

# Services for children and young people in the Outer Hebrides Community Planning Partnership area

19 January 2016

Report of a joint inspection

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## 1. Introduction

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

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning including representatives from Comhairle nan Eilean Siar, NHS Western Isles, Police Scotland and the Scottish Fire and Rescue Service.

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

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate Assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area. This inspection team was also joined by three members of staff from Western Isles who participated in our review of practice through reading children's records.

In 2014, The Care Inspectorate published *How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators*. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep

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

## 2. How we conducted the inspection

The joint inspection of services for children and young people in the Outer Hebrides Community Planning Partnership area took place between April and June 2015. It covered the range of partners in the area that have a role in providing services for children, young people and families.

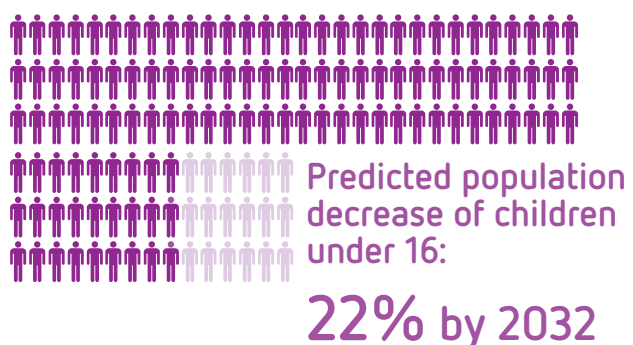
We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records of a representative sample of the most vulnerable children and young people, taking into account different ages, gender, ethnicity, disability, postcode and legal status. In total we read the records of 42 children and young people. We met with 117 children and young people and 19 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Comhairle nan Eilean Siar (Western Isles Council). For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Comhairle nan Eilean Siar area published by Her Majesty's Inspectorate of Education in 2010, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at [www.educationscotland.gov.uk](http://www.educationscotland.gov.uk)

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

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

The Outer Hebrides (also known as Eilean Siar or the Western Isles) are located to the north-west of the mainland of Scotland and have a population of 27,250. Eilean Siar has the third lowest population of the 32 local authorities and covers 3,059 square kilometres. It is the least densely populated authority in Scotland with nine people per square kilometre. The population has increased by 5% since 2003, which is the same as for Scotland as a whole over the same period. In Eilean Siar, 57% of the population is of working age which is less than the figure for Scotland (62%). The population is predicted to decrease in the future. From the 2012-based population projections, the population of Eilean Siar is due to decrease by 4% by 2022 and by 8% by 2032 whereas population of Scotland as a whole is predicted to increase by 4% by 2022 and by 8% by 2032. Eilean Siar's under-16 population is predicted to decrease by 13% by 2022 and by 22% by 2032. The equivalent figures for Scotland are to increase by 4% by 2022 and increase by 6% by 2032. Eilean Siar faces significant challenges as a result of an ageing population and a continuing trend of young people leaving the islands for further education or employment. In 2014 the average age of residents in Eilean Siar was 47 compared to the average for Scotland of 41.



The Scottish Index of Multiple Deprivation (SIMD) 2012 found no areas in Eilean Siar were included in the 15% most deprived areas in Scotland. However the office of the Chief Statistician collated the SIMD 2009 data on rural areas only and this shows the Outer Hebrides as one of the most deprived rural areas in Scotland. Disposable household income is lower than in the rest of Scotland and other northern rural areas. Although figures for child poverty and income deprived households are below the national average, there are significant challenges for those facing poverty on the islands. The Outer Hebrides has the highest number of households in Scotland in fuel poverty and extreme poverty. The Outer Hebrides Community Planning Partnership is committed to reducing the effects of poverty.

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The Single Outcome Agreement (2013-14) encompasses the long term vision for the Outer Hebrides:

‘Our vision for the Outer Hebrides is a prosperous, well-educated and healthy community enjoying a good quality of life and fully realising the benefits of our natural environment and cultural tradition.’

