



The joint strategic inspection of services for children and young people

Review of findings from the
inspection programme
2012-2017

Contents

Foreword	4
Notes for this report	6
1. Introduction	7
A joint approach	7
Purpose of the report	8
Approach to the report	9
The landscape	9
2. What difference are services making to the lives of children, young people and their families?	11
3. How well are partners working together to improve the lives of children, young people and their families?	22
4. How good is leadership and direction for services for children and young people?	36
5. Conclusion	42
6. The future programme of joint strategic inspections	43
Appendices	
1. Summary of key findings	44
2. Joint inspection methodology 2012-2017	46
3. The quality indicator framework	47
4. Joint inspection schedule 2012-2017	48
5. Changes in the policy landscape, 2012-2018	49
Glossary of terms	54

Foreword

This report is a comprehensive review of the effectiveness of the delivery of services by **community planning partnerships (CPPs)** in Scotland to meet the needs of children and young people, including those identified as most vulnerable. This review is based on a significant weight of evidence gathered by the Care Inspectorate and partner scrutiny bodies through our joint inspection processes carried out between 2012 and 2017.

During that time, at the request of Scottish Ministers, the Care Inspectorate led a series of 32 joint inspections of services for children and young people – one in each of Scotland’s 32 local authority areas. These joint inspections involved colleagues from Education Scotland, Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. This joint approach helped to build a clear overview in our inspections of the difference made by services working with children and young people, taking account of the full range of work within a CPP area.

This report highlights the key themes which arose from the full joint inspection programme and is designed to support partnerships to continue their improvement journey by proposing key areas for consideration. While we understand the challenges in delivering high quality, person-centred and needs-led services in a dynamic and evolving environment, it remains our job to provide assurance and drive improvement in the delivery of services for children and young people. This report will promote understanding of, and highlight barriers to, supporting good practice in order to ensure our children and young people have positive experiences and good outcomes.

With some exceptions, partnerships generally demonstrated improved outcomes, despite the pressure on available resources over the period. This was a notable achievement. In the majority of partnerships, we found a strong ethos, commitment to and delivery of the active and meaningful participation of children, young people and families and other stakeholders. We saw evidence of the comprehensive and systematic involvement of children, young people and families in the planning of services across the majority of partnerships as the programme of inspections progressed.

We welcome the strengths and embedding of change, particularly around the involvement of children and young people in decisions about them. However, there are a number of areas where concerted effort is required to improve. For example, some children and young people were experiencing delays in accessing the right health service at the right time, including mental health services, and delays in planning for permanency had significant adverse impacts on the outcomes for children and young people. In the next programme of joint inspections we will seek to understand more about what can reduce any adverse impact and improve outcomes.

The evidence we have gathered supports a focus in our future joint inspection activity and will also continue to inform our scrutiny and assurance activity in regulated care services for children and young people, ensuring that children and young people are supported by effective, well-led and caring services which make a valuable difference to their lives. The Care Inspectorate will continue

to scrutinise and support improvement in partnerships, working with, and constructively challenging them to deliver better outcomes for children, young people and their families.

In 2017, the Scottish Government's child protection improvement programme set out a vision for a child protection system in Scotland that places the **wellbeing** of children at the heart of everything it does. As part of this review, Scottish Ministers asked the Care Inspectorate to work with scrutiny partners to develop a revised model of inspection that takes a more focused look at vulnerable children and young people.

The new programme of joint inspections of services for children and young people focuses on children and young people in need of protection and those who are subject to corporate parenting responsibilities. Each inspection will result in a published report. We remain committed to using the European Foundation for Quality Management (EFQM) model and a new quality improvement framework has been developed, which reflects the Health and Social Care Standards. Our young inspection volunteers will continue to play an important role in helping us engage with children and young people in order to gather evidence to support our findings.

I hope this report is instrumental in driving forward further improvements to support the best experiences and outcomes possible for children and young people across Scotland.

Peter Macleod
Chief Executive

Notes for this report

Good practice examples

This report covers the full five-year period of joint strategic inspections of services for children and young people (referred to hereafter as 'joint inspections'), 2012-2017. As part of every joint inspection, we sought and found examples of good practice and these were published in our individual inspection reports for each partnership area. We have included some of these through this report to illustrate points made.

Use of data in this report

The data referred to within the report is from information gathered by us in the course of the five-year joint inspection programme. This includes both quantitative and qualitative data, including staff survey data, information from scrutiny activities and CPPs' own data shared during the course of inspection.

The six-point scale

This report uses the following scale to clarify 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

Key findings

Throughout the report, we have identified key findings from the joint inspection programme 2012-2017. Where applicable, we will comment on these and say how these will be carried forward into the next programme of joint inspections of services for children and young people in need of care and protection and those subject to corporate parenting responsibilities. We will also take account of these findings in our wider scrutiny and assurance work. A summary of key findings can be found in Appendix 1.

Glossary of terms

A glossary of terms is enclosed at the end of this report. Items in the glossary are **highlighted** on first use in the text.

1. Introduction

A joint approach

The Scottish Government is continuing its ambitious programme of priorities to support the outcomes in the [National Performance Framework](#). In relation to health and social care, they are wide-ranging and interdependent. Priorities in criminal justice include, for example, the development of national outcomes and standards, addressing domestic abuse, work with women involved in offending and dialogue on the minimum age of criminal responsibility. Priorities in relation to wider health and social care include integration, the review of the effectiveness of the Mental Health (Care and Treatment) (Scotland) Act 2003 in meeting the needs of people with learning disabilities or autism; a review of the arrangements for investigating the deaths of people subject to that Act; a review of the Adults with Incapacity (Scotland) Act 2000 and the implementation of the Carers (Scotland) Act 2016.

The programme of inspections of services for children, young people and their families places the wellbeing of children and young people at its heart. It reflects the principles of the Children and Young People (Scotland) Act 2014 which strengthens the rights of children and young people in Scotland by encouraging Scottish Ministers and public bodies to consider these rights and the ways in which they relate to their work. The priorities in relation to children and young people include early years provision, children's hearings, youth justice, secure care, health and wellbeing, the named person role, an independent review of the care system and the child protection improvement programme.

Between 2012 and 2017, at the request of Scottish Ministers, the Care Inspectorate led a series of 32 joint inspections of services for children and young people – one in each of the 32 local authority areas in Scotland – working in partnership with other scrutiny bodies.¹ These joint inspections involved colleagues from Education Scotland, Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. This joint approach contributed to a comprehensive and thorough consideration of the effectiveness of services to meet the needs of all children and young people, including those identified as most vulnerable.

The joint inspections reported on the difference services were making to the lives of children, young people and families, taking account of the full range of work within a CPP area. They included a full array of local authority services (including education, social work and housing), NHS services (such as primary health, child and adolescent mental health services), Police, Fire and Rescue, Scottish Children's Reporter's Administration and services provided by the third sector.

Appendix 2 details the way in which these inspections were undertaken. More information on the methodology, inspection model, quality indicators (Appendix 3) and the six-point scale can be found in the publication [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](#) (Care Inspectorate, 2012).

¹ The term 'children and young people' in this report refers to people under the age of 18 years or up to 21 years and beyond if they have been looked after.

Purpose of the report

This report builds on the interim report into 12 joint inspections, carried out between June 2014 and June 2016, [Joint inspections of services for children and young people: A report on the findings of inspections 2014-16](#). While that report (hereafter referred to as the 2016 report) described in detail the findings based on nine quality indicators and a six-point scale, this overview of all 32 inspections provided an opportunity to consider a broader range of findings, trends and outcomes for children and young people, their families and communities.

Consequently, this overview report is based on a significant weight of evidence gathered through the joint scrutiny and assurance processes as described above.

In the course of carrying out the 32 joint inspections, we met with 2,744 children and young people altogether. This number included:



We also:



Additionally, during each joint inspection, we held a variety of focus groups, observed meetings, including **teams around the child** meetings, participated in themed sessions, as well as read a large number of documents and written materials.

Approach to the report

In the 2016 report, we reported on findings against the quality indicators. This overview report considers findings over time, recognising the changing context in which services have been delivered over that period. We reviewed progress made and areas of work which still remained challenging in partnerships, and we also highlighted the good aspects of practice which we observed. In order to review progress over time, we compared data in three time periods:

1. Inspections in partnerships prior to 2014 (pre-2014 group).
2. Inspections in partnerships between 2014-16, the period covered in the above report (2014-16 group).
3. Inspections in partnerships post 2016, following the publication of the above report and to the date of writing (post 2016 group).

For a list of CPP areas in each group, see table contained in Appendix 4.

The landscape

In the intervening period between the 2016 report and this, significant changes have occurred within the policy and practice landscapes. A summary of legislative and policy changes can be found at Appendix 5. This clearly demonstrates that local authorities and health boards have been operating in, and continue to operate in, increasingly complex and evolving legislative and policy environments.

In recent years, the pace of public service reform has accelerated as the Scottish Government continues to implement legislation converging around the policy drivers of early intervention, preventative spending and greater integration of services. The policy context has undergone a number of important changes and, as such, staff and managers working in services, commissioners of services and service providers have needed to adjust to a range of new and challenging requirements and expectations.

These wide ranging legislative, policy and practice changes are to be welcomed in strengthening the commitment to deliver excellent services to children, young people and families, including those who are most vulnerable. The changes, however, invariably impact on practice and practitioners. Leaders have had to direct a shift in the balance of resources in response to evolving and dynamic environments while also supporting staff to remain competent and confident. This has been necessary to continue to deliver high-quality services in challenging financial times.

Partnerships have been strengthening local frameworks for the sharing of information, following the July 2016 Supreme Court judgement in response to the legal challenge to the information sharing functions set out in the Children and Young People (Scotland) Act 2014.²

While we understand the challenges in delivering high-quality, person-centred and needs-led services in a dynamic and evolving environment, it remains our job to provide assurance and drive improvement in the delivery of services for children and young people. This report will promote understanding of, and highlight barriers to, supporting good practice in order to ensure our children and young people have positive experiences and good outcomes.

² In response to the ruling, the Children and Young People (Information Sharing) (Scotland) Bill is intended to ensure that sharing is compatible with current law and will introduce a new code of practice for information sharing with regard to the Named Person service.

2. What difference are services making to the lives of children, young people and their families?

The joint inspections of services for children, young people and their families are based on a model developed by the **European Foundation for Quality Management (EFQM)**. The EFQM model is widely used across local authorities and other bodies. For the joint inspections 2012-2017, there were six high-level questions supported by 22 quality indicators, and each further supported by themes. The framework supported self-evaluation by helping partners focus on the outcomes of their work and identifying how processes were assisting, or acting as a barrier to, achieving outcomes for children, young people and their families.³

This section will outline the key findings from the 32 joint inspections in relation to the nine quality indicators against which CPPs were evaluated.

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

Central to our joint inspections, we considered three indicators that tell us what difference the CPP was making to the lives of children, young people and families. These were:

- 1.1 Improvements in outcomes for children and young people
- 2.1 The impact of services on children and young people
- 2.2 The impact of services on families.

Quality indicator 1.1 addresses improvements partners are making in the wellbeing of the children and young people in, and from, their area. It focuses on tangible results in improving the wellbeing of all children and includes a specific theme about improving trends through prevention and early intervention. To be evaluated highly in this indicator, partners must also be able to demonstrate that they are successfully tackling inequalities, closing outcome gaps, and improving the life chances of vulnerable and disadvantaged children and young people.

This quality indicator demonstrated the most improvement over the five-year period, with evaluations gradually improving as the inspection programme progressed, that is CPPs in the post 2016 group were able to demonstrate better outcomes overall than the pre 2014 group of partnerships. This reflected the work that some partnerships had done to improve performance reporting, in order to demonstrate more clearly the difference that services were making to the lives of children, young people and families.

