



care
inspectorate

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

18 April 2023



Contents

Introduction	3
Key facts	4
Key messages	6
Statement 1: Children and young people are safer because risks have been identified early and responded to effectively	7
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	11
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	15
Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery	19
Evaluation of the impact on children and young people: quality indicator 2.1	23
Conclusion	25
What happens next	25
Appendix 1: The quality indicator framework and the six-point evaluation scale	26
Appendix 2: Key terms	27

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 and influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

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

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others, or who are at significant risk in the community.
- When we say **young people**, we mean children aged 13 - 17 to distinguish this age group from younger children.
- When we say **parents** and **carers**, we mean those adults 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 East Dunbartonshire.

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

Key facts

Total population:
108,900 people
on 13 July 2021

This was an increase of 0.1% from 2020. Over the same period, the population of Scotland increased by 0.3%.

NRS Scotland

In 2021, there were estimated to be 22,022 children and young people aged 0 - 17 in East Dunbartonshire. This was 20.22% of the total population, which was higher than the national average of 18.67%.

NRS Scotland

East Dunbartonshire had 62 incidents per 10,000 population of domestic violence recorded by Police Scotland in 2020/21. This was lower than the national average of 119.

In 2020/21, East Dunbartonshire had a rate of 1.2 per 1,000 children aged under 16 on the child protection register, lower than the Scottish average of 2.3. The rate of child protection investigations was 9.8 per 1,000 children aged under 16. This was also lower than the Scottish average of 12.8.

SCOTTISH GOVERNMENT

In 2020, 3.85% of East Dunbartonshire data zones were in the 20% most deprived in Scotland. Only two other mainland local authorities had a lower proportion.

Local Government
Benchmarking
Framework

In 2021, it was estimated that 8.3% of children aged under 16 were living in relative low income families. This was well below the national estimate of 15.1%.

SCOTTISH GOVERNMENT



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](#), published in August 2019¹. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see Appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the East Dunbartonshire community planning partnership area took place between 26 September 2022 and 16 March 2023. This included a three-week break over the Christmas and new year period. It covered those 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 received survey responses from 25 children and young people at risk of harm and 24 from parents and carers.
- We spoke with 20 children and young people and 9 parents and carers to hear their views and experiences. This included face-to-face meetings and telephone calls.
- 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 position statement provided by the partnership, supported by a wide selection of accompanying documents.
- We carried out a staff survey and received 492 responses from staff who have a role in meeting the needs of children and young people at risk of harm and their families. 424 of these (86%) fully completed the survey.
- We met with around 100 staff members who work 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.

¹: The [Quality framework for children and young people in need of care and protection](#) was updated in November 2022. However, the version published in August 2019 was the one in place at the time this inspection was announced.

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

Key messages

1. Initial concerns were being responded to timeously and effective collaborative practice was helping to keep children and young people safe from harm.
2. Risks to children and young people at risk of harm were being reduced by consistent assessment and care planning, and by the support that services delivered in response.
3. A range of services and initiatives were supporting children and young people at risk of harm. Some of these were recently introduced and partners were not yet able to see the difference they were making for children and young people.
4. Children and young people at risk of harm felt valued and supported by staff to contribute to decisions about their lives. Along with their parents and carers, they were also being involved in key processes.
5. Service improvements had been influenced by the views of children and young people. Hearing directly from those who were at risk of harm was nevertheless an area for development.
6. The partnership had a clear vision, aims and priorities, and was focussed on delivering effective services for children and young people at risk of harm.
7. Management information was being effectively scrutinised to identify areas for service improvement.
8. The partnership were not fully benefitting from evaluation of services. They had scope to develop a greater understanding of the difference they were making to the lives of children and young people at risk of harm.

Impact of the Covid-19 pandemic

The joint inspections of East Dunbartonshire's services for children and young people at risk of harm and their families took place between September 2022 and March 2023. Like all other partnerships across Scotland, East Dunbartonshire had faced the unprecedented challenge of both the Covid-19 pandemic and the subsequent recovery over the previous two years. We appreciated the partnership's co-operation and support for the joint inspection of services at this time.

We scrutinised the records of children at risk of harm for a two-year period between September 2020 and September 2022. When we consulted staff, children, young people and families, we encouraged them to consider that period when sharing their experiences. As all of the practice in our inspection period was at least in part affected by the Covid-19 pandemic, all messages should be interpreted as relating to practice during that time.

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

Key messages

- Effective information sharing and collaborative working between services were helping to keep children and young people in East Dunbartonshire safe from harm.
- There was an effective and timely multi-agency response to initial concerns about children and young people who were at risk of harm. This standard was maintained in the follow-up to those concerns.
- Despite the timeliness of the initial response, some subsequent inter-agency referral discussions (IRDs) undertaken through the North Strathclyde Partnership Scottish Child Interview Model project, were delayed.
- Responses to young people at risk of harm were being enhanced. Care and risk management guidance was being piloted alongside work to address other risks and vulnerabilities. There was opportunity to align these into a single coherent approach.
- Staff were confident of their knowledge and skills to recognise and report child abuse, neglect and exploitation, and assess and analyse risks. They were supported by planned learning and development opportunities and regular supervision.

Prevention and early identification of risks

A strong multi-agency approach to collaborative working, information sharing and the provision of early intervention services was helping to keep children and young people at risk of harm in East Dunbartonshire safe. Protecting children and young people from harm and ensuring that their wellbeing needs were met had been a key priority for leaders during the period of Covid-19 restrictions. The continuity of collaborative working between agencies throughout that time was evaluated as good or better in most of the records we read.

The partnership's approach to early and effective intervention was helping to prevent or reduce incidences of abuse, neglect, and exploitation. Most respondents to our staff survey were confident that there were effective intervention processes in place to address these. Existing early and effective intervention procedures, which were refreshed in 2021, had led to multi-agency screening groups being established. These were helping to ensure those children in need of additional support were identified at the earliest stage. Teams, involving school staff, social workers and community support workers, worked closely together often providing high levels of contact, including out of hours. The resettlement team, responsible for supporting Ukrainian refugees, had received training and guidance from children's services as well as inputs from others including housing, health, and education.

