care
inspectorate

Services for children and young people in Glasgow

May 2017

Report of a joint inspection

HAPPY TO **TRANSLATE**

Contents

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 Glasgow City Council, NHS Greater Glasgow and Clyde, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families, including health visitors, school nurses, doctors, teachers, social workers, police officers, and 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.

In September 2014, the Care Inspectorate published '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 framework is used by inspection teams to reach an independent evaluation of the 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 **Glasgow Community Planning Partnership** area took place between 22 November 2016 and 27 January 2017. 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 116 of the most vulnerable children and young people. We met with 181 children and young people and 98 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 Glasgow City Council or the Glasgow Health and Social Care Partnership. 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.

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.

3. The community planning partnership and context for the delivery of services to children, young people and families

Glasgow is the largest local authority in Scotland with a population of 606,340. Covering an area of 175 square kilometres, Glasgow is also the most densely populated Scottish authority. The population of the city has increased by 4.8% since 2005, while overall Scotland's population has increased by 5.5%. In Glasgow 68% of the population are of working age, which is more than the figure for Scotland of 62%. Glasgow has a lower number of people over the age of 65 at 16% compared to the Scottish figure of 21%.

There are 116,343[1] children and young people aged up to 18 years living in the city. This represents 11% of the Scottish population within this age group. Of these:
- 19% of the Glasgow school population age 0-15 are from an ethnic minority, compared to 4.9% nationally (2009 figure)
- there are 119 languages spoken in schools; 11,190 pupils do not have English as their first language
- 33% of Glasgow children are reported to be living in poverty (19% nationally) and this figure rises to over 50% in some areas of the city
- 28,000 live in households where no adults work
- 5,282 children are estimated to be affected by parental alcohol or drug misuse
- 10% of Glasgow children (0-15) have one or more long-term health conditions.

Glasgow's adult population also faces a range of challenges. For example, life expectancy is lower for men (71.6 years, compared with 75.8 years nationally) and women (78 and 80.4 years respectively) and crime figures are significantly higher (889 recorded crimes per 10,000 population, compared with 520 nationally).

The community planning partnership's **single outcome agreement** (SOA) 2013 sets out shared priorities for the next 10 years, which are:
- alcohol
- youth unemployment
- vulnerable people.

The SOA is explicit in recognising that a preventative or early intervention approach to service delivery can bring the greatest benefit to the people of Glasgow. The community planning partnership delegates the task of planning and delivery of services for children and young people in the city to the Children's Services Executive Group (CSEG).

The Public Bodies (Joint Working)(Scotland) Act 2014 requires local authorities and health boards to integrate the strategic planning of most social care functions, and a substantial number of health functions. Glasgow City Council and NHS Greater

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[1] National Records of Scotland, mid-2014 population estimates.

Glasgow and Clyde agreed to adopt the integration joint board model of integration, and also to integrate children and families, criminal justice and homelessness services as well as those functions where they applied to services delivered to adults as required by the Act. The functions delegated from Glasgow City Council to the integration joint board represent almost all of the current social care functions of the council, along with the budget for these functions. A similar range of health functions, along with the budget for these, were also delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde. Glasgow City Health and Social Care Partnership came into being in April 2016.

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

Improvements in 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 the wellbeing of children and young people was very good. This was particularly notable in a city where one in three children lives in poverty. Partners demonstrated a wide range of improving trends as a result of prevention and early intervention. This included reductions in anti-social behaviour, violent crime and fire starting. Promising reductions were reported in young people smoking, drinking and using drugs. There was significant income maximisation for pregnant women and families. There was a number of steadily improving trends in key outcome indicators. Attainment was improving overall and this included attainment by looked after children and young people from deprived areas. There had been significant reductions in exclusions and more young people were entering positive destinations when they left school. Teenage pregnancies were reducing. There were improving trends in the rates of low birth weight babies and those born affected by maternal drug use. The names of a high proportion of children living in the city were on the child protection register. The Child Protection Committee was still at an early stage in identifying the right information to enable it to demonstrate children were better protected.

How well are trends improving through prevention and early intervention?

Partners were highly committed to using prevention and early intervention to effectively tackle inequalities and close outcome gaps. This was particularly challenging in Glasgow as a result of the high levels of deprivation and stark inequalities across the city. There was evidence of a wide range of improving trends as a result of effective approaches to prevention and early intervention.

Community Safety Glasgow had demonstrated a decreasing trend in violent crime and anti-social behaviour incidents over the years 2006 to 2014. Notably, violent crime was reported as having reduced by 40% over the period. Over the past three years there had been a reducing trend across the city in deliberate fire starting.

Very many pregnant women and families with young children, who were living in, or at risk of, poverty, had increased incomes as a result of targeted advice on benefit entitlement. Since its inception in 2010 the successful healthier, wealthier project had resulted in cumulative financial gains of over £11.7m for more than 11,000 pregnant women and families.

Many more babies were getting a better start in life as a result of increasing numbers of mothers breastfeeding and fewer pregnant women smoking. Glasgow had seen an improving trend in overall breastfeeding rates since 2011/2012. There had been a steadily upward trend in mixed feeding over the last five years. In line with the national trend, exclusive breastfeeding rates were not increasing. In 2015/2016 in Glasgow, the rate for mixed feeding was just greater than the figure for Scotland. More significantly, partners had noted promising increases in breastfeeding in deprived areas where historically rates had been much lower. There had been a steadily decreasing trend in mothers smoking at first antenatal booking from 2005/2007 to 2013/2015. The overall uptake of childhood immunisations was less than for Scotland as a whole. Dental registrations are an important indication of the accessibility of preventative dental care and Glasgow has the second highest rate in Scotland. However, the percentage of children in P1 and P7 with no obvious tooth decay was well below the national average.

Smoking prevalence among children and young people had decreased over time in line with national figures. Significantly the rate of smoking among S1-S4 pupils had halved since 2006/2007 from 10% to 5%. There was also a promising decreasing trend in children being exposed to environmental smoke between 2010/2011 and 2014/2015 (the most recent figures available). Greater numbers were, however, being exposed to second hand smoke, reported as 25% compared to the national average of just 11%. The secondary schools health and wellbeing survey clearly demonstrated that drinking alcohol was becoming significantly less prevalent among pupils in Glasgow. Trends over the last three surveys showed pupils were more likely to report that they never drink alcohol.

The secondary schools health and wellbeing survey also showed a significant drop in reported drug use between the 2010/2011 and 2014/2015. Overall, the proportion who reported having used any of the listed drugs in the last year had fallen from 18% in 2006/2007 to 6% in 2014/2015.

Housing options and other prevention strategies were contributing to a steady downward trend in homelessness applications since 2011/2012. Downward trends were apparent across Scotland but the percentage reduction over the period was greater in Glasgow at 32% compared to the Scottish average of 21%.

How well are outcomes improving for children and young people?

There were a number of steadily improving trends in key outcome indicators. Educational attainment outcomes compared very favourably with the authority's **virtual comparator** and, in some cases, national measures. Attainment had increased consistently over the last five years. Glasgow, as part of the Scottish Attainment Challenge, had a clear plan to close the poverty related attainment gap in literacy and numeracy. Early indications suggested that the attainment of children in **SIMD** 1 and 2 in primary schools was beginning to improve. There had been a consistent increase in literacy and numeracy rates at the end of S5 over the past three years. Increasing numbers of young people were gaining Highers with the percentage of young people gaining these awards doubling over the last 10 years.

Children and young people achieved in a wide range of contexts and partners had been successful in ensuring accreditation for their achievements where possible. Large numbers of young people became sports leaders, dance leaders and play makers. Impressively, 56% of those with accredited achievement were in the lowest 15% in terms of social deprivation. Over the last four years, the number of young people participating in the Duke of Edinburgh Award had nearly trebled.

There had been a 71% reduction overall in exclusions from school since 2006/2007. However, the rate of exclusions from secondary schools remained above the national average. Careful study of their exclusion data led partners to be concerned that the rise in exclusion of children with additional support needs might indicate that schools supporting pupils with additional support needs sometimes used exclusion as a way of managing behaviour. We found evidence that some young people were being excluded from school on an informal basis. Education services should thoroughly explore the inappropriate practice of informal exclusions. The development of enhanced nurture had proved very successful at keeping children with social and emotional difficulties in primary education. Education services were in the process of reviewing secondary provision for young people who experience social and emotional difficulties to build on the success of enhanced nurture at primary.

The percentage of all school leavers recorded as entering a positive destination had steadily increased year on year since 2009/2010. In 2015/2016, 90% of school leavers were recorded as being in a positive destination, which remained below the Scottish average. The proportion going to higher education in either a college or a university had increased significantly in the last 10 years. The gap with the national figure was closing.