The partnership recognises that the early years of a child’s life are critical in shaping their future life chances and has been very active in using the Early Years Collaborative to address local challenges. The Outer Hebrides Children and Young People’s Planning Partnership (OHCYPPP) is in the process of producing its Integrated Children’s Services Plan (ICSP) 2015-18. This plan sets out the vision for children, young people and families ‘to work in partnership in getting it right for all our children and young people in the Outer Hebrides.’ The OHCYPPP is accountable to the Community Planning Partnership for the delivery of the plan.

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

### Key performance outcomes

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

Performance in improving outcomes for children and young people was **adequate**. Strong performance was evident in some nationally reported statistics but partners were unable to demonstrate comprehensively the improvements they had made in the wellbeing of children and young people. Improving trends in infant immunisations, exclusive breastfeeding and uptake of vitamins were helping give children a better start in life. Overall, children and young people’s attainment was improving. Eilean Siar had the second highest figure for school leavers in positive destinations in Scotland in 2014 and care leavers were being supported well. There was some evidence that partners were alert to negative trends and took appropriate action to make improvements. The education service used an extensive range of measures which helped it to raise attainment. NHS Western Isles monitored progress in improving health and tackling health inequalities through its local delivery plan. However, the Early Years Collaborative currently provided the only platform for agreeing multi-agency measures and targets.

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There was very limited systematic data gathering across partners to provide measures of improving trends, outcomes for children and young people or in the life chances of vulnerable children and young people.

### **Improving trends through prevention and early intervention**

The Outer Hebrides Community Planning Partnership was committed to intervening early in children's lives, improving their longer term outcomes and breaking cycles of deprivation. Partners were working hard to ensure children and young people's wellbeing improved over time.

Many babies were being helped to get the best start in life through exclusive breastfeeding in the first six to eight weeks of life. While the overall Scottish percentages have remained stable in recent years Eilean Siar's figures had shown an overall increase and remained consistently above the Scottish average for the last three years. Active peer support groups like 'Bosom Buddies' were contributing to this success. In March 2014, all pregnant women accessed antenatal care before 12 weeks' gestation, exceeding the national target of 80%. Immunisation uptake figures were high and, although remaining fairly static in line with the national trend, had been marginally higher than the national average since 2009. High numbers of very young children were receiving important nutrients through universal distribution of 'Healthy Start' vitamin drops. Lower uptake of 'Healthy Start' vouchers was being tackled through negotiation with a supermarket which had been failing to ensure anonymity for people making use of their vouchers.

Fewer mothers in Eilean Siar were recorded as smokers at their first antenatal visit than the Scottish average. However, while national rates had shown a gradual decrease with a tendency to stabilise in recent years, in contrast in Eilean Siar the percentage of mothers smoking at their first antenatal booking visit had shown a steady increase since 2005/7.

There were promising indications of improvements in children's dental health. Tooth care was promoted in nurseries with most services participating in the national tooth brushing programme and increasing numbers of primary 1 children had no dental caries. Dental registrations are an indication of how accessible dental care is to pre-school children and therefore their ability to access preventative dental care in general dental practice. Eilean Siar had seen increasing numbers of children registered with a dentist since 2010. Although in 2014 Eilean Siar continued to have the lowest registration rate in Scotland, they have had the largest increase since 2010 with 84% now registered compared to just 55% in 2010, an encouraging improvement.

Nonetheless, there remained considerable scope for partners to identify improving trends in a number of important areas. There was limited data to validate staff's confidence that partners were successfully tackling the consequences of child poverty. Similarly, while most staff responding to our survey agreed that their service could demonstrate improving trends as a result of its effective approaches to prevention and early intervention, and was closing

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outcome gaps and inequalities, there was a lack of evidence to support their views. Partners were unable to demonstrate trends in key community safety measures such as house fires, accidents or anti-social behaviour.

### **Improvements in outcomes for children and young people**

Most staff responding to the Care Inspectorate survey agreed that their service was working to a clear set of improvement targets, aimed at achieving better outcomes for children and young people.