Preventative measures were developed and implemented by multi-agency groups in response to emerging concerns, such as children and young people who go missing, and child sexual exploitation (CSE) and trafficking. For example, the missing persons

steering group had launched a multi-agency protocol, derived from the national missing person's framework, to provide local guidance on prevention, response and support when children and young people go missing. A trafficking and exploitation sub-group had helped to raise awareness of the significant risks associated with these areas and provided guidance and advice on the public protection website. Overseen by the vulnerable pregnancy liaison group, an unborn babies protocol was supporting staff to recognise and identify pre-birth concerns.

Through their active scrutiny of data, partners had identified areas for further exploration and intervention. For example, a review of referrals and in particular the number where domestic abuse was a factor, had led to the introduction of the Safe and Together model. Key factors in relation to neglect, such as high rates of poor oral health, weight, mental health and alcohol use, had been identified. An assessment of care toolkit was subsequently implemented and staff reported seeing benefits in relationship building with families, particularly as it provided a visual means of recording and seeing change. It was too soon though to see if it had been effective in reducing more formal interventions.

A recent learning review had highlighted several areas for development in understanding neglect of disabled children and young people. It covered thresholds of concern, roles and responsibilities, recognition of neglect and cumulative harm. An action plan and training programme had been developed to improve identification of, and response to, signs of neglect of disabled children and young people. Opportunities remained though to analyse the full learning from the review to further improve this area of practice. Additional training sessions were planned and had been amended following responses to earlier presentations.

The police took a whole systems approach to children who came to their attention. Officers had recognised the need to be trauma informed and look at each child in their wider context. Measures were in place to reduce risk and prevent escalation and there had been a reduction in both referrals and re-offending. The police-led community alcohol partnership (CAP) was launched in June 2022. It followed a large-scale survey of young people about their alcohol use. It aimed to reduce under-age drinking, prevent alcohol related harm for young people and improve the quality of life within the community. As well as diversionary activities such as street football, it also focussed on educating young people and retailers. Community campus police officers and youth workers were working directly with young people and their intervention had been positively received. Evaluation evidence was not yet available though about the difference that these approaches had made.

Response to identification of concerns

The partnership responded timeously to initial concerns about children and young people who were at risk of harm. Most staff who responded to our survey were confident that local child protection arrangements ensured an effective and timely response to reports of child abuse, neglect and exploitation. In almost all the records we read, there was evidence that the named person, or person acting as the professional point of contact in universal services, was notified about the concerns at an early stage. These were also shared without delay with police or social work, and actions were clearly recorded in all cases. In most records, the quality of the initial response was rated as good or better. Our evidence concurred with the partnership's own positive analysis from its use of the national child protection minimum dataset.

In nearly three-quarters of the cases where an inter-agency referral discussion (IRD) was held, it was carried out within expected timescales, as were investigations where these were subsequently required. IRDs that were held were found to be very effective and clear decisions were made and recorded about the next steps in all cases. Almost all IRDs were attended by health, social work and police colleagues. Procedural changes also meant that education colleagues were now more often involved. Health staff were able to access records from a number of different health databases to contribute information to the discussions. Where necessary, immediate actions were taken to keep the child and other children safe. Analysis of the data from the records we read suggested that the quality of the multi-agency response to referrals received for 6- to 12-year-olds was likely to be better than for younger or older age groups.

Where the threshold for an IRD was not met, the reasons for this were recorded by all agencies. Most records showed appropriate consideration of the need for medical examinations, joint investigative interviews, and in all cases where there had been an IRD, emergency protective action or legal measures. Partners had ensured that there was a process in place for IRDs should a concern arise out of hours, including the availability of an on-call paediatrician child protection consultant. The out of hours service, which was delivered in conjunction with neighbouring authorities, received comparatively fewer referrals from East Dunbartonshire. The service suggested that this may be due to the effectiveness of the early intervention and prevention work being undertaken.

Nevertheless, in a minority of records we read, no IRD was held where one could have been expected. In just over a quarter of records where an IRD was held, it was not carried out within the expected timescales. Data from the wider North Strathclyde Partnership Scottish Child Interview Model (SCIM) pilot, of which East Dunbartonshire was a member, indicated that over the whole pilot area, delays averaged three days from the notification of concern. More detailed information was needed about the length of, or reasons for, delays locally. The partnership acknowledged the need to improve IRD practice and was working to bring it in line with national guidance. For example, whereas non-familial incidents, or cases already open to statutory services, may not have previously led to an IRD, one would now be considered.

The partnership's approach to young people at risk of harm was an area for development. Whilst welcomed, some staff suggested that other areas were ahead of East Dunbartonshire in responding to this group of young people. Similar to the IRD process, the vulnerable young people protocol was a multi-agency response to those aged 12 - 16. It had been introduced in 2018 before the Covid-19 pandemic and was being reviewed alongside the introduction of the Care and Risk Management (CARM) process. Training had recently been delivered for CARM and was being piloted initially in six schools. The intention was to review the protocol following the pilot with the aim of tackling wider vulnerabilities and risks such as missing, exploitation and trafficking and contextual safeguarding.

Staff engagement

Staff in East Dunbartonshire were supported in their practice by clear single and multi-agency procedures, policies and guidelines. A working group was in place to update current West of Scotland child protection procedures to comply with the 2021

national guidance. Staff received regular communication, including 7-minute briefings, about changes in practice.

Those who completed the staff survey were confident in their knowledge, skills and abilities. Almost all felt able to recognise and report signs of child abuse, neglect and exploitation. A similar high proportion were confident that they could assess and analyse risks and needs and understood the implications of these for those that they worked with. Comparable numbers also felt supported to be professionally curious with the aim of keeping children and young people safe.