There had been a clear downward trend in teenage pregnancies since 2004/2006. Although the rate for under 16s was similar to the figure for Scotland, the rate for under 18s was greater. Alcohol related hospital admissions for 15 – 19 year olds demonstrated a reducing trend since 2007/2008, which was similar to the Scottish average. There was a promising downward trend in the percentage of full-term babies with low birth weight, which remained above the Scottish average. The rate of babies affected by maternal drug use had been reducing since 2009. Between 2011 and 2015, the rate of decline was greater than that for Scotland as a whole leading to significant narrowing of the gap between the rate for Glasgow and the national rate.

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

Glasgow had the highest proportion of looked after children in Scotland. Commendably, despite the high number, in 2014/2015 almost all were looked after in community settings (91%) with just 9% in residential care. This compared favourably with the figures for Scotland of 90% and 10% respectively. Glasgow had relatively fewer children looked after at home at 17% than the 25% nationally and considerably more children in kinship care (40%) than the national figure of 27%.

Overall educational attainment of children and young people looked after away from home was improving well. Young people looked after away from home attained less than the Glasgow general population but this gap was closing. Between 2012/2013 and 2014/2015 overall levels of attainment in literacy and numeracy for both children looked after at home and away from home had improved.

School attendance rates for looked after children had been steadily improving over the last four years and were generally similar to Glasgow's whole school population. There had been a steady downward trend in exclusions of looked after children over the last three years and in 2014/2015 Glasgow's figure was lower than that for Scotland as a whole.

There had been improvements in the number of looked after young people entering positive destinations and in 2013/2014 and 2014/2015 this was greater than the Scottish average. In 2014/2015, 30% of young people eligible for aftercare were in employment, education or training. This was higher than Scotland's figure of 28%.

The Intensive Support and Monitoring Service (ISMS) worked successfully with young people who would otherwise be looked after in secure care. This service contributed to the recent promising reductions in the number of young people in secure care. ISMS worked successfully with the small number of young people presenting the highest risks and so enabled them to remain in the community.

Young people under 18 appearing at court were being successfully diverted from custody through the alternative-to-remand service. Young people who received the alternative-to-remand service had shown a significant reduction in offending after six months and they were also less likely to go into custody.

The Glasgow **Child Protection Committee** (CPC) gathered and studied a considerable amount of data, which they acknowledged they needed to be more confident in interpreting. They now needed to develop meaningful measures of how well they were protecting children and young people. However, they were working towards a performance management framework and, importantly, had identified scope to scrutinise different data sets and make important connections. An example given by partners was to use the aggregate data gathered from the 27-30 month developmental reviews to inform the development and planning of nurture provision.

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 helped to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in Glasgow was very good. A broad range of activities across universal services impacted positively on the wellbeing of children and young people.

The strong emphasis on nurture that was threaded through service provision supported children and young people to improve their wellbeing. The positive, responsible behaviour being developed in children and young people were helping them to take best advantage of the opportunities they had and to achieve well. Children and young people were safer as a result of the efforts of staff, carers and family members. Most children and young people had their rights respected and were participating fully in decisions that affected them. Most children were having their health needs met well by families, carers and professionals. The strengths above were providing a platform for most children and young people across the city to optimise their wellbeing. A few children were exposed to risk for too long before being helped. A few young people did not consider they were respected and did not feel listened to. There was a risk that the health needs of some looked after children and young people were being overlooked because their health was not being assessed in good time.

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

A strong sense of community contributed to feelings of safety and most children and young people we spoke with told us they felt safe in their city. Positive behaviour was strongly promoted in schools and generally young people were confident that bullying was being effectively addressed. However, a few children with additional support needs, those identifying as lesbian, gay, bisexual, transgender or intersex (LGBTI) or pupils from ethnic minorities were more likely to experience bullying and sometimes did not feel supported within their schools.

Involvement in a broad range of programmes was successfully raising children and young people's awareness of safety and increasing their skills in keeping themselves safe. All children attending school received road safety training with over 100 schools taking part in the Junior Road Safety Officer Scheme. The young people we met were confident they knew how to keep themselves safe on social media. Diversionary activities for older children were contributing to reductions in risk taking behaviour.

When there were concerns about a child being at risk of harm, services reacted promptly and children were, in the main, kept safe. A few children and young people were exposed to risks longer than necessary as a result of delays in decision making or the lack of robust risk assessment. We say more about risk assessment later in the report.

Those children, who could not remain at home, including those in foster care, residential care and kinship care, were living safer lives as a result of the efforts and supervision of their carers and those who worked with them. Safe contact with parents, extended families and friends was managed well. This included monitoring of contact through social media when necessary.

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

Children and young people had a good overall awareness of the importance of being healthy and were very confident about accessing help. There were clear benefits of a strongly multi-agency approach to health improvement. Nurseries and schools were successfully promoting healthy eating and providing a range of healthy snacks and meals. There were a number of initiatives in schools and nurseries to promote oral health with many children benefiting from the **Childsmile** programme. Some young people achieved a healthier weight through the Weigh To Go programme.

Sexual health support and advice was readily available to young people with same-day access when necessary. This was contributing to reducing teenage pregnancy rates. Importantly, fewer young people were smoking, drinking alcohol and taking drugs.

Children who were looked after were being well supported by their foster carers and kinship carers to access health services as needed. However, the health needs of many looked after children and young people were not always assessed in good time to make sure they were receiving the help they needed.

Many children and young people were helped to improve their mental health and wellbeing through services provided in their schools. This included counsellors, Life Link, Place2be, Place2talk and school nurses. However, these services were not available to all children and young people who may have benefited from lower-level emotional and mental health support. Despite improvements in waiting times, some children and young people with mental health problems had to wait too long to receive help from child and adolescent mental health services (CAMHS).

How well are children and young people helped to achieve?

Children were starting school increasingly confident. Early learning and childcare centres were helping most pre-school children to make good progress and achieve effective transitions to primary school. The continuing emphasis on improving attainment, reducing exclusions and increasing opportunities for wider achievement was impacting positively on outcomes for many children and young people. Many children and young people were gaining a very good range of knowledge, skills and attributes, helping them to progress well through school. Almost all young people left school for a positive destination.

Outcomes for some vulnerable children and young people were improving. The **Opportunities for All** programme, operating in all 30 secondary schools, was helping to improve outcomes for young people who were at risk of missing out on education. One-to-one education was effectively engaging very reluctant learners who had previously had poor school attendance and had often been excluded from school. The young people were improving their attainment and gaining a positive destination after school. For a few vulnerable children and young people, more attention should be given to ensuring wider achievements were promoted and recognised.

Outcomes for looked after children and young people were improving but there was scope for further improvement. Programmes such as the Young Glasgow Talent scheme and the award-winning transition programme run by Kelvin College were helping some young people achieve.

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

There was strong evidence of a nurturing ethos developing across services for children and young people. Preschool children and their parents were developing stronger attachments and improved relationships through involvement in early years services and support groups like the play café. Young people described the nurturing approach present within their schools where they were confident there was always someone they could talk to. Younger pupils valued the support from older 'buddies' and felt cared for in the transition from primary school.

For some particularly vulnerable children, consistent nurturing care in school was crucial to maintaining their wellbeing. Many children had successfully been helped to develop positive relationships with their parents or grandparents. However, some children continued to experience poor routines and inconsistent care from their parents.

Children living in kinship and foster care, some with their siblings, were experiencing warm, loving, secure relationships with their carers. Most children in residential care or secure care were being supported well by their carers to establish appropriate daily routines and self-care activities. Some were well supported to maintain meaningful contact with their parents, siblings and extended family. However, for others, the poor quality of the environment in which they were expected to have contact with their family members did not support a positive nurturing experience for young children or their parents.

Young people receiving aftercare services benefited from ongoing support by remaining in contact with their previous foster carers, residential staff or supported carers. However, some young people did not have an up-to-date plan to promote nurturing opportunities. Greater attention could be given to considering more assertive measures that could be used to assist those young people who failed to engage with services.

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

Over the last five years, schools and nurseries had increased the focus on outdoor learning in recognition that many children had limited outdoor space at home. Children had access to more creative learning spaces around their schools and were able to access them throughout the year enabling them to be more active. During the holidays, partners provided play schemes which were often based in schools enabling children to continue to use outside play areas. The play café, run in the Easterhouse area, encouraged children to participate in cultural and artistic experiences.

All children and young people had access to two hours of physical education a week at school. Being active was being well supported in many primary schools by participation in the Daily Mile. The sports leadership programme was helping many children and young people to effectively participate in a range of sporting activities. The integrated and strategic approach being delivered through the physical education, physical activity and school sport (PEPASS) team was very successful in supporting children and young people to participate in sport, including those children and young people who have limited mobility.