³ Appendix 3

Improvements in outcomes

With few exceptions, partnerships demonstrated improved outcomes, despite the pressure on available resources over the period. This was a notable achievement. That stated, partnerships faced a daunting task in addressing a range of inequalities that existed between geographical communities, and the threat of social exclusion facing groups such as looked after children and young people. We found some examples of good practice which, in a context of financial constraint and austerity, were making significant inroads in addressing some of these issues. Introduction of the **Scottish Government funded Attainment Challenge** in one CPP area had targeted a cohort of around 150 primary school-aged children, adopting an approach that provided support in the classroom, the family home and the community. This approach was reported by some partnerships to have contributed to significant improvements in literacy and numeracy, increased rates of school attendance, demonstrated that children were more ready to learn and showed that parents were better engaged in their child's learning.

As we commented in the 2016 report, the **Early Years Collaborative** had been a helpful vehicle to support some important tests of change to this end, although these had not always been translated into mainstream practice in order to have a greater impact. In an increasingly challenging financial situation, some partnerships were finding it difficult to identify the resources required to invest in new approaches (albeit they knew that these could eventually be more cost effective) while still needing to fund services in the present. One example we found was the development of alternative resources to support young people in their own communities while still funding high-cost placements to meet needs in the interim.

In terms of a broader approach to tackling inequality, 'Vibrant Communities', established in one CPP area in 2013, was a comprehensive and highly-effective way of bringing all sectors of the community, including children and young people, adults and older people, agencies and local businesses together, to reduce inequalities through a wide range of innovative and sustainable prevention and early intervention initiatives. The success of this initiative had attracted interest from other parts of the country.

Positive outcomes

Inspections reflected an overall improvement in outcomes in a number of ways. We consistently reported improvements in health, highlighting areas such as child dental health, fewer low birth weight babies, reduction in teenage pregnancy rates and new-born babies affected by maternal drug misuse. However, in view of widespread waiting lists for Child and Adolescent Mental Health Services (CAMHS), and primary mental health services which were either under developed, or under pressure, it was difficult to gauge any real progress in the mental health of children and young people.

With regard to attainment and post-school destinations of children and young people, our findings echoed national statistics. There were indications that some partners were achieving better learning outcomes for children and young people, fewer school exclusions, and positive destinations for school

leavers. However, despite some encouraging improvement, the results for looked after children, young people and care leavers revealed a significant gap between this group and the rest of the population.⁴ For example, within the population of looked after children and young people, we continually saw evidence of poorer educational outcomes for children and young people who were looked after at home. This also bore out Scottish Government statistics, confirming that where children and young people in foster care experienced fewer placement moves, they were more likely to achieve better outcomes in terms of attainment and post-school destinations.

Key finding 1

While there were some improvements in outcomes noted, there were also groups of children and young people for whom this was not the case. Positive destinations and outcomes for looked after children and young people occurred at a lower rate of improvement than those of the wider population. Partnerships were unable to consistently or effectively demonstrate improvement in closing the educational outcomes gap. This gap existed both (a) between looked after children and young people and the general population; and (b) between children and young people looked after in stable foster placements and other looked after children and young people, particularly those placed at home.

In our new programme of joint inspections, we expect to see partnerships being proactive in identifying, and measuring the experiences and outcomes of, the above groups of children and young people.

Children with disabilities

Joint inspections did not set out to explore all of the issues relating to providing services for children and young people affected by disability and their families. We did, however, meet children and young people with disabilities in the course of the inspection programme and recognised the particular challenges in ensuring positive experiences and outcomes for them. While we met a small number of children and young people with disabilities, we evaluated most of the services working with them as highly-effective. These services enabled children and young people with disabilities to integrate with others in their communities, taking advantage of the opportunities this provided. One good practice example was a dedicated, sustainable service that offered personalised family support programmes, tailored to the needs of families who were sometimes finding it difficult to manage because of the complex nature of their child's disability. However, some parents and carers of children and young people with disabilities expressed their concern about restricted access to a range of services – after school and in the school holidays – which added to the sense of isolation that these families often conveyed to us. **Self-directed support**, in most partnerships, was not sufficiently well developed to assist families to achieve more personalised, and by implication, more effective levels of support.

⁴ Scottish Government Educational Outcomes For Looked After Children 2015/16 saw 40% of looked after young people leave school with one or more qualifications at SCQF level 5 – up from 15% in 2009/10 - but compared with 86% for all pupils. Similarly, in terms of leaver destinations, 71% of looked after young people went on to positive destinations – up from 40% in 2009/10 – but compared with 91% for all pupils

Access to services

For children, young people and families living in more remote, rural areas, there were often concerns expressed by families or carers about gaps in provision and a lack of access to extra-curricular activities, despite the efforts of staff. However, partners went to great lengths in order to try to ensure the delivery of essential services to children, young people and families located in these more isolated areas. Free leisure passes and concessionary travel often mitigated what continued to be a persistent barrier to inclusion in a number of remote communities.

Road and home safety

Again, although road and home safety was not a focus of joint inspections, we saw examples of collaborative working in this area. In some partnerships, Scottish Fire and Rescue and Police Scotland were working collaboratively with colleagues in schools, to ensure that children and young people were as safe as possible, both at home and while out and about in their own neighbourhood. This included the development of a wide range of initiatives and resources in partnership with education, such as [Go Safe Scotland](#), [Safe Drive Stay Alive](#), [Bike Ability](#) and Junior Road Safety Officer programmes introduced in some partnerships. These partnerships reported safer school environments, improved road safety, reduced risk of harm from deliberate fire raising, house fires and road traffic incidents as a result.

Young people involved in offending

Where the **Whole Systems Approach** had been implemented, partnerships were able to demonstrate positive outcomes for children and young people, including examples of reductions in anti-social behaviour and a reported fall in the numbers of incidents of deliberate fire-setting, both contributing to making communities safer. One partnership area demonstrated positive outcomes for children and young people with 92% aged 8-15 years not requiring re-referral to the Children's Reporter within 12 months.

Findings from our joint inspections mirrored national crime statistics, with overall evidence of a steady reduction in reported incidents of youth crime, reflected in a fall in the number of children and young people referred to the Children's Reporter due to offending behaviour. A strategically led, multidisciplinary, early intervention approach, consolidated by effective performance reporting, had achieved marked success in many of the partnership areas we inspected.

Domestic abuse

Domestic abuse, and its impact, remains a significant issue in Scotland.⁵ In the year 2016-17, 109 incidents of domestic abuse per 10,000 population were recorded by Police Scotland. Nationally, almost 60,000 incidents of domestic abuse were recorded annually, a figure which had remained steady for the previous 10 years. In all partnerships, particularly those inspected over more recent years, we came across an acknowledgement of the increasingly evident impact of domestic abuse and

⁵ [Domestic Abuse in Scotland: 2016-17 Statistics](#)

neglect on children and young people and consequently, on services. In a small number of partnership areas, patterns of domestic abuse (including repeat incidents), and corresponding ways of addressing them, were not always recognised quickly enough. This had a detrimental effect on, and contributed to poorer outcomes for, this group of children and young people, both in terms of direct harm by the perpetrator, as well as the consequence of experiencing the harm which comes from witnessing the abuse of others.

Most partnerships demonstrated solid determination in tackling the issue of domestic abuse, and the examples of good practice that we found reflected this. One example was a Domestic Abuse and Safe and Together approach. This had moved away from traditional approaches of addressing domestic abuse by responding to incidents, crisis intervention and physical violence. Instead, it focussed on coordinated early intervention approaches. These enabled partner agencies to share information and make effective decisions to ensure the safety of children and young people affected by the behaviour of domestic abuse perpetrators. Positive performance outcomes had been reported in the areas which had adopted these approaches.⁶ One partnership using this approach reported that the rate of domestic abuse incidents had reduced over the previous three years, detection rates for domestic abuse were on target, the percentage of women reporting that they felt safer as a result of intervention reached 99% in 2015-16, and the percentage of children reporting that they felt better as a result of using the children's service was 100%. Partners continued to develop new performance measures for domestic abuse and planned future reporting on outcomes.

Key finding 2

Many children and young people continue to be at risk of harm from the behaviour of adults. We saw many partnerships continue to develop strategic approaches to addressing domestic abuse, including programmes which identify families in which women and children may be at risk, address the causes, address behaviour change, reduce repeat incidents, and work with perpetrators. These multi-layered approaches are having a positive impact on children and young people, although domestic abuse continues to be a significant issue in our country.

We will continue to discuss with partners their approaches to domestic abuse in our next inspection programme and collect and share examples of good practice.

Impact of services on children and young people

Quality indicator 2.1 considers how children and young people experience the services they are receiving (when they are, indeed, receiving them) and the difference those services are making to their wellbeing across all of the eight wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). It includes the impact of universal services as well as

⁶ For example, Children Experiencing Domestic Abuse Recovery (CEDAR) group programme demonstrably helped individual children and young people affected by domestic abuse to make sense of their experiences and strengthen resilience.

the difference being made by targeted services, such as social work. In this indicator, we often see the impact of services provided by the **third sector**. We look at the difference made when staff in universal and targeted services work together to give children and young people the best possible start in life, and to support them at times when they may be vulnerable, for example, during family crises or periods of transition.

Thirty out of 32 partnerships were evaluated as 'Good' or better for the impact of services on children and young people. As commented on in the 2016 report, our joint inspections continued to show a richness of evidence about the impact of the work undertaken by staff across services to build supportive and trusting relationships with children and young people and to support their wellbeing. The importance of reliable and caring individuals in making a difference to children's lives was consistent throughout.

Keeping children safe

Amidst the broad outcomes referred to above, our inspections considered the wellbeing of individual children and young people. In that regard, we found that most children and young people were aware of how to stay safe, with parents, schools and school-based police officers providing advice and support in order to achieve this. Looked after children and young people placed away from home were, in the main, provided with safe environments in kinship, foster, and residential care – sometimes in sharp contrast to those environments that they had previously experienced. On the other hand, during our inspections, we consistently came across a small number of children and young people who had been exposed to risk and neglect for too long. In some cases, the absence of a properly prepared chronology meant that those working with children and young people did not always fully understand the significance of particular events, and failed to identify patterns and trends in individual circumstances. As a result, a full understanding of what was happening in the family, taking the necessary action to protect the child and having the oversight needed to decide to take different courses of action were sometimes delayed.

The adverse circumstances of this group of children and young people were not always recognised early enough. Some staff were challenged when responding to poor parenting, families facing multiple pressures or resistance to change. These factors meant that some services were not consistently recognising risk and neglect or intervening early and effectively enough to protect some children and young people from harm. These delays in the child or young person being assessed for, or receiving, appropriate and timely services had a significant impact on the child's or young person's experience or outcomes.

Key finding 3

The signs of risk and neglect were not being recognised consistently. Consequently, interventions were not happening early enough or effectively to protect children and young people from harm. Some children and young people were, therefore, subject to delays in being assessed for, or in receiving, services and were left in situations of risk for too long.

The work streams of the [Child Protection Improvement Programme](#) further inform our understanding of neglect and its profound negative and long-term effects on a child's behaviour, educational achievement, emotional wellbeing and physical development. In our next programme of joint inspections, we will look at the experiences and outcomes of children and young people in need of care and protection and seek to understand more about the impact of delays within key processes. In supporting the work of the above programme, we will continue to work with, and challenge, partnerships and **child protection committees** to embed solid core processes which empower staff to identify and address the negative impacts of neglect on children and young people.