Staff across all services, including the third sector and panel members, had access to multi- and single-agency training opportunities through the training calendar maintained by the child protection committee. This included both specific and generic child protection training. Almost all staff who responded to the survey felt that the learning and training they had participated in had increased their confidence and skills in working with children and young people at risk of harm. Most also agreed that participation in regular local multi-agency training and development opportunities had strengthened their contribution to joint working. Almost all were confident that they knew the standards of practice that were expected of them and were encouraged through supervision to achieve these. Most also agreed that they received regular supervision or opportunities to speak with a line manager that supported and challenged them to achieve high standards of practice.

Impact on children and young people

The partnership was being effective in reducing risk for children and young people. Almost all the children and young people who answered our survey felt safe where they now lived. This had not been affected by the Covid-19 pandemic. During the subsequent restrictions, the effectiveness of the partnership's response to ensuring children were protected from harm and their wellbeing needs met was assessed as good or better in most of the records we read. Most of those responding to the staff survey agreed that children and young people were being protected from abuse, neglect, harm or exploitation. A majority of parents we surveyed told us that staff had responded quickly to concerns about their children.

The North Strathclyde Partnership Scottish Child Interview Model (SCIM) pilot was working effectively. Feedback from young people was that they felt more supported because of the model's relationship-building aspect with staff. Overall data for the partnership had shown an increase both in the number of joint investigative interviews and in resulting disclosure rates. This supported the use of the SCIM and its beneficial consequence for children and young people. However, data from the pilot provided insufficient detail for local partners to fully understand its impact for them. This was an area that was being further developed.

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

- Most children and young people and their families benefitted from compassionate, caring, trusting and sustained relationships with staff. This created a positive environment to support the improvement of outcomes for them.
- Services were effectively reducing risks of harm to children and young people. This had been sustained throughout the period of the Covid-19 pandemic.
- Assessment and care planning for children and young people at risk of harm were being well applied. The quality of chronologies was more variable.
- Many services had been introduced to address the increase in children and young people requiring early support for emotional wellbeing and mental health needs.
- Provision of services for children and young people with moderate and severe mental health problems, including for those with suicidal ideation, was less well addressed. Long waiting lists for child and adolescent mental health services (CAMHS) were affecting outcomes for those needing this support, although performance had improved more recently.

Sustained, loving and nurturing relationships

We observed strong, caring and compassionate relationships between staff and children and young people. Staff knew children well and responded to their needs through individualised plans. Nearly three-quarters of staff felt that children and young people were thriving as a result of sustained, loving and nurturing relationships. In most of the records we read, there was evidence that the child or young person had had the opportunity to develop a relationship with a key member of staff, as had the majority of parents and carers. Importantly, for most of those whose records we read, the quality of this contact was maintained throughout the period of the Covid-19 pandemic. Of those we spoke with or who answered our survey, most children and young people experienced positive relationships with professionals that kept them safe and protected from further harm; something that most but not all parents and carers we heard from also agreed with.

Performance across regulated care services, such as adoption, fostering and residential care, had been high over recent years, ensuring a positive experience for children and young people. Foster carers we spoke with were positive about the support they had received from all services within East Dunbartonshire. Children and parents reported having had opportunities to maintain relationships and contact with each other, their brothers and sisters and wider family.

Effective planning and support for children and young people at risk of harm

We noted empowering and child-focussed language across both strategic plans and in conversations with staff. They were keen that children and young people should be heard, have their views acted on, and be as involved as possible in all aspects of their care and service provision. Children, young people and their parents and carers told us about staff who were committed and caring, with many examples of individual workers being involved with the same child or family over long periods of time, creating the right environment for building relationships of trust. However, just half of staff responding to the survey felt that children and young people were living in the right environment to experience the care and support they needed.

How well both children and young people, and their parents and carers were listened to in key processes such as assessment and planning was evaluated as good or better in the majority of records we read. By contrast, how well parents or carers were involved was evaluated slightly better than that for children and young people. Evidence from parents and carers who responded to our survey and who we spoke with demonstrated that, in the main, they felt involved, valued and respected in a range of child protection meetings. The partnership themselves had had similar feedback from their own audit work.

The getting it right for every child (GIRFEC) approach was well-embedded in East Dunbartonshire. Most staff were confident that it was having a positive impact on the lives of those children and young people at risk of harm that they were working with. Staff displayed knowledge of a range of both statutory and third sector services. They spoke consistently about effective collaborative planning between agencies to address needs and risks. Three-quarters of respondents to our survey agreed that children and young people who had experienced abuse and neglect were being helpfully supported to recover. A comprehensive protocol was in place to support disabled young people at the point of transition from school to receiving support from adults' services.

There was a range of both longstanding and more recently established services in place to support children and young people at risk of harm. For example, the well-embedded and evaluated nurture approach in schools in East Dunbartonshire had been augmented by a significant investment in support for children and young people presenting with anxiety and depression. A compassionate distress response service, operated by Glasgow Association for Mental Health (GAMH) on behalf of the East Dunbartonshire health and social care partnership, had been introduced for older young people aged up to 25 years, or 26 if care experienced. Investment had also been made in other areas, such as provision of local area co-ordinators for young people with autism to plan support through and after leaving school. There were other good examples of services for older young people at risk of harm. For example, the role of police campus officers within secondary schools, and the House project that provided tailored support to older young people leaving care to reduce the risks that they faced. Whilst there was an absence of evidence gathered over time of their impact, staff involved were able to give anecdotal information about positive outcomes for individual children and young people, as well as positive learning for themselves.

The delivery of services that were trauma informed and responsive was supported by a commitment to staff training and supervision. Staff in the children's residential service were trained in trauma informed practice. Our young inspection volunteers

noted their consequent commitment and passion to putting young people first and sustaining consistent relationships with them. Nevertheless, staff we spoke with believed that more resources were required to support the children and young people they were working with, particularly for mental health and support for those who had experienced trauma.