Many children, young people and their families benefited significantly from a range of affordable opportunities to be active in their communities. For example, very young children and their families benefitted from activities such as Bounce and Rhyme and Tickle-Giggle sessions. The Young Scot card helped them to participate in affordable activities across the city. They benefited greatly from the encouragement and opportunities they received from school staff to take part in a wide range of sport and leisure activities. Children and young people had a wide range of opportunities to develop their talents in chosen sports. The PEPASS team worked well to provide a range of successful sporting activities across the city. Services should continue to actively encourage participation.

How well are children and young people respected?

Most children and young people we spoke to told us they were treated with respect, listened to, kept informed and knew their rights. Children and young people knew how they could contribute to decision making, were aware of pupil councils and how to become involved. Looked after children we met considered they were respected at school and did not feel they were treated differently or disadvantaged. Although not a theme from inspections of regulated services, we met a few looked after young people living in residential care who did not always feel respected by staff caring for them. They did not consider they were listened to on important issues about their residential unit.

Staff used a variety of methods to obtain the views of children and young people. When children were too young to express their views, staff carefully observed and analysed their behaviour to better understand their likes and dislikes. For a few children and young people who were difficult to engage, more creative approaches should be taken to gain their views.

The majority of looked after children and young people in residential and secure settings were making appropriate use of independent advocacy through Who Cares? Scotland. The Children's Rights Service also provided direct representation for children and young people looked after away from home in residential care and care leavers. Unfortunately, this service was not available to children and young people looked after at home or in foster care. We found, in our review of records, a significant number of vulnerable children and young people were not offered any form of independent advocacy.

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

Children and young people in Glasgow had a wide range of opportunities to develop their sense of responsibility at home, school and the wider community. Children and young people benefitted from opportunities in clubs, schools and colleges to develop leadership and organisational skills which helped them to develop confidence, self-esteem and take on new challenges. They contributed to charity work, mentored younger children, took part in school buddy systems and acted as ambassadors. They were encouraged to take on leadership roles through sports, volunteering with the police and being involved in activities in their community. Children living in foster care or in kinship care were supported to participate in household chores. This had helped build their confidence and promote self-esteem.

Some vulnerable children were given clear boundaries and were learning right from wrong as a result of the valuable support staff gave their parents. Other vulnerable children, in particular those looked after at home, did not always receive appropriate guidance on boundaries due to some parents not responding to or engaging with the help offered. Children and young people who had committed offences received help to reduce or stop and develop more positive behaviour.

Older children and young people in residential care placements and secure care were helped and encouraged to make positive and informed choices by staff who understood their needs, however some young people continued to engage in behaviour which placed them at risk of harm. Whilst most care leavers were supported well to transition to independent living, others experienced difficulties and continued to engage in risk-taking behaviour.

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

Overall, there was a positive picture of staff working proactively with children and young people to ensure they were included in their schools and communities. This involved efforts to include both geographical communities and communities of interest such as young people who were looked after, those with complex or additional needs, and those recently arrived from abroad, either with their families or as unaccompanied asylum seekers.

Children and young people in kinship care enjoyed valuable peer support through outings and holidays arranged by their local kinship care group. Teachers were aware of looked after children within their school and were becoming more confident identifying children who were young carers. Children who were experiencing poverty or had additional support needs were increasingly being supported to participate in sports and school activities.

Purposeful work with the Roma community was increasing children's integration into their local community and school. While vital interpreter services enabled many young people whose first language was not English to participate more fully, demand for this service was exceeding supply. Some children and young people

experienced isolation within their communities despite the efforts of staff. For a few children this was a result of frequent moves, sometimes due to being looked after away from home. Some young adults experienced extreme isolation due to inappropriate housing and poor support.

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 families was good. Universal services were responsive to the needs of families at an early stage. Families were becoming more resilient and confident as a result of the help and support available to them from a range of services and very many parents were benefiting from the wide range of parenting programmes. However, staff did not always assist, engage and challenge families assertively enough to effect real and lasting change and help them to cope better. Not all families affected by disabilities were accessing the help and support available. Kinship carers were increasingly well supported through regular peer support and opportunities for more specialist help. Kinship carers looking after teenagers would benefit from more tailored support to help them in their caring role

Many parents and carers benefited from advice, help and support from staff across a range of universal, statutory and third sector services. Parents grew in confidence and increased their resilience through participation in parenting programmes, groups and clubs or on a one-to-one basis. Programmes were delivered in a co-ordinated, timely and flexible manner, to meet individual needs. Parents routinely completed evaluations providing important feedback on improvements in parenting and literacy skills. The scale of the city presented challenges to services in ensuring the delivery of parenting programmes. There were insufficient programmes targeted at parents of teenagers.

The early years joint support teams (EYJST) were successfully identifying 'just coping' families at an early stage, providing the right support and preventing escalation of need. This prompt response to meeting the emerging needs of families was successfully preventing families requiring statutory help at a later stage.

Functional Family Therapy was successful in improving the confidence and emotional wellbeing of parents and adolescents who engaged with the service. There was evidence of a significant reduction in emotional distress and behavioural problems as well as significant improvements in parental wellbeing and family relationships.

Vulnerable pregnant women and their partners benefitted from flexible and effective support through the Special Needs in Pregnancy service (SNIPs). As a result, there were improvements in parenting skills, confidence and parents' ability to address their own wellbeing needs. The young parents' support base and the family nurse partnership were engaging with increasing numbers of vulnerable young parents, offering early help, practical and educational support to promote antenatal care and promoting the wellbeing of very young children.

In the majority of vulnerable children's records reviewed, where it was relevant to assess the quality of support provided to parents, we considered that families were more confident in their parenting, more resilient and better able to meet their own needs as a result of the services provided. However, this was not the case for all, and while services were often persistent and worked well in partnership with each other, their input had little effect on some families. A number of families had been resistant or reluctant to engage when help was offered and this was not always addressed early enough. Staff had not always provided effective support nor were they challenging families assertively enough to build resilience and improve parental confidence.

Support for kinship carers was available from a number of different sources. Well-established kinship carer groups in different parts of the city provided vital peer contact allowing them to share experiences and learn from each other. The Notre Dame Centre offered valuable intervention in the form of counselling and play therapy for children in kinship care. A homework club had been established in two areas in partnership with the Bethany Trust which provided welcome advice on supporting the learning of the children in their care. However, many kinship carers were not getting enough help to look after the children in their care. Some families were living in unsuitable housing and experienced financial difficulty. Kinship carers of teenagers in particular, struggled at times and felt unsupported.

Families that had a child with a disability received valuable help and advice from carers' centres. Some families were clearly benefiting from a range of other resources which provided specialist support for children and families affected by disability. However, they were not widely known about and as a result not all families were being helped to access resources that would meet their and their child's needs. Some parents had to rely on other parents to tell them about what was available in their community. Although some families were benefitting from the flexibility of **self-directed support**, it was not well-established for children with a disability. Parents had to wait for assessments to start and the process took too long.

Initiatives to address family poverty were welcomed by parents who were positive about the difference made to their lives by, for example, the Money Matters service. Some families received practical support from health visiting teams, nurseries and schools to produce low-cost, healthy, family meals through attending a range of groups. These included weaning fairs, family meals and homework clubs, parents-led flat-pack meals schemes and baby cafés. These families reported an increased

confidence in cooking for their families and a few parents developed new employability skills, for example food and hygiene certificates.

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.

The extent to which services provided help and support at an early stage was good. There were important strengths in that children and families who needed help were being identified early and staff were generally sharing information well. The processes in place to enable staff to share information worked effectively. The early years joint support team was a particularly successful way of providing early help to families with preschool children through effective partnership working with the third sector. Capacity problems within the school nursing and social work service meant that they were not always able to participate fully in learning community joint support teams. Staff were generally confident about providing help to families and were able to identify many resources available to children and their families. There was a wide and diverse range of services available across the city but most were available only within a specific geographical area or school and many had waiting lists. Parents were not always able to access local nursery places for their children. The level of support offered to children and young people with mental health or wellbeing concerns was inconsistent across the city.

Midwives were helpfully identifying vulnerable pregnant women, using a comprehensive initial assessment based on the **Getting It Right For Every Child** assessment. Health visitors were alert to the wellbeing needs of children and offered support to parents to enhance their parenting confidence. They were identifying children with difficulties such as communication concerns through routine developmental assessments and were able to access specialist support if required through child development centres. Training delivered by speech and language therapists helped health visitors and nursery staff identify communication concerns early. Police officers and staff working mainly with adults understood the impact of adults' behaviour on children and shared information with services that could support children and their families. Some social landlords and other housing providers were recognising early concerns about children, and shared information with relevant housing support workers, homeless teams or social workers. Campus police officers had developed good relationships with young people in some schools and were able to identify when some young people need more support, advice or guidance. However, not all schools had access to a campus police officer.