In the partnerships which we evaluated as performing well, staff, particularly in schools, achieved considerable success in creating a culture and environment where bullying was not allowed to flourish. There were a few but highly significant number of instances where bullying was raised as an issue. Bullying was particularly problematic for children and young people with additional support needs, those from black and minority ethnic groups and young people who identified as Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex (LGBTI).

Supporting the physical and mental health of children and young people

Broadly speaking, the findings relating to children's and young people's health outcomes were positive. Opportunities to be physically active, both in schools and the local community, were making a positive contribution, both to the general health of children and young people, as well as addressing specific concerns, such as childhood obesity. Continued waiting lists for CAMHS in most of the areas we inspected, however, meant that some children and young people were experiencing delays in receiving the help they needed. This, along with varied levels of provision of primary mental health care for children and young people, meant that some children and young people did not always get the help they needed when they needed it.

In terms of mental health prevention and early intervention, we came across some interesting initiatives, including a life coaching approach, targeted at young people in S1 and S2 who were showing early signs of poor mental wellbeing, isolation, bullying, anxiety, low self-esteem or who were beginning to show decreases in levels of attendance at school. The partnership's evaluation of this approach had demonstrated a positive impact amongst those participating. This included improvements in self-esteem and measured improvements in relation to wellbeing indicators (included, respected, healthy and active).

For looked after children and young people, consideration of their health needs was improving, assisted by the increasing involvement over the five-year period of dedicated nurses for looked after children and young people. However, in individual **child's plans**, the need to be active, and the link between activity and physical and mental health, was sometimes overlooked.

Key finding 4

Some children and young people were experiencing delays in accessing the right health service at the right time, including mental health services.

In the next programme of joint inspections, we will continue to work with partners to consider how services work together to meet the health needs of children and young people, with a specific focus on children and young people in need of care and protection.

Investing in nurturing approaches

Over the five-year inspection period, the importance of nurture as a vital component of wellbeing became more and more prominent, so that by the time our inspections reached the post 2016 group of CPP areas, most partnerships were investing great effort and resource in this area, some achieving notable success. We came across some good practice in this area, including a highly-effective example of an authority-wide strategic approach to early intervention and prevention that was helping to ensure that all children and young people were being educated in inclusive and nurturing learning environments. This approach had been subject to evaluation, with a sample of children tracked over a lengthy period. This had revealed steady improvement in attainment and wider achievement, a reduction in the anticipated rate of exclusions and the continued embedding of nurture across schools and nurseries. Peer education group work programmes such as [Seasons for Growth](#), delivered in some partnerships, were helping to support children and young people who had experienced bereavement or who had experienced issues arising from family separation or divorce. Programmes such as [Roots of Empathy](#), delivered in some schools, had demonstrated a reduction in aggression and promoted social competence and empathy among children and young people.

Valuing children and young people

Throughout our inspections, we consistently came across strong statements by partners in their strategic planning policies, vision and supporting documents outlining their commitment to actively listen to the voices of children and young people and taking their views into account.

In those partnerships which we evaluated as better performing, this could be seen in the culture and attitudes, both on the part of staff and children and young people. Together with this respect for children and young people came a willingness to enable them to take on age-appropriate roles and positions of responsibility. In those partnerships which we evaluated as better performing, the views of groups such as looked after children and young people, young carers, LGBTI youth and members of pupil councils in schools were routinely sought and these groups were influential in shaping current and future policy and strategies. The **Unicef Rights Respecting Schools Award** was gradually being

rolled out across school clusters. In one partnership, children and young people had been involved throughout the process of successful adaptation of a residential children's house. Both looked after and accommodated young people living in the children's house and care staff reported very positively on the difference this made, including increased self-esteem and wellbeing, improved relationships and behaviour, improved engagement in learning and greater tolerance in attitudes towards diversity. This had proved to be one successful model of embedding a culture of involvement at service development level.

In some partnerships, however, we found variation in the ways in which children and young people were listened to and included. In most individual child's plans, we saw the views of children and young people being recorded, yet we also saw that, across partnerships, independent advocacy was not routinely offered or implemented. This meant that some groups of children and young people were not benefitting from having someone independent of services to facilitate their views, for instance, some young carers or certain groups of looked after children and young people, such as those living at home. Even in partnerships with strong strategic statements about valuing children and young people, we saw approaches in practice fell short.

Working with families to support children and young people

Quality indicator 2.2 considers the extent to which families are strengthened as a result of the partnership's work. We look for evidence of increased resilience, greater confidence in parenting and the difference made when families get the help and support they need. Evaluations for this indicator are made on the basis of evidence that services are making a positive difference to families.

In broad terms, a growing emphasis on prevention and earlier intervention had contributed to improved parenting capacity, greater parenting resilience, improvements in family life and relationships, improved outcomes for children and young people and less reliance on specialised support.

Although we found some examples of families benefitting from the flexibility and choice provided through self-directed support, this initiative did not feature broadly in our inspections, was generally low in profile and slow to start in most partnership areas.

Maintaining a focus on children, young people and families

Overall, we identified an increase in partnerships' investment in ways of working with, and supporting, parents, carers and families in order to, in turn, support children and young people, and contribute to the early intervention and prevention approach. We considered this overall investment to be very impressive, given the decreasing resources and availability of finances both nationally and locally in the climate of austerity. This investment was evident in the comprehensive range of high-quality provision that we found in many partnerships that served to strengthen family wellbeing. Many partnerships had been working effectively to deliver more nurturing approaches to young children in the early years to encourage **pro-social modelling** and support improved emotional wellbeing.

Supporting parents to read to, and talk with, their children and engaging with children through a variety of engagement tools, had supported children in the early years.

Supporting parents

In the partnerships which we evaluated as better performing, we consistently witnessed parents and families becoming more resilient, confident in their parenting role, more engaged with their children and provided with skills which had enhanced their confidence and ability to attain paid employment. This stemmed from a range of measures, including investment in formal parenting programmes, the inclusion of parent volunteers, investing in leadership programmes for parents from the most deprived backgrounds, creating opportunities for parents to be involved in the design and delivery of services and targeted, bespoke programmes to specific, vulnerable groups.

A small proportion of partnerships had carried out a **joint strategic needs assessment**, as a means towards achieving more effective **children's services planning**. Where this had occurred, partners had been able to achieve a better match between needs and services and the implementation of universal parenting programmes recognised for their effectiveness. For instance, some partnerships with high rates of teenage pregnancy had developed complementary ways of working. Approaches included:

- providing information through opportunities for young people in school
- developing programmes for parents to support them to talk to their children
- developing training for staff to enable them to identify and address risk.

Similar approaches had been taken in areas which demonstrated high levels of substance misuse or offending by young people. A Whole Systems Approach had been undertaken in some partnerships to support this latter group of young people and to divert young people from more formal youth justice systems.

Supporting kinship care

In the 2016 report, we noted a lack of robust systems in assessing the effectiveness of kinship care placements in meeting a child's or young person's needs beyond an immediate crisis and we noted variability in reviewing arrangements. Our findings from the five-year programme still suggested variation in kinship care arrangements across partnerships.

Over the period of the joint inspection programme, we saw an expansion of the availability of appropriate kinship care placements for children and young people in the majority of partnerships. However, similar to our findings in the 2016 report, provision varied across partnerships and needed to improve in some areas. We saw some good examples of embedded multi-agency approaches to using family-based care which led to increases in effective needs-led kinship care provision. We saw some areas in which all children and young people in kinship care were offered a comprehensive health assessment within four weeks of notification of their looked after placement. In some partnerships, we saw increasing numbers of care leavers being enabled to stay on in their kinship care placements. We also saw some effective and personal support for kinship carers, including income maximisation and bespoke training, such as raising awareness of the impact of domestic abuse on children and young people.

Conversely, we also saw that not all children and young people in kinship care had robust assessments of need. The quality and frequency of reviewing arrangements for some children and young people in kinship care were variable. Some children and young people in kinship care were not afforded opportunities generally more available to the wider looked after child population. This included variability in access to sports and leisure activities at reduced costs, access to independent advocacy or comprehensive health assessments. Some kinship carers, including those caring for children or young people with particularly complex needs or those caring for older young people, reported that their financial, emotional or practical support needs were not being met. Some kinship carers told us they were unaware of what support was available and were not always informed about processes or decision-making about the child or young person.

Key finding 5

We saw an increase in kinship care arrangements and a growing recognition of the benefits of these placements for some vulnerable children and young people. Despite this, the experiences and outcomes for this group of children and young people remained relatively unexplored.

In the next programme of joint inspections, we will challenge partnerships to demonstrate that they are collecting information which tells them about, and helps them to improve, the experiences and outcomes of this group of children and young people and demonstrates the differences services make to their lives.

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

Quality indicator 5.1: Providing help and support at an early stage

This quality indicator focuses on the extent to which staff recognise that something may be getting in the way of a child or young person's wellbeing and respond appropriately. To be evaluated highly, services must be able to demonstrate that they have effective processes in place to share information to identify when children and families need extra help, and that children and families can get the support they need early enough to prevent difficulties escalating or becoming deep rooted.

Overall, providing help and support at an early stage proved to be one of the stronger areas we evaluated in the course of the joint inspection programme, with 25 out of 32 partnership areas evaluated as 'Good' or better, and no areas operating below 'Adequate'. In the stronger performing areas, the third sector had a significant impact on family wellbeing, working closely with health, social work and education staff. In the nine joint inspections carried out from 2016 to the end of the programme, only one area failed to achieve 'Good' or better, with another achieving an 'Excellent' evaluation.

As reported in the 2016 report, we often came across a comprehensive range and choice of services for families, although more remote areas were often presented with fewer opportunities such as parenting groups, due to distance and lack of transport.

Sharing information

In anticipation of implementation of parts of the Children and Young People (Scotland) Act 2014, partnerships had progressively developed policy and procedures regarding information sharing – particularly in relation to the role of the named person, and the need to share information at an early stage in certain circumstances. While partnerships were required to reconsider their approaches to sharing information following the [Supreme Court ruling](#) on information sharing provisions in July 2016, most had adapted relatively well, presenting and implementing effective policy and practice in relation to information sharing.⁷

Effective sharing of information across and between services, including between services for children and services for adults, is supporting prevention and early intervention in many areas.

⁷ In response to the ruling, the Children and Young People (Information Sharing) (Scotland) Bill was intended to ensure that the sharing of information was compatible with current law, with an intention to introduce a new code of practice for information sharing with regard to the Named Person service.

Getting it Right for Every Child (GIRFEC)

The positive impact of **Getting it Right for Every Child (GIRFEC)** was particularly evident in the ways in which many services were providing help and support at an earlier stage. By the time we carried out our final nine inspections from 2016 onwards, GIRFEC was well established in most partnership areas, with more and more examples of integrated structures, joined up processes and common terminology, resulting in children and young people's wellbeing needs being identified and addressed at an earlier stage. Many staff told us how GIRFEC had helped to improve working relationships at the front line over the period of inspection – a view which was reinforced by results from the staff surveys that we conducted.⁸

Many partnerships had developed systems at different levels and for different purposes, in order to assess whether additional help might be needed, as well as considering how services could be more effective by working collaboratively. Youth justice was a particularly strong area of good practice in this respect, where services were based on collaboration, guided by a twin ethos of early and effective intervention and a Whole Systems Approach. As a result, many young people were being diverted from the youth and criminal justice systems (and away from the poorer outcomes associated with this) by taking a holistic approach to each young person, based on GIRFEC principles, and ensuring that they had immediate, appropriate and proportionate support at the right time to prevent further offending. In addition, we continued to find significant improvements in many partnerships in pre-birth planning, where there were concerns about the safety or wellbeing of both vulnerable women and their unborn children. In the partnerships we evaluated as better performing, services shared information about pregnant women on an ongoing basis and more effectively. Effective information sharing between children's and adults' services led to the vulnerabilities of some pregnant women, or the risks posed by their circumstances, being recognised earlier to effect early intervention and to ensure the best interests of the unborn baby were an integral feature of pre-birth planning.