Effective work to reduce risk or neglect

Evidence from the records we read showed that services in East Dunbartonshire were effectively reducing risks to children and young people and that this had been sustained throughout the period of the Covid-19 pandemic. In over two-thirds of the records we read, services were rated as good or better at reducing risks of abuse or neglect to the child, or arising from parents or carers' circumstances and behaviours. Nearly all of the small number of records where risks were associated with the child harming themselves or others, or arising from circumstances within the community, were similarly evaluated. The partnership's effectiveness in ensuring that children and young people who they were supporting during the Covid-19 pandemic were protected from harm and had their needs met was rated as good or better in over three-quarters of the records we read.

Although some staff suggested that it may be due to a greater awareness of mental health, rather than a greater prevalence, the numbers of children seeking support with their mental health and emotional wellbeing had increased following the Covid-19 pandemic. Staff recognised that the effects on children of the lack of socialisation during this time will take some years to work through. Imaginative responses, such as the employment of a primary school teacher in a secondary school to support those with unmet needs to make the transition, were being made to tackle this. There were other positive and well-received initiatives in place to support children and young people's mental health and emotional wellbeing. Counselling services, including for home schooled children, and support programmes such as Motivation, Commitment and Resilience (MCR) pathways, were available within schools. Mental health first aid training had been provided, including for staff in the third sector. Services, such as 'We are with you', had been expanded to support young people with their problematic substance use, and trauma informed practice was being rolled out. The chief officers group had responded to data that showed that mental health and wellbeing was becoming a significant issue in the area by identifying mental health framework monies to target further support. Partners had also engaged with the Schools Health and Wellbeing Improvement Research Network (SHINE) programme at Glasgow University to get a better understanding of young people's needs and to be better able to respond to them.

In spite of this, services faced challenges in responding to children and young people with moderate to severe mental health needs consistently and in a timely manner. Compared to improvements in physical health outcomes, staff who responded to our survey were less likely to agree that children's mental health outcomes were improving. Services for young people experiencing more acute issues, such as suicidal ideation and those at risk of suicide, were less available than services to address lower-level concerns. Those children and young people who required an input from CAMHS faced long delays, especially in the west area of East Dunbartonshire. In 2021 - 2022, performance in achieving the national referral to treatment target of seeing 90% of young people within 18 weeks of referral to

CAMHS had slipped from 61% in quarter 2 to 40% in quarter 4. Evidence suggested that performance had improved more recently, though would need time to see if this could be sustained.

Assessment, planning and reviewing processes

Almost all staff who responded to our survey were confident of their ability to assess the risks and needs of children and young people at risk of harm. They also felt able to analyse those risks and needs and to understand the implications for those that they were working with. In turn, a majority felt able to develop an outcomes focussed care plan that would aim to reduce risks and meet the child or young person's needs. Three-quarters of respondents were confident that effective plans for children and young people were produced in a timely way. These encouraging self-assessments were supported by our reading of children's records. Performance was positive across a range of measures. For example, almost all records included an assessment that considered needs, protective concerns and risks, with most also containing a plan to address these. Of the assessments we read, over three-quarters were evaluated as good or better, with two-thirds of plans being similarly rated.

The partnership had recognised through its own audit work that improvements were required to ensure that multi-agency chronologies were better able to inform planning and decision making for children and young people at risk of harm. A revised chronology framework had been developed and recently implemented, with further training to be provided. The need for this was confirmed by our records reading as although all those we read contained a single or multi-agency chronology, the quality of these was weaker and in clear contrast to that of assessments and plans. Over half were evaluated as less than good, with one rated as unsatisfactory.

Our analysis, supported by evidence in the health and social care partnership's quarterly performance report, showed that most plans were reviewed regularly and within expected timescales. The quality of most of them was evaluated as good or better. For a few records that we read though there was no evidence of a review being held.

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

Key messages:

- Children and young people at risk of harm were being helped to express their views, had their rights explained to them and felt valued. Staff were making efforts to involve them in meetings, plans and decisions, including using age appropriate means.
- Parents and carers views were being considered during protection processes and they were contributing to multi-agency meetings. Some parents and carers felt less involved and not given sufficient opportunity to participate.
- A range of independent advocacy services was on offer. Partners lacked a strategic approach though to ensure that they were available and accessible throughout the area to children and young people at risk of harm, as well as their parents and carers.
- Partners were committed to creating opportunities for children and young people to influence policy, planning and service development. There was evidence to demonstrate the ways in which their voices had been heard.
- Senior leaders supported children and young people's involvement in developing strategic plans and influencing change. Compared with hearing from care experienced young people, particularly through the champions board, opportunities were limited for leaders to hear from children and young people at risk of harm.

Children and young people's involvement in decisions about their lives

Children and young people at risk of harm were being listened to and involved in decisions about their lives. Almost all of the children and young people who responded to our survey said that they had a trusted adult to talk to about things that were important to them, particularly if they felt unsafe. Most also felt that their views and opinions were listened to. In our staff survey, over three-quarters agreed that children and young people at risk of harm were able to participate meaningfully in decisions about their lives. Staff we spoke with expressed their confidence that services in general were getting better at hearing the voice of children and families. They felt that the supportive nature of the SCIM model had helped to build relationships with children and young people and enabled them to become more informed and involved. These positive reflections were supported by evidence from our records reading. In almost all those that we read, the views and experiences of children were considered during child protection processes, whilst in a majority the child or young person had contributed to multi-agency planning meetings. We evaluated the ways that children and young people were listened to, heard and involved by staff working with them as good or better in over two-thirds of the records we read. Only in a few cases was this rated as weak and in one case unsatisfactory.

Age appropriate and flexible methods were being used to support children and young people to participate meaningfully in assessment, planning and meetings, including through the use of talking mats, the Mind of my own (MoMo) application, and 'Having Your Say' forms. Young people were helping to train staff in their use. An independent worker had recently been employed to hear young people's views after their involvement in meetings and to check their understanding of what had happened. We heard examples of young people directly influencing planning decisions about their lives, including where they were to live and who they should have contact with. Staff acknowledged the positive benefits of involving them in their own meetings, including helping them to more readily understand young people's needs and the risks that they faced. Creative means were used to maximise the opportunities for young children or those without verbal communication to express their views about what they wanted.

