



**care**  
inspectorate

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

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

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	<b>Page</b>
<b>Contents</b>	
<b>Introduction</b>	<b>3</b>
<b>Key facts</b>	<b>5</b>
<b>Key messages</b>	<b>7</b>
<b>Statement 1: Children and young people are safer because risks have been identified early and responded to effectively</b>	<b>8</b>
<b>Statement 2: Children and young people’s lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm</b>	<b>13</b>
<b>Statement 3: Children and young people and families are meaningfully and appropriately involved in decisions about their lives and influence service planning, delivery and improvement</b>	<b>17</b>
<b>Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery</b>	<b>21</b>
<b>Conclusion</b>	<b>26</b>
<b>What happens next</b>	<b>26</b>
<b>Appendix 1: The quality indicator framework and the six-point evaluation scale</b>	<b>27</b>
<b>Appendix 2: Key terms</b>	<b>29</b>

## Introduction

### Our remit

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

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

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

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

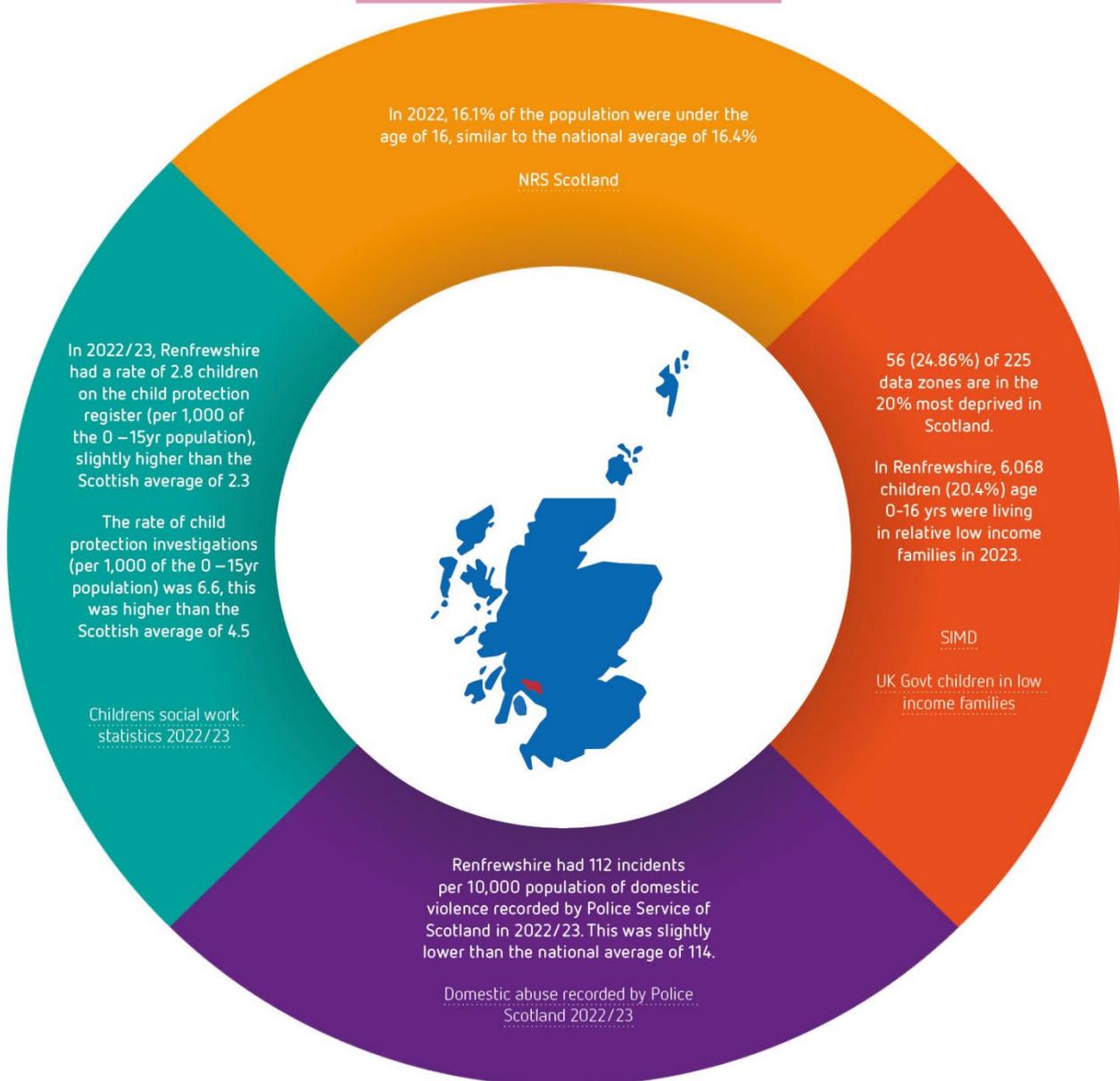
### The terms that we use in this report

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

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

Key facts

**Total population:  
184,340 people  
on 30 June 2022**  
This is an increase 1.0% from 182,560 in 2021. Over the same period, the population of Scotland decreased by 0.5%.  
NRS Scotland



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

## **Our approach**

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland, as well as associate assessors. Associate assessors are professionals with significant practice or management experience in children's services who bring up-to-date knowledge to joint inspections. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

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

## **How we conducted this inspection**

The joint inspection of services for children at risk of harm in the Renfrewshire community planning partnership area took place between 8 April 2024 and 18 September 2024. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 49 children and young people and 47 parents and carers. This included face to face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 558 responses from staff working in a range of services.
- We met with approximately 253 staff who work directly with children, young people and families.
- We met with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

We are very grateful to everyone who talked to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in Renfrewshire who may be at risk of harm.