Getting It Right For Every Child principles were firmly established across services, enhancing already successful joint working between the third sector and statutory services. Joint visits were commonplace and staff worked well together to provide

early support to families. Staff shared a common language and understood the value of sharing information at an early stage. There were clear protocols, guidance and systems in place for sharing information. A risk-and-concern hub was established in 2016 where police systematically screened concerns and shared these appropriately with the named person, social workers and children's reporters when there was a risk to children's safety or wellbeing. Staff working in health services were using an electronic system (EMIS) to record their interventions which allowed them to access other health information such as accident and emergency attendances. However, information sharing between midwives and health visitors was often limited; the quality of written information was inconsistent; and handover discussions were rare. As a result, health visitors were not always aware of the family circumstances at the time of their first visit.

Sharing information through successful staged intervention processes was helping children and their families. Early years joint support teams and learning community joint support teams were sharing information and providing relevant support to children and their families at an early stage. These solution-focused multi-agency meetings identified suitable and available resources to help meet the needs of children and families. There was strong partnership working between the statutory and third sector services which was helping support families well. However, at times, the demands of casework meant that social workers, school nurses and educational psychologists were not always able to attend learning community joint support teams.

Health visiting teams were responding quickly to families that needed extra support offering Triple P parenting programmes, play@home as well as using the **Solihull approach** to increase parenting confidence. For parents where English was not their first language, Triple P groups were established where an interpreter was available to support the sessions. Health visitors had good relationships with the third sector organisations and were delivering programmes jointly in some areas. In Drumchapel, they ran clinics in community facilities where families also attended cookery, literacy and counselling sessions.

There was a broad range of third sector family support services working across the city providing appropriate support for families who received them. These services were not always easily available to families; some areas were better resourced than others; and many services operated a waiting list. There was no up-to-date directory of services that both staff and families could access easily. Forums such as the Drumchapel Early Years Network were established to help staff connect with services. Some areas had a baby-aware manual, which was given to new parents and had very helpful information about local services for families with young children, but this was not replicated for families with older children.

There was a strong, well-established focus on nurture across services, particularly in those for early years and primary aged children. Staff identified children in need of extra nurturing and provided nurture classes, nurture corners and individuals who could support them. However, not all young children were able to easily access nursery placements. In particular in the south of the city, parents were often offered nursery places which were not close enough to their home communities to enable

attendance. There was limited provision for vulnerable two-year-olds. This meant that services were not always able to intervene early enough to prevent difficulties arising or increasing in the lives of vulnerable children.

A wide range of services helped meet the individual needs of children and young people with emerging emotional and mental health problems. For example Lifelink and Place2Be provided invaluable counselling for a number of children and young people. Some school nurses offered a responsive service to children and young people with emotional needs. However, not all schools offered counselling services and school nursing provision was limited and patchy across the city. As a result services were not always able to respond quickly enough to meet the emotional and mental wellbeing needs of children and young people at an early stage.

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. Staff were alert to circumstances that put children and young people at risk. The response to child protection concerns was robust in most instances, with very few examples where this was not the case. Collaborative leadership from police, social work and health supervisors ensured that child protection investigations were thorough. Staff confidence and understanding of the importance of maintaining chronologies of significant events in a child's life was growing, but this had yet to result in high-quality chronologies. As a result, the majority of chronologies on record were not useful in identifying patterns of risk and need. The Glasgow practice model for risk and need assessment provided a strong foundation for staff assessing risks and needs but recording frameworks did not support best practice. Overall, risks and needs were assessed satisfactorily but there was a substantial minority of vulnerable children and young people who did not have an assessment or had an assessment that was weak. Staff had a range of procedures and protocols to help them, such as useful tools to recognise neglect and to assess vulnerable young people at risk of exploitation. Multi-agency assessment of people at high risk of domestic abuse took place regularly but its effectiveness was lessened by limited engagement of all relevant partners.

Initial responses to concerns about safety and wellbeing

All staff were alert to circumstances that placed children and young people at risk. They responded well to child protection concerns. In almost all cases we reviewed, concerns were followed up appropriately with three-quarters rated as good or better. Practice was characterised by robust understanding of risk, effective information sharing, helpful initial risk assessments and prompt joint action to keep children safe. This was not reflected in a few cases where we rated the response as weak. Staff

found safe alternative accommodation, often with relatives, for a child or young person unable to remain at home.

Inter-agency referral discussions (IRDs) to share child protection concerns and make joint decisions about investigations had been introduced in January 2016 with appropriate involvement of police, social work and health. The introduction of the IRD had required a shift in culture, moving from a position of sharing information to one of all parties being fully engaged in the decision making process. Embedding the IRD process was progressing well but full implementation was relatively recent. Overall, these meetings were beginning to operate soundly, improving collective decision making about safe care, joint interviews and investigations. Staff appreciated having better information and improved direction for their investigation. Health staff were newcomers to this decision-making process and were at times less comfortable than police and social work colleagues in making collective decisions about action to be taken.

Staff were alert to concerns about the wellbeing of children and young people. In almost all cases we reviewed, the response children and families had received was helpful. Only in a very small number of instances was this not the case. However, we found at times that social work was unable to provide either a consistent worker to support the family or respond to concerns in a timely manner. There was an inconsistent approach across the city in managing the volume of, and time delays in responding to, wellbeing concerns. Other services did not always share the same threshold for concern as the social work service and perceived that social work thresholds were at times too high.

The multi-agency vulnerable young person procedures and guidance supported staff to identify and protect very vulnerable young people and ensure their needs were properly addressed. Effective use was made of joint decision-making at initial assessment meetings, case discussions, core groups and reviews. Many young people at risk of sexual exploitation and those who self-harmed, were affected by addictions, mental health difficulties, problematic sexual behaviour, trafficking and offending behaviour had been identified and helped.

Every vulnerable child or young person for whom concern had been raised was added to the police interim vulnerable person database. The police risk and concern hub (the Hub) carried out effective single-agency screening of vulnerable young people who were the subject of police concern in the previous 24 hours. They used clear criteria for assessing significance of risk from standard through to medium and high risk. Significant individual concerns, or increased concern based on multiple referrals, triggered an escalation process including convening an inter-agency referral discussion. The Hub also reviewed young people missing from care placements. Relationships between individual residential units and the Hub were strong. Nonetheless, there were still high levels of absconding from children's units and in some cases, risk assessment and management had not been robust enough.

The quality and use of chronologies

Staff confidence and understanding of the need to maintain a chronology of significant events in the life of a child or young person was growing. The vast majority of children's records we reviewed contained a chronology of significant events, but seven out of ten were not yet of an acceptable standard. As a result, it was not always possible to identify significant or accumulating events that could impact adversely on the life of the child or young person, identify potential risk and help to manage risk. There was not a shared understanding of what constituted a significant event, how events should be recorded, or how a chronology should be used and analysed to identify and manage risk and concerns.

The quality of assessments

Staff were strongly committed to ensuring that children and young people had risk and need assessed robustly. The Glasgow practice model encouraged practitioners to take a tiered and proportionate approach to assessment. It helpfully supported single-agency assessments such as school wellbeing assessments through to multi-agency assessments involving targeted services. Known as the GIRFEC assessment, it included the views of all services involved with a child in one multi-agency assessment. Staff were able to access tools, documentation and guidance to undertake GIRFEC assessments. However, although the model itself was helpful, many practitioners considered the supporting templates to be unwieldy, cumbersome and repetitive. GIRFEC assessments were often too long to enable meaningful engagement of parents in the assessment process.

We made separate judgements about the quality of assessments of both risks and needs. The overall quality was of an acceptable standard when one had been completed, with six out of 10 reviewed being good or better in both types. A small number of completed risk or needs assessments were weak and some children who required assessments did not have one. Taken together, almost a fifth of children and young people who required a robust assessment of risks or an assessment of their needs either did not have one or had one which was rated as weak.

Managers were working hard to ensure that the health needs of vulnerable children were being assessed. The looked after children health team carried out health assessments for children looked after away from home in foster or residential care. Assessments for children looked after at home or in kinship care were being undertaken by health visitors and school nurses but there was a substantial backlog of outstanding assessments.

Staff in Glasgow worked with Action for Children to produce the comprehensive Working with Neglect Toolkit. Designed for practitioners to use with parents or carers the toolkit has helped staff to approach neglect differently. Use of the toolkit enables an objective measure of the care of the child by the carer. Practitioners considered the toolkit supported well the full participation of families in the assessment process. As a result of their partnership in the assessment process, parents understood clearly professionals' concerns about neglect and what the expectations were of the changes they needed to make. A few examples of health

visitors and social workers jointly scoring the toolkit and reaching a shared view had contributed to robust assessment and aided agreement on future action. Police routinely considered neglect as part of their screening process within the Hub.