Most children and young people responding to our survey agreed that they had been helped to express their views. A majority agreed that someone had explained their rights to them, although a few were less sure of whether they had been given this support. A range of advocacy services, including Partners in Advocacy, Children 1st and Who Cares? Scotland, as well as services based in neighbouring local authorities, was available to children and families within East Dunbartonshire. It was clear though that knowledge of them, including how to access them, was not well developed. Parents and carers who responded to our survey were uncertain about whether they had had an opportunity to speak with an advocacy worker. Just under half of staff who responded to our survey agreed that independent advocacy support was routinely made available to children and young people at risk of harm. Importantly though, nearly a third were unaware of this. Staff we spoke with described the provision of advocacy as a complicated landscape and acknowledged that it needed to be better co-ordinated. One consequence was that advocates supporting young people at children's hearings were sometimes not involved early enough in the process and were unprepared at the time of the hearing. This was being addressed through the Better Hearings Group, the multi-agency group working to implement the service standards for children's hearings. From our discussions with staff, it was also clear that many felt able to advocate on behalf of young people directly, without the need for the independent advocacy services that were available. Although this was appropriate for some young people, for others it meant that it was difficult for them to challenge decisions where the professional advocating on their behalf may not agree with their views.

Parents and carers involvement in decisions about their children's lives

Parents and carers who responded to our survey were not as positive about their involvement in key decisions as children and young people were. A majority did not feel listened to, or that their views had contributed to decisions about their children. Even when they were included in meetings, some parents felt that they were not always given sufficient information about what would happen to be able to contribute. Others said that they were not given sufficient time to read and understand the necessary paperwork in advance of meetings. These comments were in contrast to evidence from the partnership, the staff survey, and our records reading. Telephone questionnaires with parents and carers following their involvement in child protection meetings found that most felt they had opportunities to express their views and that they had been treated with respect. Nearly three-quarters of respondents to our staff

survey were confident that families contributed to plans for their children. Our records reading tended to support the partnership's findings and the views of staff. This showed that in a majority of cases, parents and carers views were considered during protection processes and that they had contributed to multi-agency meetings. The way that they had been listened to, heard and included by staff was evaluated as good or better in over three-quarters of cases we read.

Means of engaging parents and carers were evolving. Telephone contact with parents and carers following child protection meetings and other options for providing feedback were being developed. This included the use of a survey rather than a phone call, which had been valued by parents. Translation and interpretation facilities were available for parents and carers whose first language was not English. Foster carers we spoke with confirmed that they and the children and young people placed with them had had opportunities to contribute their views and to be involved in planning processes.

Children, young people and families influence on service planning and improvement

Senior leaders were committed to ensuring the views of children and young people were reflected in their plans and that these influenced service developments. Largely as a consequence of the champions board, a forum for care experienced young people to meet and share their views, many staff we spoke with were very aware of how young people had been involved in service developments. For instance, in the successful application for the House project.

Good practice example: East Dunbartonshire House project

The East Dunbartonshire House project was considered to be a good practice example as it reflected a collaborative approach taken by partners working directly with young people. Although long-term benefits were yet to be seen, the inspection team learned of significant differences that the project had already made to the lives of some of the young people who had been involved.

The project was launched in February 2021, with funding from the Life Changes Trust and as part of the [National House project](#). It responded to a gap in the support and preparation for young people leaving care that increased the risks that they faced due to challenges such as isolation and struggling to sustain tenancies. It was a good example of listening to young people and hearing their views about their needs and the risks they faced. It offered an innovative way for young people to take control of their future and to support them to gain the skills and experiences to live independently whilst developing lifelong communities of support. Young people were involved directly in the development and submission of the bid for funding for the project. They were closely involved in the way that it was run and the responsibilities that each of them had towards its success.

From its launch it supported 10 young people into their own homes. In October 2021, another 10 young people joined the House project. They had also been involved further afield, including in a peer evaluation of other House projects as well as presenting a pitch in-house for funding to support activities promoting mental health and wellbeing. The House project was making a clear difference for the young people who had been involved. There was strong positive feedback from both the young people and the staff. High-quality, warm and caring relationships were

observed that contributed to giving young people confidence and awareness that their views can bring about change.

The project was linked to other initiatives including East Dunbartonshire's response to The Promise, and was overseen by a multi-agency steering group including representatives from education, employability, elected members, community justice, police, Who Cares? Scotland, housing and homelessness services.

Our young inspection volunteers were impressed by the [Cinderella video](#) that the House project residents had produced as a powerful way to portray voices of young people that was accessible for everyone. The House project was seen as a comfortable and safe place, although for some its location had raised some safety concerns. The project had recognised the need to promote its success more effectively as similar projects reported that this contributed to a better understanding of the approach and supported them to be embedded in wider services.

In another example, care experienced young people had sought changes to the way that they were able to access leisure services so that they could attend unaccompanied by their carer. Changes had also been made to the records that young people were able to access following one individual's concerns about the amount of the records that were redacted. Work was underway with young people through the child protection committee communications subgroup to review the paperwork associated with key processes to ensure that they were written from a young person's perspective and context. Young people had participated in training for panel members for the children's hearing and were to be involved in future interviews for new members. Two videos produced by young people had been widely used in training staff in the area and across the wider health board, to better understand the place of trauma informed practice.

The consequential benefit of these developments for children, young people, families and carers was less clear and there was no immediate evidence available to show the difference that they were making. This meant the partnership was limited in its ability to demonstrate the impact these and wider examples of involvement had had on children and young people's lives. The impetus created by the partnership's response to The Promise had shown them how they may achieve this. They had, for example, measured themselves against The Promise's call to action and were confident of their progress in subsequently being able to demonstrate their effectiveness.