## Key messages

- Early help and prevention practices were improving the safety of children and young people. Dedicated staff were committed to working to address issues before they escalated.
- Partners were responding to protective concerns. Inter-agency referral discussions were the mechanism for the consideration of all protection concerns.
- Children and young people at risk of harm were benefitting from supportive and caring relationships with staff. They were confident that their views were heard, and they felt listened to.
- A range of initiatives were starting to help improve children and young people's mental health and wellbeing.
- Children, young people, parents, and carers' views were routinely considered and informed decisions about their daily life.
- Independent advocacy services were well established and close collaboration between advocacy and other staff ensured children were successfully supported as early as possible.
- Senior leaders maintained effective strategic oversight of services for children and young people at risk of harm. This oversight was supported by clear governance frameworks.
- There was a well-developed collaborative culture and staff, managers, and leaders worked positively together across agencies. Strong relationships and a commitment to keeping children's views central were notable aspects of the partnership's approach.
- The partnership gathered extensive data, which enabled leaders to identify areas for improvement and plan required changes. However, partners had not yet fully established methods to consistently collect and report on the differences services made in the lives of children at risk of harm and their families.

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

### Key messages

- Early help and prevention practices were improving the safety of children and young people.
- Staff were confident in their ability to recognise and report child abuse, neglect and exploitation.
- Partners were responding well to protective concerns. Robust safety planning was in place and inter-agency referral discussions were being used as the mechanism for the consideration of all protection concerns.
- Staff and leaders had embraced new developments, such as the Scottish child interview model and Bairns' Hoose. This had helped staff to build trusting relationships with children and young people and had supported recovery.

### Prevention Strategies and Initiatives

Partners had embedded a community-based, relational approach to protection, grounded in a refreshed **Getting It Right for Every Child (GIRFEC)** strategy and their response to **The Promise**. Leaders across agencies and staff were strongly committed to keeping The Promise by improving services, by providing early help and support for children, young people and families to prevent the need for statutory intervention. A variety of services and preventative strategies had been employed to mitigate risks and enhance the wellbeing of children and young people. Staff reported that the staged intervention framework was helping to target support where it was needed most. This approach, informed by children and parents who disliked how plans were compiled, helped partner agencies to support families more fairly and appropriately. It allowed agencies to identify and address the needs of children and young people at the earliest stage, involving families in the process. The aim was to address needs through a single agency, with one professional leading the care plan. This approach relied on the belief that the practitioner who knew the child best, working with the parent, provided the best initial support. Only when needs became more complex were additional agencies or professionals brought into the plan.

Around one in five children in Renfrewshire were living in poverty. This was below the national rate but was rising faster than the overall Scottish picture. Work had been undertaken to identify and address the impact of poverty on families within

specific communities. Examples of support included funding free breakfast clubs and the piloting of a "Thrive under 5" programme targeting families with young children. In this pilot, welfare advice and support was provided alongside material assistance and activities such as cooking classes. While the full impact of the changes being made was not yet known, attainment was rising faster for children and young people in the 20% most deprived areas than for their peers in the six least deprived.

The partnership's 'Whole family wellbeing' approach involving the collaborative effort of statutory, national, and local third sector partners such as **HomeStart** and the **STAR Project** had significantly enhanced early help and support for the wellbeing of families. The approach allowed families to make direct requests for assistance, requiring only one application to access the full range of support services. This streamlined process ensured that families needed to "only tell your story once." The approach was supported by an online platform designed to be linked with Ren10, a similar initiative providing access to emotional and wellbeing supports. This integration was helping to realise the aim to create a seamless support experience for families in need.

An early help pilot delivered by Barnardo's was helping to provide community based support for families at the point of crisis, reducing the need for statutory and protective processes for children and young people. The service featured a 12-week intervention based on a family wellbeing assessment and successfully mitigated risks for most participants. Out of 156 families referred to the service, only six required further social work follow-up.

### Practice example

#### Community based approaches to safety - Street Stuff

The pro-active approach taken by the partnership was helping to keep children and young people at risk of harm safe in the community. Effective co-ordination was undertaken by partners to gather local intelligence and deliver a network of community-based supports.

An example of this was Street Stuff, a statutory and third sector partnership based at St Mirren Football Club. Their activity-based support in schools and communities was making a positive difference in the lives of children and young people. Street Stuff activity had become part of the school curriculum, with work contributing to awards such as Duke of Edinburgh's Award. The Street Stuff team became known to children and young people as part of primary six school visits to St Mirren. This early introduction helped to build trust and develop relationships, whilst encouraging the uptake of activities in the community. A range of weekend, evening and school holiday activities were offered. Support was mobile and included youth buses equipped with Wi-Fi and games consoles etc travelling to local communities. The team worked with statutory partners to share information and target outreach. They have been able to engage with and support the protection of children and young people at risk from gang affiliation, knife crime and other forms of violence and exploitation.