Young people who met the criteria for being admitted to secure care were being successfully cared for in the community as an alternative, following robust multi-agency assessment of risks and needs. A GIRFEC assessment was provided as a starting point and the Forensic Child and Adolescent Mental Health Service, social work and education services collaborated to agree a clear intervention strategy.

To prepare them for new support arrangements, kinship carers had been the subject of a new GIRFEC assessment. Carers appreciated this, as for many, this was the first time that their and the children's needs had been so comprehensively assessed. Addiction staff worked closely with children's social workers to identify risk. The parents-in-recovery addiction team used an impact of parental substance misuse assessment, which had been revised to complement GIRFEC assessments.

Domestic abuse risk assessment and support processes ensured that higher level risks were properly assessed, understood and monitored. At a lower level, NORM (non-offence reporting mechanism) teams played a vital role in signposting women for help at an early stage. However, not all processes were as effective as they could be due to limited involvement of other partners. This included multi-agency risk assessment conferences where lack of consistent social work representation at key decision making meetings compromised safety planning for victims of domestic abuse where risks were high.

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 adequate. Most children and young people who needed a plan had one in place to improve wellbeing, meet their needs or reduce risk. There was purposeful early stage planning for children with lower-level needs. However, a significant minority of vulnerable children had either a weak plan or no plan at all. The processes of reviewing, joint planning and decision making were working most effectively for children and young people looked after away from home. On the other hand, the processes of reviewing for children and young people looked after at home or in kinship care were more sporadic, both in terms of quality and frequency. There was evidence of widespread and effective partnership working to secure caring, stable and nurturing living environments for looked after and accommodated children and young people, including those in kinship care and care leavers. However, partners needed to continue to work to address drift in the circumstances of those children needing permanent care, and achieve more timely permanency planning.

The quality of children and young people's individual plans

Early-stage planning was addressing the emerging wellbeing needs of children in primary school. Those children identified as requiring extra help had appropriate wellbeing and assessment plans in place. In our review of records, although the majority of vulnerable children and young people had a plan to reduce risk and meet need, the quality of these plans was too variable. Whilst just over half of individual plans were good or better, four out of every 10 were only adequate. Moreover, one in 10 plans was weak. There was no written plan to meet needs in a significant minority of records reviewed (16%). A substantial proportion of staff did not consider that they had received sufficient training, or had access to the necessary tools and guidance to prepare a child's plan. There was no systematic quality assurance of plans to ensure their consistency and usefulness in directing work with children. The majority of plans were outcome focused, making it clear what needed to change in order to improve the child or young person's circumstances and wellbeing. However, the majority of plans were not SMART[2]. This made it difficult to measure progress on agreed actions, the degree to which outcomes were improving, and the extent to which services were making a difference to the child's wellbeing.

The quality and effectiveness of planning and reviewing

The quality of the reviewing process was inconsistent, with almost half the cases we considered rated good or better, but at the same time just over one in five found to be weak or unsatisfactory. There was evidence of an appropriate level of partnership and collaborative working in implementing the plan for the child in the majority of cases. When this was not the case, it was largely health staff and, to a lesser extent, education colleagues who were not fully involved.

Staff at all levels were positive about the impact of Getting it Right For Every Child principles in improving joint working between services, particularly for children who were looked after and accommodated. Staff survey results reflected this, in that just over three-quarters of respondents agreed that a Getting it Right For Every Child approach had improved the way they planned to meet children's needs.

Some foster carers and kinship carers spoke positively about the way reviews were conducted, and the way in which the process helped to achieve better outcomes for children and young people. They felt listened to and felt that their views were taken account of when decisions were made. However, others felt that undue emphasis was placed on the views and needs of birth parents at review meetings.

Care-experienced young people did not always find their reviews helpful. In particular, they were unhappy that their reviews were always held in offices and never at their homes. However, young people appreciated the value of review meetings when held during periods of change.

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[2] Specific, Measurable, Achievable, Realistic, Timebound.

Reviews for looked after children and young people were not always being held frequently enough, or were subject to delay. This was more likely to be the case where children and young people were in kinship care, or were looked after at home. In particular, reviews of children looked after at home did not always take place. In marked contrast, effective planning to divert young people from secure care had resulted in a falling number of young people in secure care. In tandem with this positive outcome, there was comprehensive and effective planning for young people in secure care placements.

There was evidence that effective planning had contributed significantly to successful transitions from children's to adult services, particularly in relation to those young people with disabilities and a range of complex needs. However, delay in starting post school planning until the final five to six months was a feature in some cases - despite statutory and local policy requirements that the process of transition would start one year before school leaving age.

Securing stable and caring environments

Effective planning was successfully securing stable and caring environments for many looked after children and young people. Many children and young people were being supported well in their own communities living with kinship or foster carers. Kinship carers derived significant support from a network of kinship care support groups – six spread across the city. The groups were well supported by partners. Support for non-statutory kinship carers was in the process of being commissioned from Quarriers.

There were some positive findings in regard to the experience of self-directed support, although progress to date in implementation had been achieved on a very limited scale in children's services. Processes allowing families to access direct payments were cumbersome and needed to be streamlined. Implementation of a 'four option' approach to self-directed support had been piloted was gradually being extended.

Too many children were not moving to permanent care quickly enough. Just over a quarter of plans we read were progressing fairly well, while the remainder were either not progressing well or progress was unclear. Partners, through audit and self-evaluation, were aware of the need to improve performance in this area. A permanence forum had been trialled in one area and subsequently rolled out across the city. It was proving to be an effective mechanism for providing support and constructive challenge in permanence cases to help drive progress and reduce the risk of planning drift. Staff valued the input and support of the group. An internal review of adoption processes in March 2016 had highlighted a number of key areas for improvement, including several aspects of the process where the service's administration could be made more efficient.

Care leavers had access to a range of housing options, including varying levels of housing support. There were a number of supported accommodation services across the city. All had waiting lists at the time of the inspection. This housing

support played an important part in supporting young people to establish stable and sustainable accommodation. However, where young people faced additional issues such as addictions or mental health problems which impacted on their ability to maintain tenancy, specialist services were not consistently accessible across the city.

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.

Joint planning to improve services was good. Commitment from all partners to children's services planning and to the child protection committee was strong and there were clear connections to the single outcome agreement. There were comprehensive, well-resourced and established planning structures with clear accountability and meaningful representation from all relevant partners and geographical localities. There was no single strategic assessment of need and risk underpinning children's services planning and child protection. Although planners had access to relevant information from a range of sources, services were not distributed equitably across the three localities in the city and this was not always related to current local need. The child protection committee had recently been strengthened, following a review of its role, function and membership and, while not as SMART as it could be, the committee's improvement plan was usefully directing its work. Child sexual exploitation was helpfully tackled within the existing child protection structure and there was a shared vision, understanding of need and an action plan to improve outcomes for young people at risk of, or experiencing, sexual exploitation. Emerging and potential risks were considered jointly. There were processes in place to manage risk though these were not yet part of a systematic strategic approach.

Integrated children's services planning

Children's service planning in Glasgow was underpinned by a well understood vision, and carried out within a planning structure that was well resourced, generally effective and adaptable to changing demands. The interim children and young people services plan 2015/2017 had clear connections to the single outcome agreement. For example 'towards the nurturing city' is Glasgow's aspiration for its families and communities and one of the six priorities in the plan. This recognised the impact of deprivation on the health and education of children and young people and the social impact on communities. This explicitly connected to the strong focus on tackling poverty expressed in the single outcome agreement. There were clear lines of accountability, with the community planning partnership delegating

responsibility for children's services planning to the children's services executive group.

The children and families lead officers' group played an important role in the implementation of the **children and young people's services plan** priorities, with the executive group providing strategic direction.

Children's services locality planning groups (one in each of three areas, South, North West and North East) were successfully implementing the city-wide priorities locally, while ensuring they met the specific needs of children in their locality. Greater attention to explicitly linking locality work plans to city-wide priorities would make progress easier to track. Regular review of city-wide subgroups ensured they remained relevant and reflected changes in planning priorities. Not all staff were aware of children's services planning and the important bearing this had on their work.

While children's service planning was not informed by a single strategic assessment of need, partners were drawing on a range of rich data. The health and wellbeing survey had gathered comprehensive perceptual data from secondary school pupils in Glasgow every three years since 2006/2007. Systematic data analysis compared findings by locality and usefully identified important connections and relationships between different measures. As a result, it provided a sound basis for policy development and planning. Monthly meetings with the Glasgow Centre for Population Health were helping partners understand their population better. Despite this, partners had not yet defined outcome measures for the forthcoming children's services plan. They planned to use a systematic, life course approach to building a suite of indicators but recognised they needed to refine and reduce the 51 indicators already identified.