Partners had upheld the principles of the United Nations Convention of the Rights of the Child (UNCRC) and evidence of this was clearly on display. Work in schools was ongoing to make children and young people aware of their rights and more confident about having them respected. Prior to the pandemic, there had been plans for consultation with young people in connection with the integrated children's services plan (ICSP). The engagement of senior leaders and elected members with children and young people was not as strongly embedded. It was not clear for example, how senior leaders, and indeed elected members, hear from children and young people who are, or have been, at risk of harm. There was an over-reliance on the champions board as the vehicle for engaging with them, even though the primary focus of this group was care experienced young people. This group had also had to be recently relaunched following the lifting of Covid-19 restrictions.

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

Key messages

- Leaders had a strong vision for the delivery and improvement of services for children and young people at risk of harm. They were visible and in touch with their staff, and their aims and priorities were clearly articulated.
- The partnership had been adaptive and responsive to change throughout the Covid-19 pandemic. Structures introduced to manage that period were evolving in response to the new challenges that it faced to ensure continuous improvement.
- Partners were committed to using management information and self-evaluation to develop services for children and young people at risk of harm and their families.
- Processes were not always in place to capture the evidence, both from newer services and longstanding ones, that would demonstrate the difference that they were making to the lives of, and outcomes for, children and young people at risk of harm.

Leadership of vision, values and aims

Most staff said leaders had a strong vision for the delivery and improvement of services. Although there were some minor variations, a single vision statement 'our children and young people are safe, healthy and ready to learn', itself linked to the local outcomes improvement plan (LOIP), was evident in a number of key documents. The aims and priorities within key plans, such as the integrated children's services plan (ICSP), were aligned to that vision.

Leadership of strategy and direction

The response to Covid-19 had been timely and effective through the creation of the public protection leadership group (PPLG). It had overseen the work of other groups, including the child protection committee and adult protection committee, managed data requests from Scottish government, and responded to changes in legislation and guidance. The PPLG reviewed trends in new referrals, including children and young people reported missing, and was able to make real-time changes. For example, its analysis suggested that with schools closed there were fewer community-based referrals than could have been expected. Consequently, an effective public awareness campaign was instigated to remind communities that 'it's everyone's job' to look out for children at risk of harm or neglect. This led to more referrals being received.

The PPLG had maintained a risk register on behalf of the chief officers group throughout the period of the Covid-19 pandemic with matters escalated to the group as required. This enabled the chief officers group to be better sighted on areas it needed to focus on. For example, data presented to the group on pre-birth activity led to it commissioning a pre-birth pathway and support for mothers with vulnerable

babies. Both the PPLG and the chief officers group's risk register were being retained to respond to new and emerging risks, such as those associated with the cost of living crisis or the arrival of asylum seekers and refugees.

The child protection committee met regularly with an agenda clearly related to its improvement plan. It had functioned well and continuously throughout the Covid-19 restrictions. It had responded imaginatively to online meetings by using breakout rooms to analyse data or other pertinent business allocated by the chair before discussion in the wider meeting. This was reported to have worked well, ensured that all voices were heard, enabled participants to feel more engaged, and for the committee to cover its business more efficiently and effectively.

Although there was crossover in membership between key strategic groups such as the chief officers group, the child protection committee and the delivering for children and young people partnership (DCYPP), leaders saw this as supporting good communication, joined up working, oversight of several workstreams and accountability. Minutes of meetings of these groups showed an appropriate attendance, representation and discussion. There were plans to move on from the structures introduced in response to the Covid-19 pandemic and increase future participation at these meetings.

Although multi-agency plans, such as the local outcomes improvement plan, the child poverty plan and the integrated children's services plan outlined clear priorities, they did not always make clear responsibility for actions or how outcomes would be measured. For example, although a further iteration of the integrated children's services plan was due to be produced later in 2023, the current version did not specify how actions would be achieved. Similarly, the child protection committee's business plan contained detailed actions but no outcomes, measurement of progress or responsibilities.

A comprehensive strategic needs assessment had been produced in March 2022. It was being used by the DCYPP to identify areas for service development. Within the context of strategic planning, partners had recognised prevalent issues relating to neglect, such as mental health and alcohol use, and their cumulative effect. The consequence of the Covid-19 pandemic, as well as the cost of living crisis, was influencing strategic planning. There was evidence of a range of third sector services for children and young people at risk of harm. Some of these participated in the inspection and underlined the contribution that they were making. They noted the challenges that they faced with recruitment, where statutory services were often able to pay higher salaries, and their over-reliance on short-term funding, which was not always aligned to the longer-term nature of their work. Partners were not necessarily making best use of information to understand the effect of their strategic planning decisions, or of the difference that commissioned services, particularly longstanding ones, were making.

Elected members and integration joint board members were aware of key issues facing services for children and young people at risk of harm. Some individuals were involved with particular initiatives, whilst occasional thematic seminars allowed them opportunity to examine key areas. However, by contrast to their approach to corporate parenting and awareness of issues relating to care experienced young people, elected members' role in relation to children at risk of harm was less well developed. This limited their ability to provide scrutiny and oversight.

Leadership of people and partnerships

Evidence from the staff survey suggested that leaders were in touch with their staff, and highly visible, and communicated regularly with them at all levels. Most thought that leaders knew the quality of work that the workforce was able to deliver. This was supported by the results of the local IMatters staff survey and the regular staff bulletins published throughout the period of the Covid-19 pandemic. Amongst those we met, there was positive support for the leadership that senior management had provided throughout this time. They had adopted a 'caring for people' approach and ensured that staff had access to guidance and PPE very quickly. In turn, managers cited the response of staff during the period of Covid-19 restrictions, including the speed of their adaptation, as a significant achievement.