Levels of obesity in children were higher than the national average and had been consistently so since 2006/7. The Single Outcome Agreement and the Early Years Collaborative had identified reducing obesity as a key priority for action. Encouragingly the number of children aged 7-13 completing healthy weight interventions by March 2014 was 202, well ahead of the annual target of 75. Partners were increasing the amount of organised physical activity and the numbers of children eating healthy snacks in early learning and child care centres with the aim of reducing obesity. Data was not yet available demonstrating how well these particular actions were being put in place. A measurable reduction in obesity as a result of these actions is likely to take some time.

There was an upward trend in the percentage of children reaching all the expected developmental milestones at the time the child started school. Figures exceeded the national target. This suggests increasing numbers of children were more likely to succeed at school due to their enhanced state of readiness to learn.

Overall, pupil's attainment and achievement in Western Isles was improving. Almost all school leavers achieved both literacy and numeracy awards at level 3 or above and around half of all leavers achieved literacy and numeracy awards at level 5 or above. Education services were using an extensive range of measures which was helping raise attainment through careful analysis, understanding and subsequent action. This included looking closely at the effects of deprivation and vulnerability. As a result of Curriculum for Excellence, schools measured the percentage of pupils reaching their milestone stages. This information was analysed and local quality assurance groups ensured schools were planning together. Impressively, moderation panels were used to quality assure pupils' work and increase consistency across schools. Education had a wide range of standard assessment data and on this basis schools were expected to draw up appropriate action plans. There were reassuringly upward trends in this data.

Wider achievement was thoroughly embraced with a great many children and young people actively involved in volunteering through the Saltire, Callanish and Duke of Edinburgh Awards. Over 300 young people had benefited from participating in the Duke of Edinburgh's Award Scheme. This was proportionally well above the national average and there had been a steady increase in participation. On the other hand, staff across organisations were at an early stage in consistently gathering and recording information



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about children and young people's wider achievements into a central, accessible record. This meant that some aspects of young people's achievements were not easily available enough to be recognised by others. This also made it less likely that this valuable information about individual young people could be aggregated to provide an important outcome measure.

In October 2014, 96.9% of school leavers were in a positive destination, which was above the national average, and this had been the case consistently since 2009/10. Partners had given significant attention to ensuring that young people continued to move from school into further or higher education, training or employment. This had included developing strong partnerships with local employers and shaping learning opportunities to meet the needs of the local labour market. There remained significant challenges in making sure school leavers were able to successfully sustain their early positive destinations.

The results of the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) showed 13-and 15-year-olds in Eilean Siar were reporting a decrease in alcohol and drug consumption in 2013, compared to the 2010 survey. Partners perceived there had been a reduction in substance use among young people but acknowledged that for some vulnerable young people this remained a significant difficulty. The third sector organisation Action for Children provided an early intervention substance misuse service working with children and young people aged 9-18 years. It worked closely with police, education and social work staff to provide help to children and young people affected by substance misuse including over weekends.

### **Improvements in the life chances of vulnerable children and young people**

The Outer Hebrides Child Protection Committee (OHCPC) was not yet able to demonstrate that children and young people were better protected. The OHCPC gathered and reported on a range of volume and frequency information including child protection referrals, registrations and case conferences but in common with many other areas in Scotland, the OHCPC had not yet identified meaningful measures of how well they were protecting children and young people. Undoubtedly there was an additional challenge due to their very small numbers not allowing meaningful trends to be easily identified. However, some figures did provide important evidence, for example partners noted that in the seven years from 2005 to 2011 there had been just one pre-birth case conference and in the three years since then there had been eight. This suggested improved identification of risk and vulnerability pre-birth, enabling earlier intervention.

There is a significant shortage of housing in the Western isles and at the time of the inspection one in three homeless presentations were of young people. A recent internal review of care leavers established that although very few were currently homeless, the number who had experienced homelessness was high. This was a driver to recent plans to improve the accommodation options for young people, and care leavers in particular.

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Outcomes for looked after children required improvement. The attainment of looked after children was significantly below both the national average and the **virtual comparator**. The rate of exclusion from school for looked after children was considerably higher than the figure for Scotland. Partners were aware that the small numbers could make these comparisons less meaningful and were striving to identify a better way of tracking outcomes for looked after children. An example of raising awareness of the needs of looked after young people in schools was the looked after champion in each subject department in the Nicolson Institute, the largest secondary school in Stornoway.