It was apparent that services were not distributed equitably across the three localities in the city. This was particularly true of third sector services which had grown and developed over the years in response to local need without enough of a strategic overview. Partners charged with planning children's services were not yet addressing this. In order to improve access to services, there needed to be more effective planning based on a dynamic needs assessment.

Child protection committee business planning

The **child protection committee** reported directly to the public protection chief officers' group and was appropriately aligned with children's services planning through the children's services executive group. Child protection committee members recognised that while there had been recent improvements in governance and accountability structures, there was still a need for significant work across children's services to ensure that effective links were made between strategic planning groups, the integrated joint board and the education service.

The committee was working appropriately to a strategic improvement plan. While the improvement plan was a useful tool to focus on the key priority areas of

continuous improvement, strategic planning and public information, it was not outcome focused. There was also drift in progressing some of the actions. Members recognised this and were developing the plan further.

The child protection committee had a realistic awareness of children's needs in Glasgow. A range of sources was used to inform planning, including the Centre for Population Health, and information from key partners about groups of children. This included children in foster care and residential care, young people at risk of, or experiencing, sexual exploitation, and children on the child protection register. Although the committee gathered a wide range of data from a number of sources, and there were examples where information had been used effectively, it did not yet systematically analyse this information to measure impact or inform planning.

The work of the child protection committee was being effectively supported by a number of sub groups tasked to develop multi-agency strategies, procedures, guidance and actions on a range of issues such as child sexual exploitation (CSE), quality assurance, neglect, and learning and development. Given the size of Glasgow, locality child protection forums had been established and were driving forward child protection improvements. These locality child protection forums were successfully making the links between strategy and practice and were taking forward local issues. The locality forums reported on improvements and were held appropriately accountable through local management reviews.

Child sexual exploitation (CSE)

There was a clear vision and joint strategic response to tackling the sexual exploitation of children. The CSE work plan was well developed and reflected four key areas of prevention/awareness raising, intervention, recovery and disruption/prosecution, relevant to meeting the needs of vulnerable young people in Glasgow. The CSE group took positive action to strengthen its working relationship with other partnership groups and made connections across a range of research, guidance and toolkits, reflecting the cross-cutting nature and complexity of CSE.

For children and young people at risk of, or experiencing, sexual exploitation, child protection procedures were used, and the vulnerable young person procedures were a useful extension of a child protection approach, capturing a wider group of vulnerable young people in need of protection. The risks for very vulnerable young people at transition stage into adulthood were well recognised. However, there was little evidence available that services for adults were routinely represented in the strategic planning around CSE, included in vulnerable young person groups, or contributing to care planning.

A range of audits, case file reading and pilot work such as **Stop to Listen** were being used effectively to build a picture of need and to improve processes and practice. Similarly, policy was being significantly shaped and developed by learning from joint CSE investigations and research. While there was convincing anecdotal evidence of positive impact on practice and outcomes, and some examples of indicators, the CSE subgroup was unable to demonstrate that they were being systematically used to evidence impact/outcomes.

Managing and mitigating risks

Leaders were well informed and had a track record of identifying and mitigating financial challenges and risks. Senior officers were linked into national strategic groups and were responding appropriately to emerging concerns. Although partners were unable to demonstrate a systematic strategic approach to jointly identifying and managing risk across children's services planning and community planning structures, there were good examples of identification of, and action taken on, potential emerging risks. Examples included risk to families due to welfare reform; systems risks regarding the impact of the number of children seeking asylum; CSE; female genital mutilation; trafficking; and engagement with sports bodies following the disclosure of historical sexual abuse in football. Groups of operational staff were working well together to address similar issues and were positively influencing strategic approaches and practice development.

The child protection committee routinely considered risk, encouraged partners to raise concerns and took action to reduce it. Partnership working and a shared understanding of risk assessment had been strengthened and informed through learning from significant case reviews, CSE joint investigations and joint investigations on internet offending. Where there were risks, partners were able to put actions in place to reduce them.

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 of children, young people, families and other stakeholders was good. A clear commitment from all partners to involvement was evident in the wide range of activities successfully engaging children, young people and families in service planning and development. Creative approaches to communication and consultation were having a positive effect on the development of services. Children's rights were actively promoted and well understood by leaders and staff across services. However, there were a number of examples where full participation had not yet been achieved. There was scope to better co-ordinate the extensive range of participation activities, ensuring any duplication or gaps were easily identified, and enabling systematic evaluation of impact.

Involvement in policy, planning and service development

There was a clear commitment across services to ensuring children, young people, families and other stakeholders have opportunities to influence policy, planning and service development. Development of the Getting It Right For Every Child approach and the work undertaken by partners towards a child-friendly city with UNICEF (United Nations International Children's Fund) were underpinned by city-wide consultations with children and young people.

The well-established health and wellbeing survey provided planning partners with valuable insight into youth health and wellbeing across the city. Many of the young people were also involved, alongside staff, in exploring the meaning of the survey data and presenting their views and solutions to the identified health challenges. The findings of this extensive survey informed and influenced the new children's services plan and the work of the health improvement team.

The city-wide Glasgow Youth Council, with 50 members, met monthly as a full council. Representation on the children and young people's policy development committee enabled the youth council to directly influence city-wide policy. Youth councillors had regular and meaningful access to elected members and senior officers which resulted in young people's views being taken seriously and taken into account in children's services planning. Pupil councils and a culture of participation were well embedded across schools, and young people indicated that they were influencing change. Parent councils were actively involved in developing and monitoring school improvement plans, however many parents were not engaged in this process.

The 'cost of the school day' project was a strong example of **co-production** of policy development. By sharing their experiences and insight, children, parents and staff played an important role in shaping polices aimed at reducing disadvantage and the impact of poverty on the experience of children in school.

Care-experienced young people influenced policy and planning with support from the Children's Rights Service, for example through the 'big foster group', residential estate planning arrangements and internet policy. However their full participation had not yet been achieved in driving the work of the Champions' Board.

While a range of mechanisms were in place to elicit children's views to influence children's service planning, partners were not able to demonstrate how young people and families were specifically consulted about or provided feedback on the current children's service plan. Our young inspection volunteers, in particular, considered greater attention could usefully be given to ensuring the voice of young people was made explicit in planning documents. Some parents of children with disabilities considered they were not well involved in policy decisions and that their views were not respected.

Communication and consultation

Effective consultation and timely feedback was having a positive impact on the development of individual services. Meaningful engagement with young people and families helped the health improvement team develop its work across the city. Those who were consulted recognised the impact their voice had on service provision and this culture of participation had a positive impact on the uptake of valuable services, including with families who may be harder to engage. Examples included family meals and homework clubs and play cafés. A strong participatory approach was also contributing to positive outcomes in a number of services. This included the A&M (achieve more) project which provides diversionary activities for

children and young people from deprived areas; Aye Mind which creates and shares mental health resources through the internet, social media and mobile technology; and the young parents' support base.

User-friendly websites and social media were effective in communicating and sharing information with families and stakeholders. Aye Mind and **Sandyford's** website were more accessible and child friendly as a result of young people's involvement in their design.

Individual care services were using a range of techniques to help increase children and families' engagement in shaping the service through evaluation and co-production. While some staff considered there were opportunities for them to give their views and feedback on service redesign, a few felt consultation processes were tokenistic or too late to have any real impact.

Care-experienced young people were involved in a range of consultations through the children's rights service with creative approaches and materials helping to encourage full participation. Despite this, some looked after young people were unsure of what difference they could make to service development. The absence of a current corporate parenting plan made it difficult to demonstrate clearly the action taken by partners in response to feedback from young people. As a result, it was harder for young people to understand the differences their contributions had made.

There was no overarching participation strategy and little coordination of the considerable range of engagement and consultation activities. Therefore, it was hard to establish how outputs from engagement and consultation were collated and prioritised to inform strategic planning and development. This contributed to a risk of duplication and made it more difficult to identify any gaps, particularly for harder to engage groups. It also made it difficult to evaluate the overall impact of participation activities.

Promoting the rights of children and young people

Partners in Glasgow were actively promoting children's rights and identified their collaborative work with UNICEF to make Glasgow a child friendly city as a key strategic priority in the interim children's services plan. Rights-based training had helped raise awareness amongst elected members, the children's services executive group and staff across partner agencies. Young people were involved in the co-production of postcards based on the **UNCRC articles** and materials promoting rights were widely available to children and young people.