Named person and lead professional roles

In response to the 2016 ruling, partnerships recognised both their responsibility to comply with the ruling and their continuing responsibility to act within the law to keep children and young people safe. In the majority of partnerships, partners had adapted their processes and practice well in response. However, in some of our discussions with frontline staff, and later through staff survey responses, uncertainty surrounding the implementation of the named person service was apparent. We could see in our data the impact on staff in named person and lead professional roles following the ruling and their partnership's response to it. In our surveys, when staff were asked if they understood their role and responsibilities as a named person or lead professional, responses varied. In relation to lead professional roles, the proportion of positive responses decreased from 87% in pre 2014 inspection responses to 80% in inspections after 2016.⁹ In relation to named person roles, the proportion of positive responses decreased from 76% in pre 2014 inspection responses to 64% in inspections after 2016.¹⁰ These responses could indicate a degree of uncertainty on the part of some staff which could serve to undermine confidence in carrying out these important roles and responsibilities.

⁸ Staff responded with an average positive response of 68% in inspections pre 2014, compared with 75% in 2014-16 inspections, then 72% in post 2016 inspections

⁹ The lead professional role was taken up by social workers in all but a handful of cases we saw.

¹⁰ The named person role was mainly taken up by midwives and health visitors (pre-school age) and teaching staff (school age children and young people).

Key finding 6

Partnerships, in the main, worked hard locally to guide their staff in responding to the Supreme Court ruling. The majority of frontline staff reported that they understood their named person or lead professional role and responsibilities.

In the next programme of joint inspections, we will look at how the named person and lead professional roles are continuing to develop and support effective information sharing to keep children and young people safe, protected and well.

Quality indicator 5.2: Assessing and responding to risks and needs

Strong performance in this indicator requires services to demonstrate that they consistently take effective action in response to concerns about the safety or wellbeing of children and young people. It considers the quality of assessments and how these inform staff's judgements about the actions they need to take. A specific theme focuses on how well staff develop and use chronologies to identify patterns of significant events or experiences and how well they use the insights gained from chronologies to inform decisions. This is a challenging indicator, as partnerships are required to demonstrate consistently high performance in assessment of risks and needs.

While just over half of all partnership areas were evaluated as 'Good' for the assessment of risk and need, none were found to be 'Very Good' or 'Excellent'. Although the trend over the period of inspection was positive, this quality indicator highlighted a general theme of inconsistency and a need for significant improvement – particularly in relation to the preparation and application of chronologies.

Initial response to concerns about safety and wellbeing

Where concerns about a child or young person were clearly and evidently issues of child protection, we found that the initial response by, and communication between, staff was, by and large, 'Good'. The initial response of services to concerns about the immediate safety of a child, in relation to child protection, was generally prompt and thorough. In around seven out of every 10 case records we reviewed, we evaluated the initial response of services as 'Good' or better. This amounted, in the majority of cases, to prompt and effective action, followed by appropriate legal measures and alternative care arrangements, in order to keep children and young people safe. This still means, however, that in approximately 30% of records we reviewed, we evaluated the initial response of services as 'Adequate' or less.

In the 2016 report, we commented that practice was less consistent where adult behaviour was impacting on children's wellbeing rather than their immediate safety, for example, where there were repeated instances of lower-level concerns arising from the impact of an adult's behaviour on a child or young person. Examples of these included children missing health appointments or school,

incidents of anti-social behaviour in the community or identification of children living with domestic abuse.

Our findings in this report reflect that position: where concerns about a child or young person were less evident, or where concerns related to wellbeing issues, or where children and young people were already known to services (including those who were looked after), we found that initial responses to concerns about safety were not as prompt and communication between staff was more variable. Practice in relation to agencies' responses to concerns about wellbeing was evaluated as 'Good' or better in around six out of 10 cases across all of the children's records that we reviewed. One in 10 responses, however, was considered to be less than 'Adequate', that is 'Weak' or 'Unsatisfactory'. On occasion, we came across significant delay in responding to concerns about wellbeing, including where concerns related to allegations of neglect. This reinforced comments in the 2016 report, where we concluded that '...children's physical and emotional development had been compromised by their remaining too long in situations where their needs were not met well enough.'

The complexities of recognising the point at which wellbeing concerns require to be escalated should not be underestimated and there remain challenges for staff and managers in practice, however, this is a critical area for improvement as the negative and long-term effects of neglect on a child's behaviour, educational achievement, emotional wellbeing and physical development are profound.

Many of the records we reviewed included instances where wellbeing issues were indicative of neglect, however, signs or patterns were not recognised early enough by professionals to enable them to intervene early to protect children and young people. For these children and young people, the corresponding delays in assessments led to delays in the correct actions being taken to keep the child or young person safe.

There were evident links between initial responses to concerns about safety and wellbeing and the use of effective chronologies to guide practice and decision-making, as can be seen elsewhere in this report.

Key finding 7

For the majority of children and young people, services responded well to ensure their safety. Responses were less consistently robust where concerns were cumulative, for example, where children and young people were experiencing chronic poor parenting or repeated exposure to lower level incidents of domestic abuse, where children were already involved with services, including children or young people who were looked after. Responses were also sometimes less robust because they were dealt with by a single agency rather than through a multi-agency process.

Decisions about child protection concerns were made jointly in most cases. However, in a few but important number of cases, **Interagency/Initial Referral Discussions (IRDs)** did not always happen at the earliest possible stage, were not always attended by the right people and were not always adequately recorded. Police and social work colleagues were not always joined at the IRD stage by health colleagues, which may have contributed to a lack of health involvement in some assessments, including a lack of medical examinations in a small, but again, important number of child protection cases.

Key finding 8

Engagement of the appropriate agencies in developing a robust child's plan which kept children and young people safe and well occurred when the initial referral discussions were well-conducted and led, meetings were well attended by the right professionals and appropriately recorded and reviewed.

In the next programme of joint inspections, we will continue to focus on multi-agency processes, ensuring that children and young people are kept safe.

Chronologies

As the inspection programme progressed, we found more and more chronologies in case records, so that by the stage of the 2016 report, almost all case records we sampled contained a chronology, usually in the lead professional's file. We learned of concerted efforts on the part of partners to support staff in the preparation and application of chronologies through single and multi-agency training. The Care Inspectorate, in an effort to assist improvement in this area, published a revised Practice Guide in January 2017.¹¹ This guide, drawing upon the [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#), highlighted the importance of chronologies as set out in the following definition:

"Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment".

Despite concerted efforts across partnerships, the standard of chronologies we found in case records did not improve. This was a continuing area of concern, given the importance of chronologies in helping staff understand the needs and risks facing individual children and young people. As referred to earlier in this overview report, the needs of some children and young people experiencing neglect

¹¹ A Care Inspectorate Guide, revising and replacing Practice Guide: Chronologies, published originally by the Social Work Inspection Agency in 2010.

over a protracted period could have been identified and addressed at an earlier stage, had a properly prepared chronology been analysed and applied by professionals supporting and making decisions about the child or young person.

Key finding 9

The quality and standard of chronologies continues to be a challenging area of practice. Chronologies are not being used sufficiently well to enable staff across agencies to analyse shared information, identify patterns and determine – and review – the right course of action to keep children and young people safe.

Assessment

Throughout the period of inspection, we evaluated around six out of ten assessments of both need and risk as 'Good' or better. Staff survey responses showed positive trends when staff were asked if GIRFEC processes had improved the ways in which staff both plan for, and assess, children's needs. However, a persistent proportion, around one in ten, remained at a 'Weak' or 'Unsatisfactory' level. Some partnerships performed better than others, and we considered there to be a clear relationship between quality assurance processes and better performance in relation to assessment.

Quality indicator 5.3: Planning for individual children

This indicator relates to situations where a specific plan is needed to help direct staff in supporting children and young people and meeting their needs. To reach judgements for this indicator, we look at the quality of child's plans and how well they address risks and needs. We also consider the capability of processes to develop, review plans and update plans so they stay relevant to meet the needs of children and young people. A specific theme in this indicator looks at success in securing stable, nurturing environments for children and young people and minimising periods of uncertainty.

Overall, partnerships achieved a reasonable standard of performance, with no area evaluated less than 'Adequate' for this quality indicator. However, only two areas were evaluated as 'Very good'. In partnerships which performed well, plans were SMART (specific, measurable, achievable, relevant and time bound), outcome-focussed, with clear accountability for actions, thoroughly reviewed and supported by a comprehensive assessment of need and risk.

The quality of plans continued to be variable, both between and within local authority areas. For example, in the post 2016 group of inspections, while three quarters of plans we read were 'Adequate' or better, the proportion of plans evaluated as 'Weak' or 'Unsatisfactory' in each local authority area ranged between one in twenty and one in four. However, there was less variation in levels of collaborative working evident in the planning process, with practically all partnerships demonstrating positive performance in this regard.

We regularly read children's plans which did not always consider all aspects of a child's wellbeing. This was particularly apparent in plans for older young people. The area of wellbeing most regularly given less attention was 'Active', which meant that opportunities to support children and young people maintain physical health or access appropriate leisure activities were being missed, and links between physical and mental wellbeing were not sufficiently explored.

In general, the quality of plans was better in circumstances where children and young people were either looked after away from home, or their names had been placed on the child protection register. There had been an improvement in planning for children and young people in need of protection, compared with findings from the previous programme of joint inspections of services to protect children and young people.¹² The multi-agency core group system was well established and working effectively in most areas, ensuring that plans intended to protect children and young people were in place and proving to be effective.

Independent advocacy was offered in many partnerships to children, young people and their parents/ carers but was not a feature across the board and, in many cases where we saw no evidence of an offer of independent advocacy, we considered the child or young person may have benefitted significantly from this.

In a few cases, in some partnerships, where the names of children had been removed from the child protection register, arrangements for follow up core groups or reviews were not always established or maintained. This reflected the inconsistent review arrangements for looked after children and young people at home, and those in kinship care, which we found in most areas, to varying degrees. More needed to be done to ensure that the circumstances of these particular vulnerable children were monitored and reviewed more thoroughly.

Key finding 10

Multi-agency groups which monitored and reviewed arrangements for children and young people while their names were on the child protection register were well-established and functioned well, in the main. There was concerning variability in the quality of monitoring and review arrangements for children and young people looked after at home, those in kinship care, and children and young people whose names had been recently removed from the child protection register.

A key theme we review under this quality indicator is the extent to which planning processes are successful in securing stable and nurturing environments for children and young people. Looking at the findings over the five-year inspection programme, for most children needing permanency, including babies, planning to meet their needs progressed well. However, throughout the same

¹² [How well do we protect children and meet their needs? Findings of the second national programme of joint inspections of services to protect children in Scotland 2009-12](#)

period, around one in five cases we looked at were subject to a delay which led to a significant impact. This included some backlogs in kinship care placements. In addition, in common with other areas of practice, there was wide variation in performance, something we highlighted in our feedback to partnerships where improvement was needed.

Key finding 11

Delays in planning for permanency had significant adverse impacts on the outcomes for children and young people.

In the next programme of joint inspections we will seek to understand more about what can reduce any adverse impact and improve outcomes. We will be particularly interested in the impact of initiatives such as Permanence and Care Excellence (PACE) in improving local practice and providing evidence about what works well to help support improvement.