Partners were determined to reduce the numbers of children and young people who were cared for in specialist mainland placements, considering they were not necessarily leading to improved longer term outcomes for young people. Considerable work had gone into achieving this aim. This had included redevelopment of services in Eilean Siar to increase the likelihood that they could meet the many and varied needs of the children and young people who were previously placed in specialist mainland resources. However, partners were not yet able to demonstrate positive trends as a result of this initiative.

Considerable numbers of care leavers remained in contact with social services and almost half of those eligible for aftercare were in employment, education or training in 2013/14. Numbers of care leavers with known economic activity was 60%. These figures were significantly higher than the Scottish average and contributed to improved life chances for care leavers.

Youth offending was reducing in line with the national trend. Closer analysis of this data could usefully be pursued to inform future planning of services.

Although the teenage pregnancy rate remained lower than average, it was not reducing in line with the national trend. Greater exploration of these figures may be merited in order to ensure the current trajectory does not lead to increasing trends in the future.

## **Impact on children and young people**

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

Overall, the impact of services on the wellbeing of children and young people growing up Eilean Siar was **good**. Gaelic language, culture and musical tradition were actively celebrated, promoting a shared identity and sense of belonging amongst many children and young people. Most children and young people were participating in decisions that affected them, their rights fully respected, although some young people felt excluded and not part of their communities. A number of young people reported that bullying,

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which was a problem that affected a small but significant group of young people, was not always being addressed effectively. Children and young people were safer as a result of the efforts of staff, carers and family members. Many children and young people benefited from living in stable and supportive homes and family placements, characterised by nurturing relationships, positive encouragement and routine. Those who were unable to live at home were being successfully supported to maintain contact with their families. However, some children did not experience the nurture necessary to enable them to grow and develop well. Despite the efforts of staff, a few children and young people continued to experience physical and mental health problems, often the result of serious neglect during their early years. In many cases, families, carers and professionals were responding well to meet children's needs, but there was a risk that the health needs of some looked after children and young people were being overlooked because their health was not being properly assessed.

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

We were confident that most children and young people felt safe living in Eilean Siar. Most were confident moving about their neighbourhoods and communities with low levels of traffic and crime contributing to this feeling. Nonetheless, a few young people felt excluded and isolated and this was particularly difficult in the context of a close knit, rural community. Although most young people felt very safe at school some young people experienced bullying.

Police officers worked closely with schools to raise awareness of safety and increase children and young people's skills for keeping safe. This covered a wide range of issues from road safety to using the internet safely. Vulnerable children and young people were safer in their own families as a result of staff working well together. Some children were safer as a result of staff helping their parents address a range of challenges including drug and alcohol problems. This had led to safer parenting with reduced risks to children.

We found that a few children were adversely affected as a result of delay in seeking effective legal measures - referrals to the reporter had not been made quickly enough, resulting in these children experiencing potential harm for too long. Children and young people who were no longer able to live safely at home were well protected in kinship, foster or residential care. Contact with parents was being managed well and was an enjoyable and safe experience for looked after children and young people.

While there were examples of vulnerable care leavers being well protected from serious harm there were a few examples of missed opportunities to engage or re-engage with young people, leading to increased concerns for their safety.

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

It was clear that early intervention was having a positive impact on children's health. Early years services provided healthy meals and snacks, water and milk in line with best

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nutritional practice. These efforts were improving the health of the children who attended. Increasing numbers of babies were breastfed and the maternal and infant nutrition group had increased families' self-esteem and confidence in a wide range of life skills and parenting.

Young people valued important health advice, in particular through **Pointers**, and acknowledged the positive influence it had on them. This included sexual health, drugs and alcohol and healthy eating. The health of some children in kinship care was improving as a result of helpful advice from health professionals. There were examples of looked after children whose health had been enhanced as a result of a comprehensive assessment of health needs and a corresponding plan to meet these needs. Unfortunately, not all looked after children and young people received timely comprehensive health assessments and as a result their health needs were not always picked up early enough. Serious and sustained neglect in early childhood continued to affect the physical and mental health of a number of children and young people whose records we read despite the help being provided by services.