Who Cares? Scotland and Glasgow's children's rights service provided young people in residential care and care leavers with effective advocacy support. Unfortunately access to independent advocacy was not readily available to all looked after children and young people.

Records reflected that in the majority of cases, children and young people experienced positive and trusting relationships with staff and carers and were supported and encouraged to understand and exercise their rights.

The Champion's Board and children's rights officers played an important role in championing the rights of children to senior managers and policy makers. Children's rights officers used feedback from young people to provide appropriate challenge to professionals.

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. Leaders effectively communicated their ambitious vision of improving outcomes for all Glasgow's children and young people and were strongly committed to continuous improvement. They were acutely aware of the need for transformational change to meet the considerable challenges facing them due to the size, complexity and demographic profile of the city, while facing significant reductions in resource. There was a strong focus on directing resources towards prevention and early intervention. Staff recognised the ambition for Glasgow as a nurturing city and the strong desire and need to achieve more successful early intervention and prevention for children, young people and families. Leaders had a clear commitment towards directing efforts to break cycles of deprivation in communities. Partners knew they were not always making full use of their rich data sources to inform improvement. The ambitious plans to transform Glasgow's services for children and families depended on the crucial contribution of the third sector. However, there was not yet an accurate picture of the range and spread of their services across the city.

Leaders had a clear vision that 'every child would be supported to achieve their full potential and contribute positively to their communities, throughout their lives[3]'. Staff recognised and thoroughly embraced the One Glasgow approach, being driven by the community planning partnership with its emphasis on prevention; early intervention; improved outcomes; services based on need; and better working with the third sector. There was a clear commitment towards directing efforts to break cycles of deprivation in communities. Staff shared their leaders' ambition for Glasgow to be a nurturing city where children and young people were provided with nurturing and inclusive learning environments. Leaders at all levels communicated the core principles of Getting It Right For Every Child; these were owned by staff and underpinned their work with children and young people.

Partners recognised the need to make more effective use of the wide range of rich data available to them in order to gauge the success of their approaches and plan developments and changes. The transformational, nurturing city approach had been subject to extensive evaluation which aptly demonstrated its promise. On the other hand, neither common recording mechanisms nor performance indicators had yet been identified for the otherwise well developed early years joint support teams.

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[3] Interim children and young people's service plan 2015-17

While the partnership had access to a large amount of management information and data, they were acutely aware of their need to further develop its use to inform improvement, highlight what is delivering good tangible outcomes and what needs to change.

While there was still work to do to strengthen some key processes, overall, purposeful corporate parenting was delivering improving trends in key outcomes for looked after children and care leavers. We say more about this earlier in the report. Significant progress had been made in engaging the wider range of partners with corporate parenting responsibilities under the Children and Young People (Scotland) Act 2014. This was evidenced by the increasing number of agencies attending corporate parenting events. A steering group was leading on the implementation of a new corporate parenting plan to link with the 2017 Children's Services Plan. Although an appropriate communications plan was in place to raise awareness of corporate parenting and partners' responsibilities, significant numbers of staff across agencies were not yet clear about the concept and what it meant for their work or service. Additionally, a number of looked after young people had only limited understanding of what they could expect from corporate parents. Staff and looked after young people were also frequently unaware of the existence or work of the Champion's Board.

A year-long participative research project into the cost of the school day had resulted in improved guidelines and policies for all schools which were helping staff reduce the impact of poverty and promote equality throughout all areas of school life. Children, young people and school staff meaningfully participated in identifying how education policies and school practices could be specifically designed to reduce stigma, exclusion or disadvantage for children and young people from low-income families.

Opportunities to develop collaborative leadership had been enhanced with the introduction of the health and social care partnership, in particular by the inclusion of children's services in the arrangements. Leaders had worked well to develop collaborative approaches in order to make most effective use of resources and contribute to the single outcome agreement's three key priorities. Leaders were attuned to the need to continue to build on their collaborative approach to improve outcomes for children and young people. Joint planning and governance structures were still developing and bedding in following the establishment of the health and social care partnership.

Leaders' drive to streamline and increase the integration of services in order to optimise reducing resources was evident. Examples of effective collaborative approaches already making a difference to children and families included the successful implementation of the inter-agency referral discussion process and the ongoing development of the joint support team process.

Leaders and managers at all levels worked hard to motivate staff and successfully promote a culture of collaboration and team effort. Frontline staff were particularly appreciative of the efforts and support of first-line and middle managers. Leaders were visible to staff, and managers were viewed as approachable and available,

recognising and appreciating the hard work and often difficult situations staff were regularly faced with. This contributed to staff feeling valued and being highly motivated and positive despite facing some significant challenges.

A range of multi-disciplinary staff events had helpfully promoted a shared understanding of roles and responsibilities and enhanced professional relationships. Examples included an annual city nurture conference and the local management review programme. However, a few staff did not consider inter-agency collaborative working to be effective and others had not fully embraced collaborative working. This was often attributed to heavy workloads, particularly for social work staff.

A learning and improvement culture was very evident across services with many examples of meaningful use of research, relevant data and other learning opportunities informing developments. These included local information and data from internal audit activity and learning from significant case reviews from across the UK. Well-established local management reviews provided successful multi-disciplinary organisational learning, resulting in tangible service developments, for example the development of the useful neglect toolkit. Overall, there was a coherent approach to continuous improvement with a wide range of methods in place. Despite this, not all staff were sufficiently clear about leaders' rationale for some of the changes and how they would improve services. Some staff remained concerned about the impact of particular changes on the delivery of services and the extent to which leaders understood this. An example was the less positive impact of agile working[4] making informal peer support less easily available.

Leaders were ambitious, focused on improvement and they readily challenged each other. A 'transforming Glasgow for children and young people' programme was in place to drive significant service redesign. However, the challenge for leaders to realise their ambitions for the city's children and young people was substantial. The third sector contribution will be crucial to success and while third sector partners had established a city-wide forum this was in the early stages of developing its effectiveness. There was scope to thoroughly assess the capacity of this workforce to deliver the required early intervention and prevention that was needed to successfully deliver the plan to reduce pressure on targeted services.

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[4] Staff are able to work at a number of different locations but they do not have their own desks.

7. Conclusion, areas of particular strengths and areas for improvement

We are confident that the lives of many children and young people growing up in Glasgow are improving as a result of services delivered by the community planning partnership. We found that the purposeful focus on nurture and active addressing of inequality was leading to improving outcomes for many vulnerable children and young people including those living in deprived areas, those who were looked after and care leavers. Children and young people in need of protection were being kept safe as a result of prompt multi-agency action in all but a very few cases. Children and young people were being ably assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included as a result of the help provided by committed and responsive staff. However, lack of systematic quality assurance of professional practice led to inconsistency in the implementation of some key processes. Inconsistency in the quality of assessment of risk and need meant a few children did not receive help as quickly as they should have to ensure their safety and wellbeing. Appropriate planning was not always in place to manage risk, meet need and secure caring and stable environments for individual children and young people.

Strong leadership was driving an ambitious vision to improve the life chances of all children and young people in Glasgow through earlier intervention and better prevention. Partners from all relevant services were meaningfully involved in children's services planning. Although there was a vast amount of information available about communities across the city this had not yet been gathered into a strategic assessment of need. As a result, distribution of services in the different localities was a result of historic, rather than current, need.

In the course of our inspection, we identified a number of particular strengths that were making a positive difference for children and young people in the Glasgow Community Partnership area. These were:
- the valuable development of a nurturing ethos across services
- the clarity of purpose in universal services towards successfully tackling the impact of deprivation on the lives of children, young people and their families
- the constructive partnership with the third sector, which already played an important role in effective prevention and early intervention and promised to be a key part in the planned redesign of children's services
- the responsive approach to providing appropriate targeted services to meet a wide range of specialist need, for example, vulnerable young people procedures, homework clubs for kinship carers, work with unaccompanied asylum seeking children and young people, and bespoke support to the Roma community.

We are confident that partners in Glasgow will be able to make the necessary improvements in the light of the inspection findings. In doing so, Glasgow Community Planning Partnership should ensure that:

- consistently high standards of work are delivered through improved quality assurance processes
- emerging risk and/or cumulative harm to children and young people is identified promptly through high-quality chronologies prepared and used across services
- stable and caring environments are secured for looked after children and young people through improved care planning
- care planning is meaningfully informed by an appropriate assessment of risk and need and children's plans are regularly reviewed
- a thorough dynamic assessment of need across the city is matched to the availability of services across the different localities.

8. What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the Glasgow 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. They will also monitor progress in taking forward the partnership's joint action plan.

May 2017

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 that we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

Towards a Nurturing City

Towards a Nurturing City (TNC) is a Glasgow-wide strategic approach to early intervention and prevention that aims to make sure that all children and young people are educated in inclusive and nurturing learning environments. It was introduced in 2000 in primary schools as a response to high levels of deprivation and need in Glasgow and an ambition to maintain children and young people in mainstream schooling.