## Recognition and initial response to concerns

Staff were confident in their ability to recognise and report child abuse, neglect and exploitation. In all records we read, concerns were shared with police or social work without delay. Equally, staff were confident that local child protection arrangements supported effective and timely reports of child abuse, neglect and exploitation. Our review of records reflected the quality of the immediate response to concerns which were rated as good or better in most cases, with clear decisions made about next steps.

Leaders had ensured that child protection training content was current and included insights from local and national learning reviews. For example, child protection training for adult services staff had been enhanced to emphasise identifying and managing risks within families. The partnership had undertaken training and awareness raising initiatives to support staff across different agencies to identify risk. This included staff working in culture and leisure services (OneRen). This meant that staff working in community-based services held the required awareness to respond and report protection concerns. We heard examples of the positive impact when young people were responded to appropriately by staff they held relationships

with. Almost all staff surveyed agreed the learning and training in which they had participated increased their confidence and skills in working with children and young people at risk of harm.

Through their multi-disciplinary pre-birth pathway, the partnership identified and provided support to vulnerable expectant parents. Positive coordination and linkage with early years health and care services was helping young children to be cared for safely within their families.

Protective arrangements for older young people at risk of harm included **Care and Risk Management (CARM)** approaches. Improvements had been made in the identification and response to risks affecting young people reported missing. This was particularly evident in relation to young people looked after in the residential care setting, where strengthened communication and proportionate risk-based responses had helped to improve relationships and target support. The Barnardo's Safer Choices project was providing support for young people who had gone missing. The service undertook return home discussions with young people to offer support and help understand the reasons for the missing episode and any actions necessary to prevent this from happening again. We heard examples where depending on the needs of the young person, the return home discussion led to more in-depth one-to-one work.

### **Interagency Referral Discussions (IRD)**

**Interagency referral discussions (IRDs)** were used as the mechanism for considering all protection concerns for children and young people at risk of harm. IRDs were routinely happening within expected timescales. In almost all records we reviewed, appropriate information sharing took place, and clear decisions about next steps were made. In all instances, interim safety planning occurred.

Multi-agency staff worked well together to make decisions and plan responses through the IRD process. Education staff, including staff from early learning, were routinely involved in IRDs alongside colleagues from police, social work and health services. This helpfully informed assessments and decision-making. When appropriate, staff from the **Scottish Child Interview Model (SCIM)** team also participated in the IRD process and this had helped staff to share information and plan investigations.

When an IRD identified protection concerns arising from risks in the community, additional coordination and action were explored using the partnership's Vulnerable Young Person's (VYP) process. A multi-agency group of senior managers met regularly as part of the VYP process to support risk assessment and safety planning for young people at risk of harm in the community, including those at risk of exploitation and repeatedly going missing. Alongside individual care and protection planning, the VYP approach provided a comprehensive view across the partnership to help identify patterns and trends in harm. This collaborative method helped to mobilise multi-agency community responses to protect young people. We heard staff describe the benefits of the well-coordinated approach between services,

successfully determining which services were best positioned to support young people at risk of harm.

The partnership had implemented a framework for conducting multi-agency IRD audit activities, which informed and enhanced the quality of child protection practice. Partners recognised there would be benefit in extending the audits to examine concerns falling below the IRD threshold. Equally, expanding the sample size or increasing the frequency of reviews, may aid the identification of broader themes and heighten assurance.

## Investigations

We found investigations were conducted promptly, within expected timescales and included the views of both children and parents or carers. Survey responses showed that most parents or carers felt staff responded quickly when concerns were initially raised.

As a member of the **North Strathclyde Partnership**, the partnership had implemented the SCIM approach. Notably all joint investigative interviews were conducted by the SCIM team, emphasising the inclusion of the child's voice throughout the process. Investigations were guided by the child's pace, with no fixed timescale imposed. Children benefited from recovery support, which promoted trusting relationships with the investigative team. This support was evident in both positive feedback and the high level of disclosure rates. Approximately 80% of children and young people interviewed made a clear disclosure. Additionally, staff noted confidence that the SCIM approach led to higher quality interviews. As part of the North Strathclyde partnership, and in collaboration with Children 1st, the Bairns' Hoose approach was introduced in Renfrewshire. Opened in August 2023, the aim of Bairns' Hoose was to unify investigations, recovery, and access to health and justice services under one roof. We found the development of this initiative was heavily informed by the voices of children and young people. Notably the Bairns' Hoose initiative had extended its focus, initially focused on embedding the SCIM approach and recovery support, however, recently, it also started using a live link facility for providing evidence in court, enhancing support for affected children.

## Impact of identification and response to concerns

Children and young people were safer due to the identification and response to safety concerns. Feedback from children, young people, parents, and carers confirmed that they felt children and young people were supported to stay safe or become safer. Our record reading evidenced that, for most children in our sample, the risk of harm had reduced due to the support provided. Additionally, the follow-up response to concerns was good or better in most of the records reviewed. Staff consistently considered the need for safety planning, medical examinations, and legal measures in almost all cases. Furthermore, most parents who responded to our survey reported that their children were safer because of the support they received.

When we spoke with children, families, and staff they provided examples demonstrating how the safety of children and young people had improved.

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

**Key messages:**

- Children and young people at risk of harm were benefitting from supportive and caring relationships with staff. They were confident that their views were heard, and they felt listened to.
- Children, young people and their families were benefitting from well-established assessment and planning approaches. Assessments and plans were routinely completed and reviewed. The quality of the chronologies was variable.
- Staff were using whole-family and strength-based approaches to support children and young people. Specialist and targeted services were helping children and young people recover from abuse and neglect and reduce further risk, but this was not always readily available.
- A range of initiatives were starting to help improve children and young people's mental health and wellbeing.