Leaders were responsive to the changing needs of the workforce and their local communities. A joint adult protection committee and child protection committee multi-agency communications group had been established to keep them informed about new and emerging issues relating to risk and harms. This had included the use of display screens in leisure centres to convey public information messages. A comprehensive learning and development framework was in place. It relied on a 'training the trainers' approach, to ensure a sustainable model by building up individual skills within all agencies to deliver training. Participation was open to all statutory and voluntary partners and attendance rates were reported to have increased when it went largely online during the Covid-19 pandemic. Feedback was mostly positive. Site specific child protection training had been provided for groups such as panel members, taxi-drivers, and care at home teams. Training for frontline staff, including groups such as buildings staff and school cleaners, had improved their understanding of trauma and adversity. Further presentations were planned in response to the recent learning review.

In 2020, UNISON made the Care Inspectorate aware of its concerns about staff low morale, continued vacancies in key posts and the actions of some managers in the children's social work service. UNISON considered there to have been an unacceptable delay by East Dunbartonshire council in completing an investigation into these concerns. At that time, the Care Inspectorate had discussions with the council's chief executive. Information on the progress and outcome of the council's investigation was shared with the Care Inspectorate through the allocated link inspector. The investigation was completed in December 2021 with an action plan outlining the necessary improvements, overseen by the council's chief executive. Whilst some key leadership posts remained temporary or interim at the time of the inspection, responses to our survey were broadly positive in terms of staff confidence in their managers and in how effectively they were leading change. Concerns about low morale in the children's social work service were not reflected in any of the activities carried out in the course of this inspection.

There was contrasting evidence in relation to workforce issues such as staff supervision and oversight, and recruitment and retention. On the one hand the integration joint board's quarterly performance reports noted low rates of annual staff appraisals across the health and social care partnership, possibly due to fewer being recorded during the Covid-19 restrictions rather than them not taking place. By contrast, staff we met with reported receiving regular supervision and frontline managers told us they used team meetings and supervision to brief staff with important information, such as from the child protection committee.

Information from panel members and regulated care inspections suggested that there was a relatively high turnover of staff in certain teams, such as one community support team, with a negative consequence for some children and families. Although the number of health visitors was determined by a national allocation model, until recently, vacancies in the service were adding to higher than average caseloads. By contrast, other staff and some families said that they had benefited from the continuity of having longstanding and consistent relationships with the same workers. Some professionals reported that maintaining contact with the same families over time meant that they were more able to identify and reduce the incidence of inter-generational neglect.

Managers described how recruitment rather than retention was more of a challenge, particularly as neighbouring areas reportedly paid higher salaries. East Dunbartonshire attempted to compensate for this by providing a supportive environment with greater visibility of senior leaders, as well as enhancing career pathways through job rotation and post-graduate qualifying opportunities.

Leadership of improvement and change

Effective and collaborative inter-agency working was supporting practice improvements. Staff suggested that working more flexibly during the Covid-19 pandemic, when services, including the third sector, were able to support each other, had enhanced already good working relationships. Whilst social workers and health visitors had maintained home visits within guidance, hubs had been established in schools to support those most at risk, and third sector agencies had provided practical and emotional support to families.

Children and young people were beginning to influence service development and contribute to change. Young people were being included in locality plan consultations, whilst initiatives such as the community alcohol partnership and the House project were showing how young people's opinions could lead to solutions. Leaders suggested that hearing the voices of children and young people was embedded in the culture of East Dunbartonshire and increasingly explicit in strategic documents. They were aware though of the need for wider consultation mechanisms to be developed as there was an over-reliance on the champions board. They were keen to benchmark their practice against other areas.

The partnership had demonstrated that it was adaptive to change. For example, a new public protection website, designed to be a 'one stop shop' and including a 'getting in touch' button to make easy contact, had recently been launched. Numbers accessing the website were being monitored and a test of change was being used to ensure that it was relevant and accessible to all. The recent learning review had led to the introduction of practitioner forums to promote awareness of issues such as domestic abuse and neglect and a trauma co-ordinator had been appointed to embed trauma informed practice throughout the partnership. Again, it was not clear how the effect of these improvements would be reviewed in order to understand the difference they had made.

A majority of respondents to the staff survey said that leaders ensured there was necessary capacity to meet the needs of children at risk of harm. However, a relatively high proportion of respondents were less clear about this. Balancing the budget was clearly a challenge for the integration joint board, which had responsibility for delegated children's services. Although leaders across the

partnership were evidently alert to the demands placed on children's services as a whole and recognised the importance of early intervention, financial pressures in the wider public sector meant that plans were more tightly aligned to the key strategic priorities of the community planning partnership and the NHS Board.

The management information and self-evaluation (MISE) subgroup of the child protection committee was driven by a learning and improvement framework. It managed audit activity on the committee's behalf and maintained oversight of the child protection minimum dataset. The MISE subgroup's role had been expanded both by the increased interest in and analysis of data during the Covid-19 pandemic and by the adoption of the dataset. An audit of domestic abuse referrals, for example, had been prompted by an analysis that had highlighted peaks in referrals during the Covid-19 restrictions. Rather than relying on national projections, local data was closely reviewed to understand this. However, the effect of the introduction of the Safe and Together model on such referrals did not appear to have been considered. A project steering group had been established to take this work forward.

Areas for audit or closer scrutiny were proposed by individual agencies or by the child protection committee itself. There was evidence that such analysis was informing a better understanding of practice and areas for improvement, such as conversion rates through the various stages of the child protection process, or rates of attendance at child protection meetings. MISE had also reviewed data for both de-registration and re-registration and continued to monitor this regularly. An analysis of re-registrations, for example, highlighted that although overall numbers were relatively small, neglect was a common factor, a finding that contributed to practice improvement in this area. A pre-birth audit was undertaken following changes in patterns of activity and findings led to changes in the way that professionals worked together and a review of the pre-birth/SNIPS (special needs in pregnancy service) protocol. A perinatal mental health steering group had developed a collaborative approach and a tiered response to support mothers and families' wellbeing and mental health in the perinatal period, including specialist counselling from the Bluebell service. Within social work, service managers, team managers and frontline staff used the 'How Good is our Service' approach to review consistency of performance in relation to child protection investigations. The delivering for children and young people partnership also analysed a wide range of quantitative and qualitative data to inform its strategic priorities. As noted though, evaluation was not always being used to consider the impact of particular initiatives or services.

