safety or wellbeing.
- Improve staffs' confidence in undertaking assessments of risk and needs and their use of chronologies to assess and analyse the impact of significant events to aid the assessment process.
- Strengthen planning and reviewing arrangements for children looked after at home and those living in kinship care.
- Improve performance in writing SMART plans.
- Strengthen Child Protection Committee business planning by better identification of measurable improvements in the quality of services to protect children and young people and performance against targets.

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## 8. What happens next?

The Care Inspectorate will request that a joint action plan is provided which clearly details how Renfrewshire Community Planning 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 and will monitor the partnership's progress in taking forward its action plan.

**December 2015**

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## Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

### **Innovative approach to child sexual exploitation – The Safer Choices – Missing Service**

This service is a partnership between Renfrewshire Council children's services, Police Scotland and Barnardos that engages directly with young people who have been missing to offer support and assess the extent to which they may be at risk of sexual exploitation. A risk assessment is completed using the Barnardo's Sexual Exploitation Risk Assessment Framework (SERAF). Information from this is shared with police and social work to inform the overall assessment of needs and risks at the multi-agency vulnerable young person's operational group. Together, staff work collaboratively to identify young people who may be at risk as a result of going missing and/or sexual exploitation, share information and ensure robust risk assessment and planning is in place to reduce or mitigate any identified risks. During the period 18 March 2013 and the 31 March 2014, the service undertook 64 SERAF assessments with 38 individual young people from Renfrewshire. Highly effective action by the Safer Choices Missing Service is ensuring children and young people who are identified as being at risk or vulnerable to sexual exploitation are well protected and kept safe.

### **Street Stuff**

Street Stuff is a highly positive, responsive, preventative youth engagement initiative supported by Renfrewshire Council, St Mirren Football Club, Engage Renfrewshire, Scottish Fire and Rescue and Police Scotland. Through the deployment of mobile resources, including football pitches and shipping containers with various equipment (games consoles, dance mats, exercise equipment) to areas where low-level offending and anti-social behaviour is taking place; children and young people have an opportunity to interact much more meaningfully in their own community with their peer groups and engage in a range of effective diversionary activities. Average annual attendance figures of 20,000 children and young people are being achieved as a result of Street Stuff running six nights per week, 52 weeks of the year. During the past five years Street Stuff has received 13 awards and has been recognised in the Scottish Parliament as a model of best practice. This initiative has contributed towards a 75% reduction in anti-social behaviour and low-level offending across the local authority since 2009. Over 200 young people have become volunteer coaches and 15 have secured employment through the programme.

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## **FACT**

The Family Assessment and Contact Team (FACT) was created in February 2010 as a direct response to ensuring effective and timely permanence planning for children. Through robust assessment FACT is achieving early and effective permanency decisions for children and their families. At the time of this inspection there had been 58 completed FACT assessments. Of these, 59% of children had progressed to adoption, 24% of children had returned home and 17% of children were secured in kinship care placements.

## Appendix 2: Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012, 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

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

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

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

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## Appendix 3: Glossary of terms

The **third sector**, also known as the voluntary or community sector, comprises non-governmental and non-profit-making organisations or associations, including charities, voluntary and community groups.

**Renfrewshire Community Planning Partnership** is the local Community Planning Partnership for the Renfrewshire Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Renfrewshire.

The **Scottish Index of Multiple Deprivation** identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. The SIMD ranks small areas (called datazones) from most deprived (ranked 1) to least deprived (ranked 6,505).

A **single outcome agreement** is an agreement between the Scottish Government and Community Planning Partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

An **integrated children's services plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and Police Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

The **Family Nurse Partnership** is an intensive, preventative, home visiting programme delivered by highly trained nurses to first-time teenage parents to give their children the best possible start in life. The programme is delivered from pre-birth to two years old.

**Sensitive routine enquiry** involves asking direct questions in relation to abuse of a specified population group when they present to a service. It is a means of supporting diagnosis and assessment of a person's needs to ensure the most appropriate treatment and care.

The **Oh Lila resource** helps build resilience and protective factors in pre-school children. The resource can be used to help children to explore their emotions, develop social skills and identify trusted adults. The Oh Lila programme is delivered to children in nurseries by trained nursery practitioners.

**ACES programme (Active Children Eating Smart)** is a childhood obesity intervention developed by NHS Greater Glasgow and Clyde in partnership with local authority leisure

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services. The aim of the initiative is to assist children and young people, in cooperation with their families, to either lose weight or not gain further weight.

**A nurture approach** has an emphasis on emotional and social growth. The main focus is on meeting social and emotional wellbeing needs. Nurturing approaches offer broad-based experiences in an environment that promotes security, routines, clear boundaries and carefully planned learning opportunities.

**The wellbeing survey** is carried out on a four yearly basis by Renfrewshire CHP/ Renfrewshire Council and NHS Greater Glasgow and Clyde. The purpose of the survey is to provide information on health and wellbeing for S1 to S6 pupils in Renfrewshire. The survey covers many health and wellbeing issues including smoking, alcohol/drugs, physical activity, diet, bullying and discrimination, pupil's feelings.