Quality indicator 6.2: Planning and improving services

A high evaluation in this quality indicator requires partnerships to perform well across three themes. They should be able to show successful collaboration in developing and implementing an integrated children's services plan based on a sound assessment of need and that they can measure and report effectively on progress in its implementation. The child protection committee should demonstrate effective joint working to monitor and continuously improve performance in protecting children and young people. Lastly, the partnership must show that it has an effective way of identifying new and emerging risks to children and young people and can develop strategies to keep them safe.

This quality indicator had been a challenging one for partnerships to effectively address. In relation to evaluations over the course of the inspection programme, we saw a continuing downward trend. In the 32 joint strategic inspections, we evaluated eight partnerships as 'Weak', 10 as 'Adequate', nine as 'Good', four as 'Very Good' and one as 'Excellent' for this quality indicator.

In spite of growing confidence demonstrated by staff in the structures within which leaders were jointly operating, planning and improving services on a joint basis proved consistently challenging for many partnerships. As indicated elsewhere in this report, we recognise the evolving and complex landscape for children's services planning over the course of the joint inspection programme, however, it is our role to identify good practice and highlight barriers to support improvement.

If we review the three elements of this particular quality indicator, we can see the areas of strength and those for further development and the interdependence of each.

Children's services planning

In the partnerships which were evaluated as 'Good' or better for this element of the quality indicator, we observed clear lines of accountability and well-established processes of governance across partners, including the involvement of third sector organisations. Where we observed solid foundations and structures, we saw that partners jointly devised and owned a comprehensive joint strategic needs assessment which underpinned an evidence-based children's services plan (CSP). In the partnerships which we evaluated as better performing, we observed strong linkages across strategic plans stemming from a clear **single outcome agreement**. This supported ambitious but achievable targets to be established within strategic plans and shared ownership of these. In partnerships evaluated as 'Good' or better, we saw the use of research, such as work undertaken with the [Dartington Social Research Unit](#), influence business planning. Consequently, we saw achievements made in relation to the analysis of wide ranges of performance data being used to measure the difference made by services and, as a result, better identification of gaps and future priorities.

In the partnerships which we evaluated as performing less well, while we may have seen planning leading to improvements, there was a lack of evidence demonstrating a collaborative approach to this. Strategic plans were often unclear in their links and, although many were ambitious, they did not demonstrate the relationship between those priorities identified. This was often due to lack of a joint strategic needs assessment. We often observed a dissonance between strategic and operational planning.

A robust joint strategic needs assessment, where it was undertaken, strengthened an underpinning framework for children's services planning which was anticipatory, flexible, responsive and based on community needs. In some partnerships, we saw the impact of having no joint strategic needs assessment on the commissioning, planning and delivery of services to meet need.

In most of the partnerships which we evaluated as better performing, we saw systematic and joint collection and analysis of outcomes-focussed performance data, used to identify good practice, areas for improvement and gaps in local service provision. There remained, in many partnerships, however, an over-reliance on process-related data, as opposed to outcomes-focussed data.

Where we evaluated children's services planning less favourably, common areas for development included children's services planning structures which did not support or facilitate the involvement of children, young people and families and other stakeholders' participation in services planning; where there was a lack of outcome measures for children's services planning or where not all partners were involved in children's services planning. For instance, we saw variation in the extent to which the third sector were involved at a strategic level. Partnerships which included the third sector at a strategic level and encouraged their effective involvement across all aspects of children's services planning, were able to demonstrate the most effective collective leadership.

However, we did see 'Very Good' examples of partnerships fully involving third sector colleagues across relevant strategic fora, joint strategic needs assessment and commissioning practices; and evidence of their involvement at strategic levels of decision-making.

Key finding 12

In our inspections, partnerships which demonstrated strong, collaborative leadership, an effective joint strategic needs assessment and evidence-based performance management were better able to show improved outcomes for children, young people and their families.

In our next programme of joint inspections, we will continue to assess how well partners work together to demonstrate better outcomes for children and young people in need of care and protection.

Child protection committees (CPCs)

A well functioning child protection committee is critical in leading services to support children and young people at the times in their lives when they are most vulnerable. We observed, throughout the inspection programme, variations in how successful CPCs were at doing this. Some CPCs delivered excellent examples of thorough oversight, where joint self-evaluation aided this process, where **chief officers groups** were curious about practice and where collaboration and constructive challenge was an integral part of partnership working. Effective analysis of data-led, in many partnerships, to evidence of a clear ability to articulate improvements and difference made in protecting children and young people. In the partnerships which we evaluated as better performing, we saw clear CPC priorities which were reported on regularly and publicly. Further, in the partnership we evaluated as 'Excellent' against this quality indicator, we saw partners at the forefront of developments in the complex arena of child protection practice.

Where collaborative working or joint self-evaluation processes were less robust, we saw a lack of demonstrable evidence, at a strategic level, of progress in keeping children and young people safe. In the partnerships which we evaluated as performing less well in this area, we saw the impact which an overly complex management structure had in slowing down or diminishing the impact of communication, leading to gaps in identifying local need.

Where we saw CPCs performing well, we identified specific elements which supported this, including:

- clarity about individual and collective roles, responsibilities and purpose
- clarity about the strategic vision for children and young people and the ways in which the CPC should support this
- a committed membership which reflected the local landscape (including relevant representation from adult services where these impact on children and young people's wellbeing, for instance, parental substance misuse or domestic abuse)
- a highly skilled and facilitative chair
- a reflective and learning culture
- a dedicated lead officer
- a SMART (Specific, measurable, achievable, relevant, time-bound) business and operational plan
- clear strategies which reflected a desire to hear the voices of vulnerable children and young people and enable these to shape policy and practice

- accountability to their community
- robust joint self-evaluation which was embedded throughout practice.

On occasion, however, we also saw a lack of public reporting and a lack of SMART planning within a CPC's annual report or business plan which lessened the impact on the delivery of robust needs-led services and the articulation of the difference the CPC's activity made in relation to protecting children and young people.

There was still variation in the quality and functioning of CPCs and their ability to demonstrate the difference they were making to the lives of children and young people. We saw some very effective CPCs, some improved CPCs and some CPCs which demonstrated weaknesses which impacted on their effectiveness. Our findings showed that approximately half of the CPCs we looked at were functioning well and effectively.

Identification of, and ways to address, new and emerging risks

The partnerships which we evaluated as better performing were able to demonstrate systematic approaches to identifying new and emerging systemic risks in their partnerships and had clear strategies to address these.

In the partnerships which we evaluated less well in relation to this aspect of the quality indicator, we observed partnerships in which greater attention was required to horizon-scanning to evaluate need, and to particular groups of children and young people, for instance, those returning to local communities from out of area placements and secure accommodation. We often observed a lack of evidence of partnerships taking a joined-up approach to the systematic identification of emerging need and risk.

Chief officers groups require strong oversight of children's service planning, child protection committees and approaches to emerging needs in order to be assured in the robustness of processes, procedures and practice to keep children and young people safe. To do so effectively, analysis of outcome-focussed data must be coupled with keen questioning and constructive challenge. We did not see this across the board and, in several partnerships, we commented that chief officers groups had to be more robust in their interrogation of the data presented to them.

Key finding 13

Chief officers who were able and willing to collaborate, lead, direct and promote investment in services were critical to improving services for children and young people in their area.

We will continue to assess and evaluate how well chief officers work together and with child protection committees in the next programme of joint inspections.

Quality indicator 6.3: Participation of children, young people, families and other stakeholders

This indicator considers the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development. A high standard of performance in this area will mean that partnerships are ensuring that the views of children, young people, families and other stakeholders have an appropriate influence on strategic planning and development. They will be able to demonstrate that young people and families from disadvantaged groups are included and able to participate. Partnerships should also be able to show that they have an effective approach to raising awareness and upholding the rights of children and young people.

We found this to be the strongest quality indicator in relation to evaluations over the five-year inspection programme. Evaluations of the participation of children, young people, families and other stakeholders steadily improved and became much more an embedded feature of practice over the course of the inspection programme. For the 32 partnership areas, we evaluated seven partnerships as 'Adequate' and 25 partnerships as 'Good' or better (including two partnerships which were evaluated as 'Excellent').

In the majority of partnerships, we found a strong ethos, commitment to and delivery of the active and meaningful participation of children, young people and families and other **stakeholders**. We saw evidence of the comprehensive and systematic involvement of children, young people and families in the planning of services across the majority of partnerships as the programme of inspections progressed.

Even in partnerships where this indicator was evaluated as 'Adequate', we found positive examples of creative ways of seeking the views of children and young people, although these did not occur as a matter of routine. These included the use of social media, youth cafes and groups for specific young people, such as care experienced young people in order to seek their views. Elsewhere, we saw the establishment of peer educators and the young people's support and transition team to enable effective participation and engagement.

Most children and young people with whom we spoke told us they felt listened to, included and respected and we saw a wide range of creative and innovative tools being used to engage with children and young people and enable their participation.

In one of the partnerships we evaluated as 'Excellent' for this quality indicator, examples included #ClydeConversations and 'Penny for Youth Thoughts', both of which supported the views of children and young people to influence children's services planning and strategies, including the corporate parenting strategy. A third sector organisation 'Your Voice' enabled the views of children and young people to inform the local housing strategy. In the other partnership we evaluated as 'Excellent' for this quality indicator, partners were able to demonstrate how they engaged and empowered wider stakeholders and whole communities through, for instance, community asset transfers and participatory budgeting.

Across partnerships, we evaluated as 'Good' or better, we saw many examples of young people's views shaping policy and practice, including Youth Councils and Youth Commissioners, as well as children and young people's views shaping anti-bullying policies and corporate parenting strategies. In one area, their views shaped the re-design of a children's house and the activities which occurred there. In many partnerships, engagement of the third sector was another striking feature of participation activities to support and facilitate the views of children and young people.

We saw a strong ethos and commitment by all partners in the partnerships which were evaluated as 'Good' or better for this quality indicator. These partnerships demonstrated strong support networks and the participation of children, young people and parents/carers was an embedded feature of practice. Many partnerships had begun to build clear systems and structures to support participation and engagement at a strategic level, for example, elected members had clear pathways within which to meet with looked after and care experienced young people to enable this group of children and young people to express their views and influence strategic service priorities. These partnerships offered a range of methods by which they could demonstrate that the views of children and young people and parents/carers and other stakeholders were being listened to and acted upon strategically. The embedding of children's rights was evident in some partnerships through the children's services plan and the corporate parenting strategy.

The culture of participation in schools was well-established, including the implementation of effective and meaningful pupil councils and it was evident that the Rights Respecting Schools programme was creating a positive impact for many children and young people. Most partnerships demonstrated robust methods of engaging with, and ensuring the representation of, LGBTI children and young people. In most areas, we saw that groups of looked after children and young people were actively involved in, and contributed to, the planning of services. For instance, the increase in the embedding of Champions Boards was notable across many partnerships. Partnerships were using ever more innovative and creative ways to promote engagement and participation, for instance, through the use of social media and web-based tools.

In many areas, we saw a clear and effective strategy for engagement which underpinned and directed participation work.

In a small number of partnerships, although the participation of children, young people and parents/carers was evident in individual case records, we found a lack of evidence for a systematic programme of participation in children's services planning. In these partnerships, we also saw a lack of a strategic plan or approach to participation, with scope to develop better joint approaches and an embedded culture of participation. In the partnerships which we evaluated as less well performing in relation to this quality indicator, we found that better collaborative strategic oversight of participation activities was required. Although in many of these partnerships, we did see evidence of services seeking the views of children, young people, parents/carers and other stakeholders, the views of certain groups of children and young people were less well represented or evidenced: for instance, those who were looked after outside their own local authority area, or those looked after at home. These were two groups of children and young people for whom we commented that partnerships must develop better means of routine engagement and oversight.