**Assessment, Planning, and Reviewing**

Staff we spoke with were confident that the partnerships' refresh of GIRFEC helped them to have a positive impact on the lives of children and young people at risk of harm. Survey results mirrored these sentiments, most staff agreed the GIRFEC approach had enhanced their ability to meet children's needs. Additionally, staff felt confident in their knowledge, skills, and ability to assess the risks and needs of the children and young people they worked with.

Almost all the records we read contained an assessment of risk and need along with a corresponding plan. These routinely included input from children, young people, and their parents or carers. The standard of assessments and plans was rated between good and very good.

While there were several chronologies rated as good or better, the majority were evaluated as adequate, with a few considered weak. Recognising the significance of high-quality multi-agency chronologies in informing comprehensive assessments of need and risk, the partnership had identified this as a key area for improvement.

We found appropriate levels of partnership working among staff from relevant services, including adult services and the third sector. Staff met regularly to review and monitor the progress of plans aimed at managing risks and improving the wellbeing of children and young people at risk of harm. This team-around-the-child approach provided a helpful multi-agency mechanism for planning and reviewing the progress of the child's plan. Staff expressed considerable enthusiasm about the perceived benefits of these meetings.

Multi-agency arrangements, such as the vulnerable young people's group, enabled a deeper understanding of the nature of risk and supported collaborative decision-making. We found these meetings promoted extensive networking, which in turn led to earlier identification of risks within the community. As a result, risks were better understood, and partners collectively addressed them to further protect children and young people at risk of harm.

The quality of reviews evaluated as good or better in most of the records read. Managers with responsibility for reviews and key staff provided strong support to children and young people both before and during planning meetings. This ensured that the young people understood why services were involved with their families and what would be discussed in the meetings. Children and young people were encouraged to share their views by key staff. This active participation helped to ensure that the young people's voices were heard and considered in the decision-making process.

Decisions were made about the next steps, and relevant information was shared appropriately among involved parties. Formal child protection plans and planning processes for children on the child protection register were well embedded and functioning well.

### **Quality of Relationships**

Children and young people at risk of harm, along with their families, benefited from trusting relationships with staff who invested time in getting to know them. This was evident in the staff's success in involving children and young people in assessment, planning, and review processes. Our evaluation of records confirmed that the quality of these relationships was good or better in most cases. For almost all children and young people regular contact with key staff was maintained, an essential factor in promoting strong, supportive relationships. Staff across services demonstrated an understanding of the importance of dedicating time to build these connections. Parents shared examples of staff positively impacting their family's life, appreciating their dedication and the improvements brought about by their support. While some children and young people had mixed views about the quality and authenticity of their relationships with staff most emphasised that nurturing relationships with staff made a positive difference. One young person commented that the staff saw them and related to them as a person rather than as a problem to be fixed. Similar sentiments were echoed by other young people, who felt staff genuinely wanted the best for them and treated them with respect. Despite helping children and young people reflect on and challenge some of their behaviours, these nurturing

relationships were typically compassionate, loving, caring, and often infused with humour.

We found the strategic approach to building staff competence in trauma-informed practice was central to the partnership's drive to providing high-quality support. This approach ensured that children and young people received support from professionals with whom they had developed trusting relationships. The majority of staff surveyed were confident that children and young people were thriving due to nurturing and enduring relationships with their carers and the professionals working with them.

The partnership was building on the successes of their relationship, **strength-based**, and trauma-informed practices across services. This was demonstrated by the introduction of their Renfrewshire-wide nurturing approaches, their language policy, staff training, as well as the range of tools they use to communicate with children of all ages and abilities.

### **Support for Children and Young People**

Schools collaborated through the widespread implementation of Renfrewshire's Nurturing Relationships Approach (RNRA) across the local authority. This initiative supported students to remain in education, promoting positive developmental outcomes. We found the RNRA was instrumental in promoting a nurturing culture in schools, significantly benefiting the wellbeing of pupils. This initiative was supporting young people within the educational setting, reducing external referrals.

The Interrupted Learners' team in partnership with Street Stuff offered flexible opportunities to enhance learning experiences for disengaged children and young people, aiding their return to education by promoting an inclusive educational environment.

Partners were successfully demonstrating a unified approach to targeting key risk areas, such as domestic abuse, substance use, exploitation, and other community risks. Collaborative efforts were helping children and young people at risk of harm to stay safe or become safer through various programmes designed to increase their understanding of self-protection. Programmes like the Young and Equally Safe (YES) group and the Mentors in Violence Prevention (MVP) initiative in schools raised awareness of domestic abuse through training and peer mentoring. These initiatives were educating young people, to recognise and respond to risks in their environments. **The Children Experiencing Domestic Abuse Recovery (CEDAR)** project, provided therapeutic programmes for children and their mothers who had experienced domestic abuse. This project created a safe space for children and their mothers to find the best strategies to deal with their experiences and rebuild their lives. CEDAR staff collaborated with colleagues from the Women and Children First services to maximise opportunities for supporting whole families.