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

Children and young people in Eilean Siar were successfully developing self-care and life skills as they progressed through childhood. For a few children this had been achieved after a poor start in life, suggesting an ability and determination to catch up with their peers, as well as effective support from staff. A few children and young people had suffered serious neglect for so long in early childhood that it continued to have an adverse impact on their ability to learn in later years.

A few young children were benefiting from the way their parents had been supported to play and interact with them. This had promoted their learning and development. The Extended Learning Resource had helped young people achieve skills in literacy and numeracy as well as improving their self-esteem and confidence. Activities such as boat building and enterprise had helped young people develop skills which were particularly well suited to their local context. However, some looked after children and young people would have benefited from better targeted help to improve their educational outcomes. School attendance was not always afforded sufficient importance and poor attendance was not always addressed effectively.

Almost all school leavers went on to positive destinations. There was a range of support services in place helping those young people disaffected with formal education move on to positive destinations. Activity agreements had successfully helped 74% of participants achieve a positive destination in 2014.

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

Many children experienced nurturing care and a sense of belonging in the wider community as well as in their families. They described a strong, comforting sense that neighbours were 'looking out for them'. Sensitive, consistent, reliable and caring staff engagement was helping many children and young people learn new skills and grow in confidence. For example, young carers attending Pointers described it as giving them an improved sense of wellbeing and confidence.

Most children looked after away from home were helped to maintain contact with their birth families and other significant people in their life. This helped them build their identity and sense of belonging. The majority of vulnerable children and young people benefitted from living in stable and supportive homes or family placements characterised by nurturing relationships, positive encouragement and routine. However, not all children experienced the nurture necessary to enable them to grow and develop well. For a few children, living arrangements were too unstable to allow nurturing relationships to develop. Past deficits in nurturing contributed to instability and significant challenges for some care leavers as they moved on to independent living.

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

Children and young people across different communities took part in an impressive range of activities. These included enjoying attractive play parks, playing indoor and outdoor games at school, boxing, swimming, fishing, mountain biking and taking part in skiing trips on the mainland. Individual staff and carers and communities were successfully providing enhanced access to more active lifestyles either through nursery, out of school team sports or community activities. A high level of community and parental involvement, including fund raising, kept these activities going.

Although many looked after children and young people were enabled to develop interests and participate in a wide range of physical activities, a significant number of children's plans did not focus sufficiently on how to encourage a more active lifestyle. Care leavers were being successfully encouraged to develop active lifestyles through regular Pathways Group Nights where they tried out various physical activities. Free gym membership was available to care leavers and usage was usefully monitored and reviewed to ensure this was leading to enhanced physical activity. Young people in Lewis and Harris with additional needs benefited from a monthly Saturday club (S'Math Sinn) run by Action for Children. They took part in a range of leisure activities including dance, ten pin bowling and sailing.

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

Vulnerable children were participating in key processes involving decisions that affected them. Their views were sought and recorded and often they were being offered independent advocacy. Looked after children and young people valued the Who Cares? service:

'...they are always there, they listen, help to change things and help to see the good and never the bad.' This gave young people an important sense of safety and trust.

In almost all of the relevant records we read, children and young people were being supported to understand and exercise their rights. However, awareness of children's rights was not yet widespread and as a result not all children had been empowered to exercise their rights. A few children and young people did not feel sufficiently respected when there was a lack of focus on their individual needs. In particular, some young school leavers who had experienced problems at school felt that staff 'talked down' to them. A recurring theme from looked after children was that they found it hard to break away from the stigma of being in care. Young people described it as people '...feel like they know your story and if they don't they will make it up'. Some young people considered this contributed to a lack of respect for looked after children in the community.