Broadly speaking, the engagement and participation of children, young people and families and other stakeholders, including communities, was becoming stronger and more routinely embedded in practice across partnerships. There were real strengths in the ever more creative means by which partnerships were seeking engagement with groups, and by which children, young people and families and other stakeholders were influencing children's services planning. We commented that it was important that this continued to develop, in particular, by seeking to engage with with more seldom heard groups.

Key finding 14

Although it is encouraging that partnerships are involving children and young people better and more widely, there remain specific groups of children and young people for whom better strategies must be found for their routine engagement. These include children and young people looked after outside their own local authority area and those looked after at home.

In our next programme of joint inspections, we will continue to look at the ways in which partnerships engage with, and involve, children and young people in need of care and protection.

4. How good is leadership and direction for services for children and young people?

Quality indicator 9.4: Leadership of improvement and change

To answer this question, we take account of the extent to which the partnership has developed a shared vision for children and young people and has disseminated it effectively across the partnership, so that staff at all levels feel they are working to a common end. We consider the effectiveness of collective leadership and direction and look for evidence that leaders are working together to solve problems and address challenges in order to implement the vision. We take into account how well leaders communicate with, and support, their staff and the efforts they make to maintain staff morale. We evaluate leaders' collective commitment and effectiveness in striving for excellence in the quality of services for children, young people and families and achieving transformational change.

Despite the complexity and challenging nature of the operating environment, evaluations of collective leadership have, in the main, steadily improved in most aspects over the course of the joint strategic inspection programme. There was an encouraging number of partnerships with 'Very good' (eight in total) or 'Excellent' (two) for this quality indicator. There were, however, also two evaluations of 'Weak' in the latter period of the inspection programme, demonstrating the range of evaluations of leadership we still see in the sector across Scotland.

Positive responses to leadership from staff have also improved, or remained high, over the course of the inspection programme. We are, however, also observing a downward trend over the course of the programme in relation to the evaluations for planning and improving services, including variation in the effective use of data and performance information.

Over the course of the inspection programme, we have seen changes in the governance structures for many services for children and young people. The Public Bodies (Joint Working) (Scotland) Act 2014 came into force on 1 April 2016. The Act does not require local authorities and NHS boards to integrate children's services, although all Integration Authorities hold responsibilities for some services to children and young people such as dental services, Accident and Emergency and primary care. Some partnership areas have chosen to integrate services for children and young people either in full or in part, with 11 areas integrating children's social work services into the Integration Authority along with some children's health services.¹³ These arrangements undoubtedly present planning and accountability challenges for local partners. In a 2018 [report](#) commissioned by Social Work Scotland and carried out by a partnership of Children in Scotland and CELCIS (Centre of Excellence for Looked After Children in Scotland), with input from the Care Inspectorate and funding from Healthcare

¹³ Argyll and Bute, East Ayrshire, East Renfrewshire, East Dunbartonshire, Glasgow, Highland, Inverclyde, North Ayrshire, Orkney, South Ayrshire, West Dunbartonshire

Improvement Scotland, it is noted that “in creating these parallel structures, with little reference or explicit connection made between them in legislation or guidance, it is possible that their individual potential for improving people’s lives is diminished. Either through the fragmentation of children’s services (with parts in Integration Authorities and others in Community Planning Partnerships) or because the ‘whole system’ improvement opportunities which can come from bringing adult and children’s services together is made more difficult, by situating planning and resourcing in different structures”.¹⁴ This publication goes on to note the importance of quality local leadership at all organisational levels, the need for greater attention to the synergies of health and social care strategic plans and Children’s Services Plans, and a continued focus on ‘bottom up’, person-centred, community-led approaches to integration.

Over the course of the 32 joint inspections, we evaluated 18 partnerships as ‘Good’ or better and 14 partnerships as ‘Adequate’ or ‘Weak’ in relation to this quality indicator. When we reviewed the trajectory of evaluations over the course of the whole inspection programme, there was a positive trend in the evaluation of leadership. Similar to our 2016 report, however, we still saw wide variation in the quality and extent of effectiveness of strategic collaborative leadership.

As discussed earlier in this report, the environment in which strategic leaders jointly assess, plan for, commission, deliver and meet need had changed significantly in recent years. While we did not specifically inspect strategic structural leadership arrangements in the CPP, we did comment on the ways in which we saw these arrangements impacting on the commissioning, delivery and evaluation of services, and leadership and direction in the partnership.

Delivering an effective vision and culture

The partnerships we evaluated as performing better were able to demonstrate evidence of a clear and shared vision across all partners, one which was jointly owned and, against which, partners could hold each other jointly accountable. This vision was communicated well to staff and other stakeholders and embedded in strategic planning arrangements, including the single outcome agreement, the children’s services plan, the child/public protection committee and all other relevant strategic fora. This shared vision provided direction for practice, was communicated well, via a clear communication strategy and was understood by, and directed the work of, all staff.

As the inspection programme progressed, we saw the development of clear, strong and shared visions in most partnerships, with some we viewed as being compelling and inspirational. Many partnerships demonstrated a learning culture, by using evidence and research effectively to influence practice and by using the findings of inspections, significant case reviews and joint self-evaluation to deliver change and improvement. We saw leaders who had the courage to take on board difficult messages from inspections, seek to understand concerns, openly accept advice and guidance and who were then able to effectively direct and sustain the efforts of staff to bring about transformational change.

¹⁴ [Integrating Health and Social Care in Scotland: the impact on children’s services](#)

In many partnerships, genuine transformational change was already under way: change which was meeting needs and demand, improving efficiency and delivering good outcomes for children and young people. Conversely, partnerships without a strong collaborative or learning culture at a strategic level and those which we identified had a lack of effective quality assurance processes in place were those which we found were less able to demonstrate good outcomes.

Taking effective strategic approaches

In the partnerships which we evaluated as better performing, strategic priorities were evidence-based and informed by a comprehensive joint strategic needs assessment which clearly identified current and future need and risk. This joint strategic needs assessment was vital in order to identify local priorities and gaps in provision and shape a co-ordinated response. The use of shared protocols in these partnerships supported more effective management of risk.

A culture of positive, constructive challenge was embedded through the partnerships that we evaluated as better performing. Partners were able to share learning both nationally and locally and to encourage each other to think differently, particularly in taking creative approaches to addressing very challenging issues such as child poverty, inequalities and the poverty-related attainment gap. This connectivity with the experiences of children in need of protection supported leaders who were determined to do everything possible to alleviate child poverty and deprivation and improve the lives of vulnerable children and young people.

Commissioning practices in these partnerships showed investment in a wide range of early intervention and prevention and nurturing approaches to give children the best start in life. Conversely, in partnerships which we evaluated as less well performing, we saw weaknesses in collaborative leadership, including a lack of mutual challenge between senior leaders. Broadly speaking, joint strategic needs assessments were under-developed in these partnerships and joint self-evaluation processes were poor. Commissioning practices could not be borne out by evidence, leading to a lack of ability to demonstrate the veracity of children's services planning, including investment and dis-investment in services to support local needs.

Effective governance and accountability

In those partnerships which we evaluated as performing well, we observed a commitment by all partners to becoming better informed through an evidence-based methodology. Shared oversight and robust strategic and operational quality assurance processes were underpinned by demonstrable understanding of roles and responsibilities, within and across the partnership, collective decision-making and respectful challenge.

We saw that the support and understanding, particularly of social work and social care, by chief officers' groups and elected members was pivotal to leading a challenging and changing delivery environment. The partnerships which we evaluated as performing well had chief officers and elected members who understood the service environment, actively engaged in strategic activity and were well-sighted on national issues and current and emerging local needs. They understood their responsibilities in improving opportunities and outcomes for people by reducing inequalities and

addressing the needs of the most vulnerable members of the community and could demonstrate an active, strategic and joint commitment to doing so.

Senior leaders in the partnerships which we evaluated as better performing modelled their expectations for, and of, practice and were highly visible and approachable to staff and promoted a culture of asset-based relationships.

The importance of strong partnership working could not be underestimated. We saw evidence of some partnerships in which leaders were responding to the challenges of diminishing resources by collaborating successfully with an increasing range of partners, taking bold and calculated risks and enabling the creativity of staff to flourish. These partnerships were committed to aligning joint resources to tackle agreed and shared priorities. They planned, commissioned and delivered services based on a shared vision and used constructive challenge to hold each other to account.

Demonstrating impact through evidence

Over the course of the inspection programme, we saw evidence that all partnerships were gathering performance data to a greater or lesser degree, however, not all partnerships were using the data to demonstrate the impact of what they did or to inform future service delivery.

We observed a significant development in the volume, frequency and quality of self-evaluation activity in partnerships, both at a single agency and multi-agency level.

We saw genuine commitment at a strategic level in many partnerships to tackling cycles of deprivation, however, in some partnerships, a lack of performance information made it difficult to gauge the level of progress made in some areas. For instance, although we saw much progress being made across partnerships in tackling inequalities, we also observed a lack of measures in place to evaluate this progress.

The partnerships which we evaluated as performing better demonstrated a clear link between strategic priorities, strategic plans, operational plans and action plans. The strategic and operational plans outlined the means by which actions were measured and evaluated, and the framework for gathering data was established to support the demonstration of evidence of progress. These were complemented by contingency actions, where appropriate, such as the 'Evidence2Success' approach in one partnership.

Data was then gathered for a specific and designated purpose and used systematically to identify gaps and, consequently, redirect resources, as well as to provide evidence of improvement or challenge in meeting identified targets. The data was complemented by strong indicators and measures of change or progress.

Robust gathering of data was being used within the partnerships we evaluated as better performing to inform strategic decisions, develop shared understanding and accountability and as a means of quality assuring processes, practice and decisions at a strategic level.

Where we saw gaps in relation to the effective use of performance data was where partnerships did not have processes in place for recording changes made as a direct result of improvement activity.

Assuring quality: supporting and empowering staff

While policy developments had led to impacts in the delivery of services, the issues facing staff on a day-to-day basis were also reportedly becoming increasingly challenging. We know this from staff survey returns, from what we heard through focus groups and through engagement during joint inspections. It was vital that senior leaders, in understanding this, created an environment in which staff were sufficiently equipped, resourced and supported to undertake complex tasks; and that staff were empowered to undertake, and take responsibility for, their own learning and development in this complex environment. One example we saw was the 'Learn, Innovate, Grow' approach to empower staff and encourage autonomy.

Over the course of the five-year inspection programme, there was continued improvement in the evaluations from staff regarding how changes which affected one or more services were managed and in the ways in which senior managers communicated those changes.

Although demonstrating further variation, the majority of staff responded positively when asked about the clarity of the vision for, and the future of, services for children, young people and their families. We recognised the continuing complexity in leading in complex environments. Leadership, for example, was also an area for development in six out of seven of our progress reviews following joint strategic inspections. In these, we sought improvement in some aspect of collaborative leadership or strategic partnership working.

We saw that leaders who demonstrated adaptability, flexibility, curiosity and respectful challenge, were better equipped to balance the competing demands of leading in a complex and evolving environment. One important approach to leading and supporting staff was regular, high-quality supervision which enabled staff to reflect on their practice and enabled managers to give systematic feedback from regular review of practice.

Staff told us that supervision was a neglected area of practice. Where it did occur, some staff told us it was focussed on workload management, was infrequent, often, was not protected time or it was rushed. Effective supervision contributed to safe practice, provided a means of quality assurance and supported staff to reflect on their practice. We witnessed how management oversight, including effective supervision, contributed significantly to a competent, confident workforce and increased accountability.