Children and young people at risk of harm were benefiting from a range of purposeful interventions aimed at supporting their recovery from abuse, neglect, and

trauma. Universal, statutory, and third-sector services played a pivotal role in addressing their emotional and psychological needs. Notable interventions included Functional Family Therapy, which offered support for strengthening family bonds and resolving conflicts, and the Let's Introduce Anxiety Management (LIAM) for Children and Young People programme, which provided strategies to manage anxiety. The Safer Choices initiative focused on guiding young people towards safe decision-making paths, while the Safe and Together model emphasised keeping children safe while addressing domestic violence threats. Together, these efforts created a comprehensive support system, promoting resilience and aiding in the recovery of children and young people.

Targeted supports like Non-Violence Resistance (NVR) helped children and young people build healthy relationships and improve self-regulation, creating a safe and supportive environment. Staff shared examples of the positive impact of this approach. They highlighted the improvements in the behaviour and emotional regulation of children and young people. They reported that children were calmer, and issues were resolved faster. Additionally, they noticed better relationships between pupils, as well as between pupils and staff, after implementing NVR.

The partnership's collaborative approach to supporting young people was evident again in the approach adopted by the Renfrewshire's Adolescent Drug and Alcohol Resource (RADAR). This team was supporting young people whose alcohol and drug use was impacting their wellbeing and exposure to increased risk. The team offered intensive support, building on the strengths and talents of young people to facilitate positive change. As an outreach service, RADAR was flexible in engaging with young people, providing both individual and group work support.

The RADAR team collaborated closely with the Whole Systems team to support young people who might also be involved in Early Effective Intervention or Diversion from Prosecution processes. We heard young people who once received support from RADAR and the Whole Systems team continued to visit 'the Hub' for a chat, attend the Friday lunch club, or utilise the washing machine and provisions, indicating the significant positive impact these services had on their lives.

Staff across services worked creatively, ensuring a comprehensive support network, to meet the needs of children and young people at risk of harm. The majority of staff surveyed shared confidence that their services had improved the wellbeing and life chances of children and young people.

## **Mental Health and Wellbeing Support**

Staff surveyed recognised improvements in the physical wellbeing of children and young people, however concern remained regarding their emotional and mental health. The partnership acknowledged the need to enhance services supporting emotional wellbeing and mental health. The **child and adolescent mental health services (CAMHS)** education advisor had implemented standardised referral pathways, facilitating timely and appropriate support, and early feedback indicated this was helpful. These measures also extended valuable assistance to families with children and young people on CAMHS waitlists, ensuring a more comprehensive approach to mental health care.

Overall, we found strengths in the variety and consistency of universal support across the partnership. Effective signposting to other specialist services was ensured when necessary. Education staff were trained in various approaches to support children and young people impacted by mental health issues. Training included: Applied Suicide Intervention (ASIST), Self-Harm Prevention, Cognitive Behavioural Therapy (CBT) Approaches, and Non-Violent Resistance (NVR) for distressed children.

Some schools have counsellors, and school nurses who deliver LIAM. The REN10 website was developed to enable children and families to request help if feeling overwhelmed. It offered signposting to various early help services related to mental health and wellbeing.

Children and young people who used the **Exchange** counselling service reported feeling better after receiving support, expressing an increased capacity to manage their problems and emotions. It was evident that the partnership recognised and made efforts to reduce CAMHS waiting times and provided support through trained education staff and online resources. However, we heard that some children and young people were still having to wait too long for support to help them recover from abuse and neglect. Continued efforts were necessary to enhance emotional and mental health services for all children and young people.

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

#### **Key messages:**

- Children, young people, parents and carers' views were routinely considered and informed decisions about their daily life.
- Independent advocacy services were well established. Close working between advocacy and other staff ensured children were supported as early as possible.
- Partners had made significant efforts to engage with children and young people to influence strategic planning and development.
- The partnership recognised the need to better capture the views and experiences from those using the services. While information was routinely collected on a single agency basis, they recognised the need for a unified strategy to strengthen their collective planning and service delivery

## The involvement of children, young people and families in decisions about their lives

Children and young people were included in decisions about their lives. The majority of staff surveyed agreed that children and young people at risk of harm participated meaningfully in decisions affecting their lives and had their views respected. Our review of children's records showed that almost all children's views were taken into account during child protection investigations. Additionally, initial multi-agency meetings involved the child and parents and carers in almost all records reviewed, and staff expressed confidence that children and families were actively involved in shaping plans.

Most children and parents and carers confirmed that they had been listened to, heard, and involved in decisions about their lives. We found the partnership had recognised the need to amplify children's voices and had developed pathways to achieve this. Notable initiatives included the Renfrewshire **Child Protection Committee (RCPC)** sub-group 'Voice' and efforts by educational psychologists to capture the voices of the under-fives. Furthermore, this focus positively extended into staff training on accurately recording children's views. The SCIM team ensured that the child's voice was integral throughout the investigation, proceeding at the child's pace and recording the child's language and vocabulary, not the staff members interpretation.

Most children and parents had been kept well-informed by staff and understood the reasons for their involvement. They provided examples of supportive staff across the partnership, including those from third sector services. The embedding of children's rights within the partnership had been well established, and recent efforts related to the **United Nations Convention on the Rights of the Child (UNCRC)** had further reinforced this commitment. Work in schools had been ongoing to make children and young people aware of their rights. The children and young people we heard from stated that they understood their rights and that staff respected them. Children and young people involved with Youth Services collaborated to produce a film, working with commissioned animators to create a child-friendly animation that served as a companion piece to the Introductory Guidance on UNCRC. This project reflected young people's participation in enhancing the understanding of rights for others. Unaccompanied asylum-seeking young people told us they benefitted from the support provided by the partnership. The support of the long-standing specialist Unaccompanied Asylum-Seeking Children (UASC) team notably considered all their needs and sought to explore their views and wishes, including recognising their cultural beliefs and celebrations.