A training and coaching programme, run by a nurture training officer and accredited by the General Teaching Council for Scotland and Glasgow Caledonian University, had helped drive the nurture approach forward. Glasgow Psychological Service provides vital support to the training and ongoing development needs of all those involved in the nurture approach. The nurture training officer also co-ordinates the annual City Nurture conference bringing other partners in to discuss developments in the nurture approach and share research. Part of the feedback process is used to capture training needs and set training priorities. This is helping to promote the approach across partners.

An important focus on self-evaluation is ensuring appropriate reflection on what is working well and where improvements should be made. Many schools and nurseries are making good use of the publication How Nurturing is Our School? to evaluate the extent to which they are currently meeting learners' needs through nurturing approaches. This has also been helpful in identifying key priorities for improvement. Evaluation of the Nurturing Me tool, which was in line with Getting it Right For Every Child, established this was very useful in establishing children's views about their wellbeing.

The steady improvement in attainment and wider achievement, the reduction in exclusions and the continued embedding of nurture across schools and nurseries suggests good progress towards becoming a nurturing city. The TNC approach has been subject to evaluation and a cohort of children has been tracked since 2007, with only one child subsequently requiring a purchased service.

Young Parents' Support Base

The Young Parents' Support Base (YPSB) is a city-wide support provision for teenage parents in Glasgow. It is successfully maximising their educational opportunities by maintaining school attendance or providing educational and life skills outreach work. Close collaboration between education pastoral staff, social

work, early years, health and third sector services has been key to its success. The YBSB provides comprehensive services to meet the needs of teenage parents. Based in Smithycroft Secondary and including outreach services, it offers parenting support, groups to broaden life learning, engagement of young fathers and the inclusion of Roma community and other migrant groups. Nursery provision is available at the main project site at Smithycroft Secondary School. Young parents take part in parenting programmes; learn baby massage skills and all aspects of practical childcare. Once the baby is born and the young mother returns to school at Smithycroft, provision is made in the timetable to enable her to spend time during the day with her child in the nursery, where parenting support is provided. YPSB also works hard to engage young fathers.

The service has monthly meetings involving young parents to decide on activities and to enable parents to participate in service planning. As part of the project, outreach work with young Roma mothers in Govanhill has effectively promoted engagement with mainstream services by building trusting relationships and introducing the mothers to services such as English classes.

Since 2010, 269 young people have used this service. During 2015-2016, 52 young parents remained in or returned to mainstream education and nursery placements were offered to all their children.

Early years joint support teams

Early years joint support teams (EYJST) were established in Glasgow in 2011 as an integrated service design across the Children's Planning Partnership to work with families who are 'just coping'. Following a pilot period, there are now nine EYJSTs across Glasgow. Monthly meetings take place in each area and the EYJSTs aim to streamline services through joint working to allocate resource and minimise duplication of services. The model is overseen by the Children and Families Learning and Care Group and is reliant on partnership working.

Early years joint support teams offer an effective solution-focused way of providing early intervention to families experiencing difficulties and comprehensive bespoke packages of support are identified. The need for support is raised as early as possible. Families are generally not already known to social work. All families consent to information being shared about them which is then presented at a monthly meeting by a health visitor. All referrals to the EYJST are made by health visitors and any professional can ask them to present a family about whom they are concerned. There is a follow up discussion by the group where appropriate to ensure the help being offered is effective for the family. If there are older children in the family then their needs are also considered by the EYJST.

Early years joint support teams have initiated a rolling programme of validated self-evaluation (VSE) and some areas have completed this. Once a VSE is complete, training in solution-orientated approaches training is undertaken to strengthen the skill base of the EYJST. Completed VSEs have shown that families have benefitted from this approach and have been supported at a lower level of intervention appropriate to their needs. Early years joint support teams are able to monitor the

number of referrals they receive and the services that are put in place to help families.

Intensive Support and Monitoring Service (ISMS) - risk formulation

Glasgow ISMS offers an effective, fully integrated multi-agency model of care planning and risk management based upon a comprehensive assessment and risk and need formulation. The Forensic Child and Adolescent Mental Health Service (FCAMHS), education and social work services are partners in this process for that small cohort of young people who present the highest risk of harm to themselves or others. The programme is evidence-based and uses the Structured Professional Judgement approach to assess and conceptualise risk using the Structured Assessment of Violence Risk in Youth (SAVRY) risk assessment tool.

Staff acknowledge it can be a challenge to ensure young people and their families fully participate in the risk formulation and subsequent risk management plan. However, they are clear that the involvement of young people and their parents/carers is essential to the success of their work. They introduce concepts sensitively and not at big meetings. They make good use of charts to describe why they reach their conclusions and what this means for future plans. Young people have developed trusting, meaningful relationships with staff that enable clear and honest communication about risks and needs. This contributes significantly to effective risk management.

This service has the confidence of decision makers at the secure care screening group and panel members at children's hearings. As a result, they refer young people who would otherwise be in secure care. The complex needs of this particular group of young people are better met as a result of the collaborative approach. This includes timely access to speech and language therapy and psychological therapies. Participation in education is increased and more young people obtain qualifications.

MCR Pathways

MCR Pathways is a voluntary organisation that aims to raise attainment and aspiration in vulnerable young people, including those with experience of care. The scheme stared ten years ago in one secondary school and now extends to 15 schools across the city. At S1, looked after and other vulnerable young people are invited to join Young Glasgow Talent, which includes a range of group activities, the Duke of Edinburgh's Award and other award schemes. By S3, pupils engaged with the scheme are offered a mentor who will support them throughout their formal education and beyond. Mentors go through a recruitment and training process before they are matched with a young person. The scheme has a Talent Taster option that provides young people with various career or work opportunities with a range of firms and organisations throughout the city.

MCR Pathways works in partnership with Glasgow City Council, secondary schools and local businesses. The scheme has support from corporate parents and at the beginning of 2017, the council made a commitment to providing 10% of the

workforce with the opportunity to train as mentors. Other organisations and firms have been positive in providing mentors and work experience.

Analysis in 2015/2016 showed that 87% of S5 young people across six schools had returned to school. This compared with 31% of non-mentored care-experienced young people. In 2015, 73% of mentored school leavers continued to higher education and employment compared to the national average of 51%.

This scheme shows potential to develop further and contribute to transformational change across the city, ensuring that young people who are care-experienced remain engaged in learning, are supported towards further education and employment and that those positive destinations are sustained.

Appendix 2: Evaluated 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.

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

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

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

Appendix 3: The terms we use in this report

Glasgow Community Planning Partnership is the local community planning partnership for the Glasgow 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 Glasgow.

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

The **virtual comparator** takes characteristics of pupils in a school and matches them to similar pupils from across Scotland. This creates a virtual school and allows meaningful comparisons to be made between expected and actual performance.

SIMD stands for the Scottish Index of Multiple Deprivation which identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. This allows effective targeting of policies and funding to tackle or take account of deprivation.

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.

Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services.

Opportunities for All is an explicit commitment from Scottish Government to offer a place in learning or training to all 16-19 year olds not in education, employment or training.

Triple P stands for the positive parenting programme and aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their potential.

The Solihull Approach focuses on the parent/child relationship. It is used by a range of professionals to support parents in building positive and responsive relationships with their children.

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.gov.scot/Topics/People/Young-People/gettingitright

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

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

Stop to Listen is a new national partnership project, led by Children 1st. It aims to drive improvement in how the child protection system responds when instances of child sexual abuse or exploitation come to light.

Co-production is about developing equal partnerships between people who use services, their families and professionals.

Sandyford is the specialised sexual health service for NHS Greater Glasgow and Clyde including both clinical and health improvement elements.

UNCRC Articles are the complete statement of children's rights under the United Nations convention on the rights of the child.

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?
1. Key performance outcomes	**2.** Impact on children, young people and families	**5.** Delivery of key processes	**6.** Policy, service development and planning	**9.** Leadership and direction
1.1 Improving the wellbeing of children and young people	2.1 Impact on children and young people 2.2 Impact on families	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children and young people 5.4 Involving individual children, young people and families	6.1 Policies, procedures and legal measures 6.2 Planning and improving services 6.3 Participation of children, young people, families and other stakeholders 6.4 Performance management and quality assurance	9.1 Visions, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	3. Impact on staff		**7.** Management and support of staff	
	3.1 Impact on staff		7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support	
	4. Impact on communities		**8.** Partnership and resources	
	4.1 Impact on communities		8.1 Management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self evaluation	
10. What is our capacity for improvement? Global judgement based on an evaluation of the framework of quality indicators				

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