For senior leaders driving improvements in practice, creating the environment in which staff received regular, robust and high quality supervision served to support a competent, confident workforce. This not only referred to staff working in services for children and young people, but also to those working in services for adults.

In reviewing practice through reading case records, we made an evaluation about the extent to which there is evidence of the named person's or lead professional's record being regularly reviewed by a line manager or someone with quality assurance responsibilities. Although we saw an initial decrease between pre-2014 inspections to those undertaken 2014-16, we saw an increase in files read during inspections post 2016 which did evidence regular review and oversight. There were still a substantial number of files which showed no evidence of oversight or review, or for which it was unclear (11%) although, in 33% of files, the record had been created too recently to enable an evaluation to be made.

Key finding 15

Partnerships which collected and jointly analysed outcomes-based performance data through a variety of methods were better able to demonstrate the difference services were making to the lives of children, young people and their families.

In the next programme of joint inspections, we expect partnerships to consolidate and/or improve their ability to demonstrate the difference services are making to the lives of vulnerable children, young people and their families.

Key finding 16

Staff who were better able to demonstrate improved outcomes for children and young people, were those who were working in a culture which supported their learning, professionalism and delivery of effective outcomes for children, young people and their families. This included experiencing regular oversight and review of practice, including effective and meaningful supervision.

In the next programme of joint inspections we will evaluate how leaders support the environment in which staff are enabled and empowered to be confident and competent in delivering improved outcomes for children and young people in need of care and protection.

5. Conclusion

As detailed in the introduction to this report, we have gathered a significant weight of evidence from the programme of 32 joint inspections of services for children and young people. Although we saw progress in certain areas, we also saw variability and continuing challenges in others.

Outcomes for looked after children and young people, both in relation to educational attainment and positive post school destinations, and wider outcomes, lagged behind those for the general child and young person population. Within the population of children and young people who were looked after, we saw differences in outcomes and this varied from area to area. Some looked after children and young people, for instance, those looked after at home, showed poorer outcomes than those looked after in stable foster placements.

We found that, while most partnerships were working effectively to address challenging issues such as domestic abuse or closing the poverty-related attainment gap, more needed to be done to improve outcomes for children and young people. Some children and young people experienced delays in receiving the help they needed when they needed it. Although initial responses to concerns had shown improvement across the programme of inspections, in the main, more needed to be done to ensure that risk and neglect were consistently recognised by staff, that multi-agency assessments were of a high-quality and that timely and co-ordinated intervention supported children and young people to remain safe.

We saw positive examples of visionary, collaborative and effective leadership, however, this was not evident in all partnerships. More needed to be done to ensure alignment between strategic needs assessments and commissioning and delivery of services for children, young people and their families. In particular, chief officers groups and child protection committees had to do more to enact their pivotal role in leading and quality assuring the vision, design and delivery of effective services. It is in these challenging areas that we will continue to scrutinise and support improvement in partnerships, working with, and constructively challenging, partnerships to deliver better outcomes for children, young people and their families.

6. The future programme of joint strategic inspections

In 2017, the Scottish Government's child protection improvement programme set out a vision for a child protection system in Scotland that places the wellbeing of children at the heart of everything it does. As part of this review, Scottish Ministers asked the Care Inspectorate to work with scrutiny partners to develop a revised model of inspection that takes a more focused look at vulnerable children and young people.

The new programme of joint inspections of services for children and young people will focus on children and young people in need of protection and children and young people subject to corporate parenting responsibilities.

We remain committed to using the European Foundation for Quality Management (EFQM) model and a new quality improvement framework has been developed, which reflects the Health and Social Care Standards. Our young inspection volunteers will continue to play an important role in helping us engage with children and young people in order to gather evidence to support our findings.

Each inspection will result in a published report which will answer the following questions:

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

Appendix 1: Summary of key findings

1. While there were some improvements in outcomes noted, there were also groups of children and young people for whom this was not the case. Positive destinations and outcomes for looked after children and young people occurred at a lower rate of improvement than those of the wider population. Partnerships were unable to consistently or effectively demonstrate improvement in closing the educational outcomes gap. This gap existed both (a) between looked after children and young people and the general population; and (b) between children and young people looked after in stable foster placements, and other looked after children and young people, particularly those placed at home.
2. Many children and young people continue to be at risk of harm from the behaviour of adults. We saw many partnerships continue to develop strategic approaches to addressing domestic abuse, including programmes which identify families in which women and children may be at risk, address the causes, address behaviour change, reduce repeat incidents and work with perpetrators. These multi-layered approaches are having a positive impact on children and young people, although domestic abuse continues to be a significant issue in our country.
3. The signs of risk and neglect were not being recognised consistently. Consequently, interventions were not happening early enough or effectively to protect children and young people from harm. Some children and young people were, therefore, subject to delays in being assessed for, or in receiving services, and were left in situations of risk for too long.
4. Some children and young people were experiencing delays in accessing the right health service at the right time, including mental health services.
5. We saw an increase in kinship care arrangements and a growing recognition of the benefits of these placements for some vulnerable children and young people. Despite this, the experiences and outcomes for this group of children and young people remained relatively unexplored.
6. Partnerships, in the main, worked hard locally to guide their staff in responding to the Supreme Court ruling. The majority of frontline staff reported that they understood their named person or lead professional role and responsibilities.
7. For the majority of children and young people, services responded well to ensure their safety. Responses were less consistently robust where concerns were cumulative, for example, where children and young people were experiencing chronic poor parenting or repeated exposure to lower level incidents of domestic abuse, where children were already involved with services, including children or young people who were looked after. Responses were also sometimes less robust because they were dealt with by a single agency rather than through a multi-agency process.
8. Engagement of the appropriate agencies in developing a robust child's plan which kept children and young people safe and well, occurred when the initial referral discussions were well-conducted and led, meetings were well attended by the right professionals and appropriately recorded and reviewed.
9. The quality and standard of chronologies continues to be a challenging area of practice. Chronologies are not being used sufficiently well to enable staff across agencies to analyse shared information, identify patterns and determine – and review – the right course of action to keep children and young people safe.

10. Multi-agency groups which monitored and reviewed arrangements for children and young people while their names were on the child protection register were well-established and functioned well, in the main. There was concerning variability in the quality of monitoring and review arrangements for children and young people looked after at home, those in kinship care, and children and young people whose names had been recently removed from the child protection register.
11. Delays in planning for permanency had significant adverse impacts on the outcomes for children and young people.
12. In our inspections, partnerships which demonstrated strong, collaborative leadership, an effective joint strategic needs assessment and evidence-based performance management were better able to show improved outcomes for children, young people and their families.
13. Chief officers who were able and willing to collaborate, lead, direct and promote investment in services were critical to improving services for children and young people in their area.
14. Although it is encouraging that partnerships are involving children and young people better and more widely, there remain specific groups of children and young people for whom better strategies must be found for their routine engagement. These include children and young people looked after outside their own local authority area and those looked after at home.
15. Partnerships which collected and jointly analysed outcomes-based performance data through a variety of methods were better able to demonstrate the difference services were making to the lives of children, young people and their families.
16. Staff who were better able to demonstrate improved outcomes for children and young people, were those who were working in a culture which supported their learning, professionalism and delivery of effective outcomes for children, young people and their families. This included experiencing regular oversight and review of practice, including effective and meaningful supervision.

Appendix 2: Joint inspection methodology 2012-2017

Joint inspections were led by the Care Inspectorate and conducted in partnership with colleagues from Education Scotland, Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. All partners were represented in each inspection team and made an important contribution throughout the inspection. Their participation and commitment were invaluable in reaching sound and well-considered conclusions on the effectiveness of multi-agency work to improve outcomes for children and young people.

Inspection teams also included young inspection volunteers. These were young people with direct experience of care and child protection services who received training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors were also included on inspection teams. These were frontline staff and managers from services in another community planning partnership area. In order to reach confident conclusions in each area we undertook a range of activities to collect evidence.

The inspection timetable was designed to answer the specific questions we had of each area, based on our intelligence, and varied according to the design and delivery of services locally. However, in all areas we:

- analysed and took into account inspection findings of care services for children and young people and findings from relevant inspections carried out by other scrutiny bodies
- reviewed national and local data relating to children and young people
- reviewed any self-evaluation undertaken by the partnership, and the evidence that supported it
- read a wide range of documents provided by the partnership
- conducted a survey of staff with named person and lead professional responsibilities
- met with children and young people, parents and carers in order to hear from them about their experiences of services and what difference they thought the support they received was making
- spoke with staff at all levels across the partners, including senior officers and elected members and large numbers of staff who worked directly with children, young people and families
- reviewed practice through reading records held by services for a sample of the most vulnerable children and young people
- observed key interagency meetings.

Appendix 3: The quality indicator 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. Improvements in the wellbeing of children and young people	2.1. Impact on children and young people	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	9.1. Vision, values and aims 9.2. Leadership of strategy and direction 9.3. Leadership of people 9.4. Leadership of improvement and change
	2.2. Impact on families		6.2. Planning and improving services	
	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				

Appendix 4: Joint inspection schedule 2012-2017

Reports published up to 2014, and not featuring in the 2014-16 overview report (Pre-2014 group)	Inspections featured in the 2014-16 overview report (2014-16 group)	Post 2016 inspection reports (Post 2016 group)
Edinburgh (pilot)	Aberdeen	South Ayrshire
North Ayrshire (pilot)	Aberdeenshire	Angus
Orkney (pilot)	Outer Hebrides	Moray
Argyll and Bute (pilot)	East Renfrewshire	West Dunbartonshire
East Dunbartonshire	South Lanarkshire	Glasgow
Highland	North Lanarkshire	West Lothian
Clackmannanshire	Shetland	Inverclyde
Midlothian	Renfrewshire	East Ayrshire
Dumfries and Galloway	Dundee	Perth and Kinross
Stirling	Fife	
East Lothian	Falkirk	
	Scottish Borders	

Appendix 5: Changes in the policy landscape, 2012-2018

From 2011, when the [Commission on the Future Delivery of Public Services](#), highlighted a range of challenges facing public services and established the need for “urgent, sustained and coherent” public service reform, the principles of empowering individuals and communities, integrating service provision, prioritising expenditure on preventing negative outcomes and becoming more efficient have been key driver services.

Collaborative approaches such as [Getting it Right for Every Child](#) (GIRFEC) have provided the contextual framework for the Scottish Government’s aim of ensuring a shared, consistent and child-centred approach to supporting the wellbeing of children and young people.

To further support the reform of public services, the Scottish Government has introduced a suite of other policy measures, all of which have required – and will continue to require – local authorities and community planning partnerships to be adaptable and responsive in their delivery of services for children and young people.

The [Children and Young People \(Scotland\) Act 2014](#) effectively places GIRFEC on a statutory footing and includes several measures around integrated and child-centred planning and support. The Act defines wellbeing through eight wellbeing indicators and establishes a structure for the integrated planning and delivery of all children’s services in a local authority area. The Act requires local authorities and health boards to take a strategic approach to the design and delivery of a wider view of services used by children and families than those previously set out in the Children (Scotland) Act 1995 and requires the joint preparation of a Children’s Services Plan in respect of each three-year period.

The Scottish Government has launched the [Realigning Children’s Services programme](#) to support local improvement in the commissioning of children’s services. A key feature of this work is “compiling, generating and synthesising the best evidence about the circumstances, characteristics and experiences of children and young people”.

The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), which replaced community health partnerships from statute, provides the basis for the integration of the planning and delivery of health and social care services in Scotland. The Act came into force in 2016 and provides a legislative framework for the integration of health and social care services in Scotland. It places a duty on local authorities and NHS boards to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services, and some hospital services. The Act also allows for the integration of other areas of activity, such as children’s health and social care services. All of the 31 Health and Social Care Partnerships (HSCPs) in place agreed to include a varying range of children’s health services in their integration scheme, while 10 agreed to include children’s social work services.