### Practice example

The Unaccompanied Asylum-Seeking Children (UASC) Team, established in 2017, significantly increased the safety and wellbeing of young people at risk of exploitation. Consistent staffing facilitated the development of expertise, positively impacting the young people engaged with the service. The team's responsive approach fostered trust and sustained relationships, ensuring all UASC held Section 25 Looked After Child status (Children (Scotland) Act 1995), a strategic decision in Renfrewshire to offer substantial opportunities to these young people.

The UASC Team adopted a rights-based approach, prioritising the young person's views from the outset. They remained vigilant about the risk of re-trafficking and were proud that no re-trafficking incidents had occurred, attributing this success to their focused commitment and responsive support.

Strategic support and careful planning enhanced the team's effectiveness. Co-location at the Hub with the throughcare and aftercare and whole systems teams facilitated collaborative interventions across various aspects of young people's lives.

Discussions with young people highlighted the positive impact of the relationships and trust formed with staff. Many gained refugee status and secured college placements or employment. The young people consistently identified the Hub and its staff as their main support, expressing sentiments like, "We like it here; the staff always help us, they know us all."

### Independent advocacy

Independent advocacy services were well established, with Barnardo's and Who Cares? (Scotland) providing support for care experienced children, including those in kinship care, and children involved in protective processes. For children and young people involved in Bairns' Hoose, Children 1<sup>st</sup> provided additional support to help them understand and have their rights upheld. The close working arrangement between these services ensured that children received support as early as possible. These organisations regularly reported on their work, informed by the views of the children and young people they supported. Overall, we heard from children and young people that they had a key person who helped them express their views and share their experiences.

## Publicly available online information

Our young inspection volunteers found that information about children's services was easily accessible on the wider council website. Internet-based advice and support on rights, safety, and protection were clear and understandable for children and young people. The Ren 10 website was highlighted as helpful, informative, and engaging. While the Renfrewshire Children's Services Partnership Plan included messages for children and young people, the partnership recognised that creating a children's version would enhance accessibility for children and young people.

## The Influence of children, young people, and families on service planning, delivery, and improvement

We found partners had made significant efforts to engage with children and young people to influence strategic service planning, delivery, and improvements. However, evidence of parental involvement was less prevalent. Youth Services had an appropriate platform for involving children and young people. They routinely invited young people to participate in service design, and practitioners spoke of the various ways that statutory and third sector partners worked to ensure that the views of families informed service improvements.

Changemakers, composed of children and young people with experience of child protection investigations, had worked with Children 1st and played a key role in influencing and developing practice. They were involved in the design of the Bairns' Hoose and ensured that the experiences of children were communicated to senior leaders. We found their efforts also impacted service development and policy on both local and national levels.

Schools had developed individual pathways to improve elements such as school attendance and extreme behaviours. The nurturing relationships approach was highlighted as particularly engaging for children and young people. Additionally, the "I Am Me" teaching resources were interactive and co-produced with children and young people, thus promoting a more impactful and engaging learning experience. The **Promise Ambassador** supported activities with small groups of parents who had undergone the child protection process, resulting in changes to how meetings were recorded, care plans compiled, and the tone of meetings. These changes emphasised the partnership's relationship based and trauma-informed approach. Although data was not formally collated, there was a consensus that these changes were due to the implementation of a more relational and trauma-informed approach to meetings for children and young people.

The partnership knew themselves well and identified the ongoing work and the improvements needed. They had strong foundations in gathering children's voices, but aimed to enhance this process, especially for children with additional support needs and younger children. The previously mentioned RCPC subgroup Voice was identified as a way to address this. Professionals recognised they had listened to young people but were sometimes unsure about the actions taken in response. Leaders recognised the need to better capture service users' voices, including

adults, acknowledging strong individual partner efforts but lacking collective coherence. This indicated the partnership had a priority lens on participation.

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

### Key Messages

- The partnership's vision, values, and aims were well-understood and embraced by staff across all partner agencies, including the third sector. Leaders were highly visible, communicated regularly, and maintained a clear vision for service delivery and improvement for children and young people at risk of harm.
- Senior leaders demonstrated effective strategic oversight of services for children and young people at risk of harm. This oversight was enabled by the implementation of clear and structured governance frameworks.
- A collaborative culture was evident as staff, managers, and leaders worked positively together across agencies.
- The partnership gathers extensive data, which has enabled leaders to identify areas for improvement and plan required changes. However, partners have not yet fully established methods to consistently collect and report on the differences services make in the lives of children at risk of harm and their families.

### Vision values, and aims

Renfrewshire's Children's Services Partnership (RCSP) had a vision that was well-understood and embraced by all partner agencies, including the third sector. Central to the RCSP plan was the unified vision: "Renfrewshire's children are happy, healthy, safe, and thriving." This vision, supported by a strategic needs assessment, outlined four key outcomes for children and young people: That children will enjoy good physical and mental health; be safe and loved; have their rights protected and their voices heard; achieve and make positive contributions to their community. These objectives aligned with national policies, including the UNCRC and the drive to Keeping the Promise.