**Philosophy of Care model** is an approach developed across residential services for children and young people in Renfrewshire. This philosophy recognises the importance of attachment, trauma and resilience which focuses on building relationships and supports the development of self-esteem and confidence.

**Getting it right for every child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential. [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

**Record of inspection findings.** Following joint inspections of services to protect children, chief officers in each area were provided with a detailed record of the strengths found by inspectors and the aspects which required improvement. This supplemented a much shorter published report.

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

A **child's plan** records the child's needs and sets out exactly what support will be provided, and in what way, to meet the his or her needs.

## Appendix 4: The quality indicators framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
<b>1.</b> Key performance outcomes	<b>2.</b> Impact on children, young people and families	<b>5.</b> Delivery of key processes	<b>6.</b> Policy, service development and planning	<b>9.</b> Leadership and direction
<b>1.1</b> Improving the well-being of children and young people	<b>2.1</b> Impact on children and young people	<b>5.1</b> Providing help and support at an early stage <b>5.2</b> Assessing and responding to risks and needs <b>5.3</b> Planning for individual children <b>5.4</b> Involving children, young people and families	<b>6.1</b> Policies, procedures and legal measures	<b>9.1</b> Vision, values and aims <b>9.2</b> Leadership of strategy and direction <b>9.3</b> Leadership of people <b>9.4</b> Leadership of improvement and change
	<b>2.2</b> Impact on families		<b>6.2</b> Planning and improving services	
	<b>3.</b> Impact on staff		<b>7.</b> Management and support of staff	
	<b>3.1</b> Impact on staff		<b>7.1</b> Recruitment, deployment and joint working <b>7.2</b> Staff training, development and support	
	<b>4.</b> Impact on the community		<b>8.</b> Partnership and resources	
<b>4.1</b> Impact on the community	<b>8.1</b> Partnership working <b>8.2</b> Management of Resources <b>8.3</b> Securing improvement through self evaluation			
<b>10. What is our capacity for improvement?</b>				
Global judgement based on an evaluation of the framework of quality indicators				

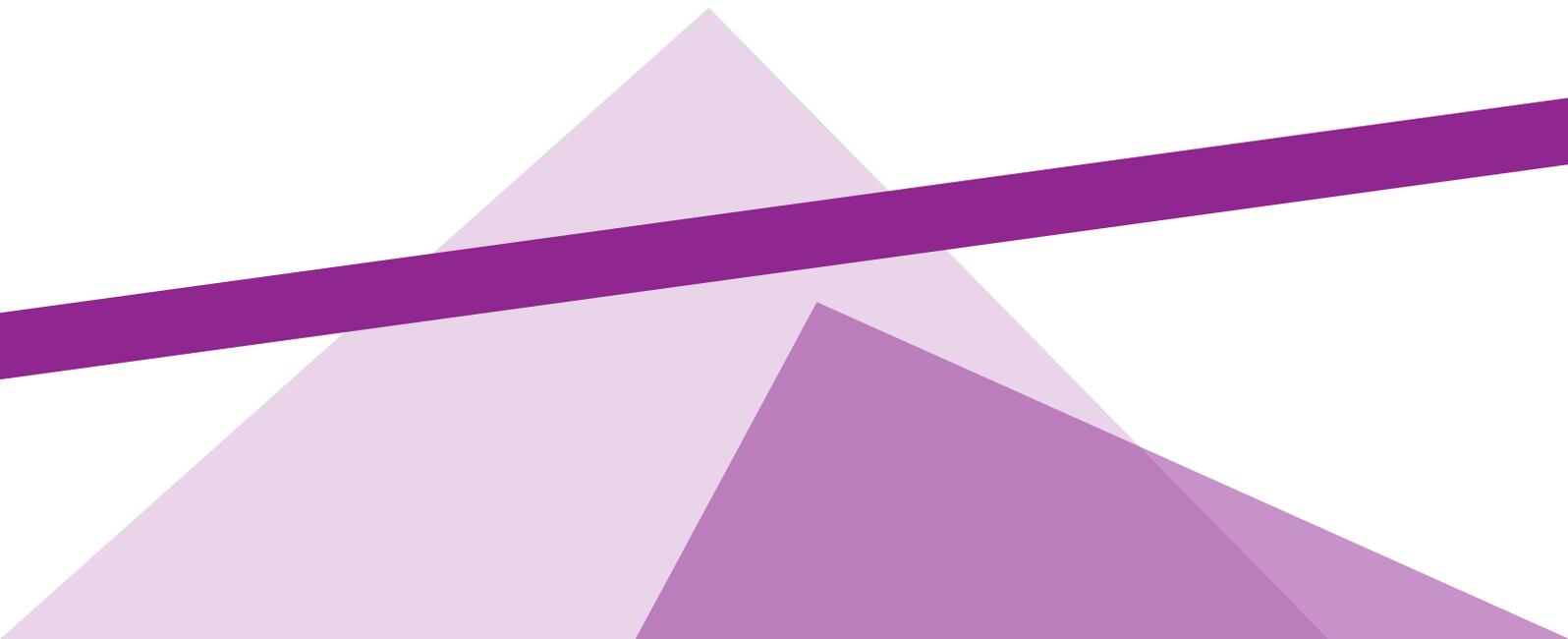


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