The Act also established the role of the Care Inspectorate and Healthcare Improvement Scotland in working together to evaluate the effectiveness, and support the improvement, of HSCPs within the new integrated landscape.

The [Community Empowerment \(Scotland\) Act 2015](#), which replaced community planning provisions in the Local Government in Scotland Act 2003, provides a statutory basis for community planning partnerships, placing duties on them around the planning and achievement of local outcomes. There are several other legislative and policy developments underway which continue to, or will, impact on the delivery of services for children and young people. The most significant of these include:

Information sharing

To support the functions of the Children and Young People (Scotland) Act 2014, legislation included provision around information sharing. Following a legal challenge, the Scottish Government sought to clarify information sharing requirements through the introduction of the [Children and Young People \(Information Sharing\) \(Scotland\) Bill](#). The Bill is at Stage 1 in Parliament, with further consideration to follow publication of a draft Code of Practice in the autumn of 2018.

Children's rights

The [Children and Young People \(Scotland\) Act 2014](#) furthers the adoption of children's rights as outlined in the [United Nations Convention on the Rights of the Child](#) (UNCRC) by ensuring that "children's rights properly influence the design and delivery of policies and services" and places new duties on the public sector and increases the powers of the Children and Young People's Commissioner Scotland (CYPCS).

Child protection

[National Guidance for Child Protection in Scotland](#), published in 2014, provides a national framework within which agencies and practitioners – individually and jointly – can understand and agree processes for working together locally to support, promote and safeguard the wellbeing of all children. It sets out expectations for strategic planning of services to protect children and young people and highlights key responsibilities for services and organisations, both individual and shared. It also serves as a resource for practitioners on specific areas of practice and key issues in child protection.

In 2016, the Scottish Government announced a [programme of action](#) to identify where recommendations for sustainable improvements in the child protection system could be made.

Published in 2017, the [Child Protection Improvement Programme Report](#) has nine interconnected work strands delivering the vision for the new system: the Child Protection Systems Review, Neglect, Child Sexual Exploitation, Child Trafficking, Child Internet Safety, Children's Hearings, Inspections, Leadership and Data and Evidence.

The section on 'Inspections' sets out actions which are directing the design and delivery of future joint inspections of services for children and young people, with a focus on the experiences and outcomes of the most vulnerable.

A [review of formal child protection systems](#), including Initial and Significant Case Reviews, Child Protection Committees, and the Child Protection Register and case conferences, makes 12 recommendations across three thematic areas: Leadership, Governance and Accountability; Developing a Learning Culture; and Shared Values.

Also under development is an independent Child Death Review system, which will review all child deaths in a multi-agency forum, with an emphasis on learning.

Child Sexual Exploitation

Preceding and now working in parallel with the Child Protection Improvement Plan, the Scottish Government's [National Action Plan to tackle Child Sexual Exploitation \(CSE\)](#) is currently being implemented.

The Action Plan was developed with specific areas of focus for tackling CSE: prevention of abuse (with specific measures for dealing with particularly vulnerable children), disruption and prosecution of offenders through legislation and supporting children and young people affected by CSE.

One of the actions in the original plan saw CSE included as a theme in joint inspections of children's services. Information on how community planning partnerships are working to prevent and reduce risks to children and young people from CSE was included in [Joint inspections of services for children and young people: A report on the findings of inspections 2014-16](#).

The most recent progress report, published by Scottish Government in [March 2017](#) to cover 2016-17, states that the Care Inspectorate has been "instrumental in demonstrating progress" against the second of the outcomes above, "reporting on emerging themes in relation to CSE from children's services inspections in the last 12-18 months and this crucial information is helping to inform future service planning and delivery". The intention is to follow this report with one in March 2018 for progress against 2017/18, with a final 2018/19 report in March 2019 which will include recommendations for future action.

Child Abuse Inquiry

A [statutory public inquiry](#) to examine historical cases of abuse of children in care in Scotland was established on 1 October 2015. The Scottish Child Abuse Inquiry's scope includes the abuse of children in care wherever that occurred. The Inquiry must report its conclusions to Scottish Ministers within four years of its establishment.

Looked after children and residential care

An independent review of the care system in Scotland was [launched](#) in 2017 to examine the underpinning legislation, practices, culture and ethos of the care system. The review will be driven and shaped by the evidence of care experienced young people and proposes changes to the care system that will improve outcomes and quality of life for young people.

While the care review will propose changes to the care system, a number of recent reforms affecting looked after children and young people introduced by the Children and Young People (Scotland) Act 2014, are still in their infancy. The new methodology for joint strategic inspections of services for children and young people, led by the Care Inspectorate, will focus on the most vulnerable children and young people, including those who are looked after and those for whom public bodies assume corporate parenting responsibilities.

Mental health

The Scottish Government published its new 10-year [Mental Health Strategy](#), 2017- 2027. The Strategy contains 40 actions guided by an ambition “that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”. According to the Scottish Government, that means working to improve prevention, early intervention, and physical wellbeing; access to treatment, and joined up accessible services; rights, information use, and planning. The Strategy covers the mental health of children and young people, including child and adolescent mental health services (CAMHS).

Secure care

As outlined in the Scottish Government’s Programme for Government, a Secure Care Strategic Board has been established to lead the development of a strategic approach to responses to children and young people in, and on the edges of, secure care in Scotland. The Board will provide a clear set of strategic proposals and a recommended approach to commissioning which fulfils medium and longer term expectations and projections in relation to the use of secure care.

Fostering

In December 2012, the Scottish Government set up an independently chaired national review of foster care, assessing a range of potential reforms. [The final report](#) was published in December 2013, with a range of recommendations. Five [foster placement descriptors](#), along with explanatory notes, were agreed and the Care Inspectorate incorporated these into annual returns in 2016/17. [An amendment](#) to The Looked after Children (Scotland) Regulations to introduce a maximum foster care placement limit of three unrelated children has been introduced.

The Scottish Social Services Council (SSSC) has published a [Standard for Foster Care](#) which sets out learning for foster carers in their role. The Scottish Government will consider options for implementation of the new Standard in the context of the Independent Care Review. An expert group will then be established to consider a cost analysis and agree a realistic plan and timeframe for foster care providers to implement this into practice.

Self-directed Support

The [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#), came into force on 1 April 2014. Self-directed Support is designed to ensure people in receipt of care services are given a range of options and greater choice and control over how their social care is delivered, beyond just direct payments.

Self-directed support applies to all those in receipt of care services, including children and young people.

The Carers Act

The [Carers \(Scotland\) Act 2016](#) came into force on 1 April 2018. The Act makes a range of provisions aimed at improving support for carers and young carers and will impact on the ways in which local authorities and NHS boards design, promote, deliver and develop services for carers, including young carers. A formal carers' charter ([in draft](#) at the time of writing) will set out the rights of carers under the Act. The Act also supports provision for the Care Inspectorate to carry out inspections of services provided or procured by local authorities and partnerships in order to meet requirements in the legislation.

Safe and effective staffing

The Scottish Government is currently developing new legislation to introduce nationally agreed, evidence-based workload and workforce planning methodologies and tools to apply across both health and social care and build on existing mechanisms for improving integration. Legislation may introduce overarching principles to health boards and social care providers who will be required to take these into account in relation to their workforce planning activities for all staff groups.

Health and Social Care Standards

The Scottish Government published [Health and Social Care Standards: My Support, My Life](#) in June 2017. The new Standards set out what people should expect when using health, social care or social work services in Scotland. They seek to support better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the human rights to which everyone is entitled, are upheld.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. Unlike the previous standards, which related only to regulated care services, the new standards are relevant across planning, assessment, commissioning and delivery, in a wide range of sectors.

Some of the standards relate directly to children and will be taken into account in future inspections. They are designed to support strategic inspection and the way services are planned, commissioned and delivered. It is the Care Inspectorate's expectation that the new standards will be used by services and partnerships from April 2018, and the intention that they will be used in scrutiny decisions and improvement interventions.

Glossary of terms

Attainment Challenge

The Scottish Attainment Challenge is about achieving equity in educational outcomes, with a particular focus on closing the poverty-related attainment gap. Equity can be achieved by ensuring every child has the same opportunity to succeed. The Scottish Attainment Challenge will support schools and local authorities to focus on and accelerate targeted improvement activity in literacy, numeracy, and health and wellbeing. It will also support and complement the broader range of initiatives and programmes to ensure that all of Scotland's children and young people reach their full potential.

Chief officers group

Local Police Commanders and Chief Executives of Health Boards and Local Authorities constitute a partnership's chief officers group. They are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector. Chief Officers across Scotland are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees. Chief Officers are responsible for overseeing the commissioning of all child protection services and are accountable for this work and its effectiveness. They are individually responsible for promoting child protection across all areas of their individual services and agencies, thus ensuring a corporate approach. This responsibility applies equally to the public, private and third sectors.

Children and Young People's Services Plan/Children's services plan (CSP)

The Children and Young People's Services Plan is a strategic plan for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

Child's Plan

The Child's Plan specifies the desired outcomes derived from any assessments and the actions necessary to enhance and support an individual child's wellbeing.

Child Protection Committee

The Child Protection Committee brings together all the organisations involved in protecting children in the area. The Committee's purpose is to make sure local services work together to protect children from abuse and keep them safe.

Community Planning Partnership (CPP)

There is a Community Planning Partnership established in each local authority area. The partnership works together at the strategic level to plan and deliver services to the local community. It is formed from representatives from key agencies and organisations from the public, private and third sectors.

Early Years' Collaborative

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

European Foundation for Quality Management (EFQM)

The EFQM model is a framework which supports organisations to evaluate their effectiveness against a framework for excellence.

Getting it Right for Every Child (GIRFEC)

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

IRD

An Inter-agency Referral Discussion or Initial Referral Discussion (IRD) is a discussion between two or more services/agencies, following a referral where a child or young person is believed to be at risk of harm or abuse. The IRD is the first stage in the process of joint child protection assessment. It is a process whereby all agencies come together to share information, assess evidence and make decisions relevant to that child or young person. The process also considers any siblings or other children or young people or relevant adult closely linked to the child in question. An IRD is not necessarily a single event but can be a series of ongoing events and discussions.

Pro-social modelling

Pro-social modelling refers to the way in which social workers, or others who sometimes work with individuals using services who would not necessarily wish to consult with, model pro-social values and behaviours in their interactions with them.

Rights Respecting Schools

UNICEF promotes the Rights Respecting Schools Award which recognises a school's achievement in putting the United Nations Convention on the Rights of the Child into practice within the school and beyond.

Self-directed support

Self-directed support is the support a person purchases or arranges in order 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.

Single Outcome Agreement

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

Stakeholders

For the purpose of this report, a stakeholder is anyone with an interest in the work of services for children and young people. Stakeholders are individuals, groups or organisations which are affected by, or which influence, this activity.

Strategic needs assessment

A strategic needs assessment is a plan developed at a strategic level which analyses the current and future area demographic in order to plan, commission and deliver services relevant to area need.

Team around the child meeting

A team around the child meeting (sometimes referred to as a 'network of support') is a single planning process involving two or more agencies to establish or review a child's plan, with the child at the centre of that planning process.

Third Sector

We use the term 'third sector' in this report to mean the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Wellbeing/wellbeing indicators

See GIRFEC.

Whole Systems Approach

Whole System Approach is the Scottish Government's programme for addressing the needs of young people involved in offending. It involves services working together with the aim of diverting young people who offend from statutory measures, prosecution and custody through the use of early intervention and robust community initiatives.

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