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: Good

In East Dunbartonshire, there were a number of important strengths that clearly outweighed the areas for improvement in relation to the impact of services on children and young people at risk of harm.

Therefore, we evaluated quality indicator 2.1 'impact on children and young people' as good.

The important strengths that were having a significant positive impact on the experiences of children and young people at risk of harm.

- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
- Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
- Children and young people had been directly engaged in service developments such as the House project. In other examples, including record keeping, they were influencing changes in practice.
- Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
- Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
- Children and young people had benefitted from their safety and wellbeing having been a key priority for leaders throughout the Covid-19 pandemic.

We noted that improvement was required to ensure consistency in experience and outcomes for children and young people at risk of harm and their families.

- A range of advocacy services was available, but they were less developed for children and young people at risk of harm and were not always consistently accessible throughout the area. The value of independent advocacy in hearing their voices within protective processes was less understood by staff more generally.
- Opportunities for children and young people's voices to influence wider strategic planning were less established for those at risk of harm than for those who were care experienced.
- By comparison to other key processes, the weaker quality of chronologies was limiting their contribution to assessment of risk and need for individual children and young people at risk of harm, and the planning of services for them.
- Not all children and young people were being adequately supported in relation to their mental health. By contrast to the range of services that provided early support for emotional wellbeing and mental health needs, CAMHS services had only recently benefitted from extra funding to address the unprecedented levels of need. Although there was evidence that performance was improving, they had been subject to long waiting times and geographical imbalance within the area.
- Partners were working to develop evaluations of interventions to ensure that these were clearly measured. They were not yet able to demonstrate the outcomes that services were achieving for individual children and young people at risk of harm, as well as the overall impact that they were having.

See appendix 1 for more information on our evaluation scale.

Conclusion

The Care Inspectorate and its scrutiny partners are confident that partners in East Dunbartonshire have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following factors.

- Evidence of strong partnership working, and staff and leaders being committed to improving outcomes for children, young people and families.
- High levels of confidence from staff in their knowledge and abilities, supported by evidence from our records reading.
- Similar levels of support from staff about their leaders' ability to continue to drive change and make improvements.
- Well-developed management information and self-evaluation practice capable of identifying areas for improvement and further action.
- Collaborative inter-agency practice, including the role of the third sector, providing services to children at risk of harm and their families.
- Recent commitments to changes in practice, including the introduction of the Safe and Together model, and an emphasis on trauma informed practice.
- The partnership's own self-evaluation had already identified many of the areas for improvement found by the inspection team, which showed that they knew themselves well and had a solid foundation to make improvements.

What happens next?

The Care Inspectorate will request that a joint action plan is provided 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 outlined in the [quality framework for children and young people in need of care and protection](#):

- **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 that is sector leading and supports experiences and outcomes for people that 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 are a number of important strengths that, 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 people's 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

NB. More key terms that we use in inspections are available in [The Guide](#).

Asylum seeking young people 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.

Care and risk management (CARM) are processes which are applied when a child between the ages of 12 and 17 has been involved in behaviours which could cause serious harm to others. This includes sexual or violent behaviour which 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.

Champions boards allow young people to have direct influence within their local area and hold their corporate parents to account. They also ensure that services are tailored and responsive to the needs of care experienced young people and are sensitive to the kinds of vulnerabilities they may have as a result of their experiences before, during and after care. Young peoples' views, opinions and aspirations are at the forefront in this forum and are paramount to its success. Champions boards build the capacity of young people to influence change, empower them by showing confidence in their abilities and potential, and give them the platform to flourish and grow.

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

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, as well as training, consultation, advice and support to professionals working with children, young people and their families.

Child protection committee (CPC) 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.

Chronology sets out key events in sequential date order, giving 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.

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.

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.

Integrated children's services plan is a strategic plan prepared by local authorities and relevant health boards. It sets out the provision of children's services and related services in a local authority area.

Integration joint board (IJB) plans and commissions integrated health and social care services in their areas. Integration joint boards are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. They are responsible for overseeing the local health and social care partnership and managing social care and health services in their area.

Learning review brings together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). Until the updated national guidance for child protection was published in 2021, the term 'significant case review' (see below) was more commonly used.

Local outcomes improvement plan (LOIP) is a requirement of the Community Empowerment (Scotland) Act 2015. It is produced to outline how community planning partners will work with communities to improve outcomes for individuals, families and communities. The LOIP is not an aspirational statement for the future but a document that takes into account the needs of communities.

Minimum Dataset for Child Protection Committees in Scotland has been developed by [CELCIS](#) in partnership with Scotland's child protection committees, Scottish Government, Care Inspectorate, Police Scotland, NHS Scotland and Scottish Children's Reporter Administration. It is a package of data collation, presentation, analysis, scrutiny questions and reporting. It aims to deliver robust datasets to support child protection improvement, develop a national resource for advice on using child protection data for local planning and service development, and to expand analytical capacity.

Multi-agency risk assessment conference (MARAC) is a regular, local meeting where information about domestic abuse victims at risk of the most serious levels of harm (including murder) is shared between representatives from a range of local agencies to inform a co-ordinated action plan to increase the safety of the victim and their children.

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,

families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

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

Safe and Together provides a model for practitioners to consider and discuss concerns, challenges and solutions for families. It is a way of working that aims to create systems and practice change that is child-centred and keeps children safe and together with the protective parent. Its effectiveness is measured by how domestic violence informed agencies make this occur as much as possible and how child welfare systems and practitioners respond to the issue of domestic abuse.

Scottish Children's Reporter Administration (SCRA) is a national body which focuses on children most at risk. Its role is to decide when a child needs to go to a Children's Hearing, help children and families to take part in hearings and provide accommodation for hearings.

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

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.gov.scot

Care Inspectorate Enquiries: 0345 600 9527



© Care Inspectorate 2023 | Published by: Communications

 @careinspect  careinspectorate