All partners demonstrated a strong commitment to protecting children, young people and their families. Most staff who responded to our survey expressed confidence in the visibility and vision of leaders. They agreed that leaders communicated regularly and maintained a clear vision for service delivery and improvement for children and

young people at risk of harm. Staff also recognised leaders' awareness of the quality of front-line work.

### **Leadership of strategy and direction**

Leaders demonstrated a clear understanding of the evolving needs of Renfrewshire's growing population. Through collaborative efforts, they had planned and directed services for children and young people at risk of harm and their families. Strategic planning was tailored to the unique demographics and requirements of the community. Individual services were being shaped by direct feedback, experiences, and views from the people they supported, although a collective partnership approach had not yet been established.

Senior leaders demonstrated strategic oversight of services for children and young people at risk of harm. This oversight was enabled by the implementation of clear and structured governance frameworks. The children's services planning board played a central role in governance and maintained strong connections with children's services planning groups, ensuring a cohesive approach. We found the inclusion of third sector representation in these groups added valuable perspectives and resources, enhancing the collaborative effort to safeguard children and young people. The governance and accountability arrangements were well defined and interconnected, enabling clear lines of responsibility and decision-making processes. The collaboration between committees and planning groups, such as the Renfrewshire Child Protection Committee (RCPC), **Chief Officer's Group (COG)**, Renfrewshire's **Member Officer Group (MOG)**, and various boards, facilitated comprehensive strategic oversight. A unified approach to child protection, combined with governance and strategic oversight, ensured better protection and support for children and young people at risk of harm.

Partners had appropriately focused work on the implementation of the 2021 **National Guidance for Child Protection** in Scotland. Independent consultants, jointly appointed by Renfrewshire and neighbouring local authorities, delivered a final draft of the local procedures in late June 2023. Further updates were made to ensure these procedures reflected practices in Renfrewshire before publication. The partnership received national recognition for their activity around the implementation. Notable advancements included:

- inclusion of education in the IRD process
- production of child protection guidance notes for Inter-agency Referral Discussions (IRDs) focusing on older young people
- development of policies to keep siblings together
- formation of a short-life working group to address community sports issues, following a national report on historical sexual abuse in football.

We found the refresh of the local GIRFEC guidance and introduction of a staged intervention framework was helping staff to target support and maintain families in their communities. This effort benefitted from the close working relationships across

the partnership which enabled them to embed their common language and approach to GIRFEC with direct oversight provided by the RCPC.

The majority of staff who completed our survey agreed where strategic changes and developments had been implemented, these had led to improved outcomes for children and young people at risk of harm. Most staff agreed they felt optimistic about their ability to overcome barriers to achieving the best outcomes for the children and young people they support.

### **Leadership of people and partnerships**

Almost all staff surveyed were proud of their contributions to improving the wellbeing of children and young people at risk of harm and their families. We found leaders' intentional investment in relationships provided a collaborative culture where staff, managers, and leaders worked positively together across agencies. Staff had access to the wellbeing hub and benefitted from open discussions about self-care, while appropriate check-ins by managers emphasised the importance of addressing vicarious trauma.

Leaders established conditions that supported committed staff in their work with children and families. Numerous examples highlighted collaborative efforts supported by managers and strategic leaders, resulting in positive impacts on children and young people's lives. Staff felt well supported and understood the expected standards of practice. Almost all surveyed reported receiving regular supervision or opportunities to speak with a line manager, which supported and challenged them to achieve high standards of practice.

Learning and development opportunities had increased staff confidence and competence in working with children and young people at risk of harm. Most staff agreed that participating in local multi-agency training and development opportunities strengthened their contributions to joint working with children at risk of harm. The learning and development subgroups of the RCPC and Adult Protection Committee incorporated experiences, views, and lessons from the pandemic and learning reviews to further develop trauma responsive practices.

In general, leaders listened to and respected staff, and staff felt valued for the work they did. They were proud of their contribution to improving the wellbeing of children and young people at risk of harm and their families. The collective sense of ownership among leaders, coupled with significant stability at senior leadership level enabled the partnership to maintain its positive culture in light of more recent senior staff movement.

### **Evidence of improvement and change**

The partnership demonstrated robust multi-agency arrangements to identify and protect children at risk of harm, addressing extra-familial risks at their source. By utilising local knowledge, agencies mapped patterns of risk and proactively addressed issues at their emergent stage. The collaborative gathering and sharing

of data significantly enhanced community-responsive activities, with examples illustrating a positive impact on children and young people at risk of harm. Post-Covid-19 pandemic internal reviews revealed key areas for practice improvement. Emphasising strengthened early intervention, prevention, and enhanced scrutiny and accountability, significant developments had been progressed. Leaders actively engaged with staff and effectively communicated progress, which promoted positivity and commitment to the redesign of children and families social work services.

In collaboration, statutory and third sector partners had developed and launched the Ren10 resource. This had followed the Covid-19 pandemic, which saw a significant rise in mental health concerns among children and young people. This initiative provided streamlined pathways to mental health and wellbeing resources, leading to the subsequent development of a comprehensive package of child and family wellbeing resources.

Aligned with children's services priorities, the focus on children's rights ensured that children and young people were informed about their rights through comprehensive efforts by the partner agencies. For those at risk of harm, staff across statutory and voluntary children's services provided crucial support to help them understand their rights.

Partners were gathering extensive data, particularly through the child protection minimum dataset, single agency audits, learning from learning reviews, and various quality assurance activities. These efforts enabled leaders to identify areas for improvement and plan required changes. Some services had started collecting data on impact and outcomes, and a revised framework had recently been introduced to strengthen their approach. However, the partnership was not yet consistently using feedback and other mechanisms to understand the impact of interventions on the lives of children and young people at risk of harm and their families. The RCPC subgroup, Voice, had been developed to ensure leaders had a coordinated approach however, it was too early to report findings.

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

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

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

### Evaluation of quality indicator 2.1: Impact on children and young people

We identified major strengths that had significant positive impacts on children and young people's experiences.

- Children and young people were being helped to keep safe in their communities.
- Children and young people's experiences of services were transforming as a result of relationship based approaches. This was underpinned by the partnership's work to embed the Promise.
- Children and young people's rights were respected. Independent advocacy was embedded and children and young people were effectively being heard and included in decisions about their lives.
- Children and young people were safer as a result of the support they received. A range of services were supporting recovery and beginning to improve wellbeing.
- Children and young people's views were increasingly informing the development and improvement of services.

We identified one area where improvements made were too recent to determine impact.

- Children and young people at risk of harm were not yet fully benefitting from the range of changes made to strengthen support for their mental health and wellbeing. Some improvements were at too early a stage to determine impact.

Whilst developments are required to maximise the wellbeing and experiences of children and young people, the strengths identified clearly outweigh areas for improvement. Therefore, we evaluated quality indicator 2.1 impact on children and young people as **very good**. See appendix 1 for more information on our evaluation scale.

## Conclusion

The Care inspectorate and its scrutiny partners are confident that the partnership in Renfrewshire has the capacity to make changes to service delivery in the areas that require further development.

This is based on the following.

- The partnership collaborated effectively in its work to improve outcomes for children, young people, and their families. The strong relationships within the partnership were driving improvement.
- Strong leadership provided clear strategic direction within the partnership.
- The partnership showed self-awareness and maintained a robust approach to self-evaluation and quality assurance.
- The partnership implemented improvements and proactively addressed identified areas for enhancement, aligning with our inspection findings.

## What happens next?

The Care Inspectorate will request a joint action plan that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

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

Our inspections used the following scale for evaluations made by inspectors which is outlined in the [quality framework for children and young people in need of care and protection](#). Published in August 2019, it outlines our quality framework and contains the following scale for evaluations:

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The

weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks that cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

## Appendix 2: Key terms

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

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

**Bairns' Hoose** the aim of Bairns' Hoose is to make child protection, health, justice and recovery services available in one setting.

**CEDAR** - Children Experiencing Domestic Abuse Recovery. Cedar is a unique way of working with children, young people and their mothers who have experienced domestic abuse. The Cedar programme takes place over 12 sessions with groups for children, young people and their mothers running in parallel.

**Child and adolescent mental health services (CAMHS)** are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. They also provide training, consultation, advice and support to professionals working with children, young people and their families.

**Care and risk management (CARM)** are processes that are applied when a child between the ages of 12 and 17 has been involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

**Chief Officers Group** is the collective expression for the local police commander and the chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

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

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

**Exchange** as part of a specialist counselling organisation with over 18 years' experience in schools The Exchange provide counselling services and therapeutic interventions.

**Functional Family Therapy** is a short-term, specialist family support programme for children and young people aged 11-18 years and their families where there is a risk of family breakdown.

**Getting it Right for Every Child (GIRFEC)** is a national policy designed to make sure that all children and young people get the help that they need when they need it.

**HomeStart** established in Renfrewshire since 2001 HomeStart, through home-visiting volunteer, provide practical and emotional support to parents/carers with one or more children under 5.

**Independent advocacy** is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

**Inter-agency referral discussion (IRD)** is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

**Let's Introduce Anxiety Management (LIAM)** is intended to develop cognitive behaviour therapy informed skills and approaches to treat children and young people with mild to moderate anxiety symptoms.

**Member Officer Group (MOG)**, comprised of elected members (cross-party), senior officers, and the Chairs of the Adult and Child Protection Committees and the Alcohol and Drugs Partnership.

**National Guidance for Child Protection 2021** describes responsibilities and expectations for all involved in protecting children in Scotland. The Guidance outlines how statutory and non-government agencies should work together with parents, and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

**North Strathclyde Partnership** is four Local Authorities (East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire), two Police Divisions (G Division and K Division), one Health Board (NHS Greater Glasgow & Clyde), one SCRA Locality (North Strathclyde), four Sheriff Courts (Paisley, Glasgow, Dunbartonshire and Greenock).

**Scottish Child Interview Model (SCIM)** is a new approach to joint investigative interviewing that is trauma-informed. It maintains the focus on the needs of the child in the interview, minimises the risk of further traumatisation and aims to achieve best evidence through improved planning and interview techniques.

**STAR Project** is an award-winning community organisation. Their work focuses on tackling the impacts of poverty, deprivation and associated stigma. They deliver a varied programme of creative group and individual supports to community members within Renfrewshire.

**Strength-Based Approaches** focus on individuals' strengths (including personal strengths and social and community networks) and not on their deficits.

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

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

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