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

A great many children and young people were making a significant contribution to their communities through volunteering. Schools were effectively supporting this through the promotion of Saltire, Callanish and Duke of Edinburgh awards. Children and young people demonstrated an awareness of child poverty and emergencies in other countries. For example, one school had been fundraising in aid of people in Nepal. Some young people had been helped to make important changes to their own behaviour and overcame previous difficulties. As a result of the persistent efforts and guidance of key staff, they gained a better understanding of their own behaviour and developed into responsible citizens. For a few children and young people, staff could have been more vigilant to changes in behaviour or in family circumstances. Identifying times when a child or young person required additional support may have prevented risk-taking behaviour. For example young people engaging in anti-social and/or offending behaviour could have been helped to accept responsibility for their behaviour through gentle challenge and directive support for behaviour change at an earlier stage. In a few cases, paying closer attention to the level of responsibility being expected of a child would have ensured this was always age appropriate. Signs that a young child was expected to take an unacceptable level of responsibility at home were not always responded to promptly enough.

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

The Gaelic language, culture and musical tradition was actively celebrated and promoted a shared identity and sense of belonging amongst many children and young people. Events, a free monthly newspaper, contained information in every issue about children and young people's involvement in Gaelic educational activities. Articles were also paid for regularly by Education and Children's services, with the aim of promoting positive attitudes in the community towards vulnerable children and young people.

Young people living at home and those who had to live away from their families were effectively encouraged and supported to integrate into the community where they lived. They attended local activities and developed friendships. However, some children and young people living with adversity continued to experience isolation within their families and communities. More effective challenge to their families was sometimes needed. They were not always sufficiently enabled to develop peer friendships and attend community activities. Some vulnerable young people did not feel included due to being unable to match the expectations of the community and the church. Other young people, although they felt included in the community, considered that if they did anything wrong, '...the stigma can stick with you'. A few young people who had come to live in Eilean Siar later in childhood or as teenagers felt unwelcome by many of their peers due to 'Outsiders not welcomed.' Some young people experienced bullying and isolation. Being Lesbian, gay, bisexual or transgender was perceived as not acceptable in some communities, and young people were thus reluctant to disclose and felt unable to be themselves. Young people did not always know where to get support for this.

## Impact on families

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

Impact on families was good overall. Families benefited from a wide range of good quality, responsive, practical and emotional support which helped them increase their resilience and cope better with adversity. A variety of flexible parenting programmes was successfully increasing parental confidence. However, family wellbeing was not being strengthened when staff did not challenge families assertively enough to effect real and lasting change. Vulnerable pregnant women benefited from early intervention and high levels of support in the pre-birth period. Flexible and appropriate respite care was effective in giving many families a much needed break but there were a few families whose children had the most complex needs who were not benefiting from regular respite. For a few families, help was not provided at an early enough stage in their difficulties and their problems increased before support was offered.

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Families increased their resilience through positive support and interventions from a variety of staff. Services often worked well in partnership and were persistent in achieving effective engagement with difficult to engage families. Many parents greatly valued staff willingness to 'go the extra mile' to help them and recognised they worked over their required hours to provide support. Staff reached out to parents, building a high level of trust which helped parents make use of services and facilitated change. However, not all families' resilience and parental confidence increased as a result of the support they had received. While services often were persistent and worked well in partnership with each other, their input had little impact on these families. A number of families had been resistant or reluctant to engage when help was offered. This was not always addressed early enough. Staff had not always provided effective support nor were they challenging families assertively enough to build resilience and improve parental competence.

Vulnerable pregnant women and their families had benefited from early intervention and high levels of support in the pre-birth period in preparation for parenthood. Feedback from families was positive, reporting that they had increased their knowledge and skills to care for their babies.

There were examples of good quality, reliable, responsive practical and emotional support helping families cope better with adversity. A variety of parenting programmes was available for many families. The flexibility of approach and wide range of topics enabled many vulnerable families to engage and benefit from them, increasing their capacity to parent more effectively. Parents reported that they felt more confident as a result of attending the courses.

For a few families the help they needed was not provided at an early enough stage in their difficulties. As a result their problems had escalated, in some cases resulting in the need for action under child protection processes or a breakdown in care arrangements. The long term shortage of health visitors was contributing to families not getting the early help and support they needed.

Families benefited from a number of self-help groups. For example the Autism Support group was established by parents, initially to combat isolation. The group had worked well with services to secure flexible help and support which has helped them deal better with challenges in their daily lives. Successful negotiation around travel by air and by ferry had secured priority travel and the use of a quiet room for their children. The groups had also established beneficial links with the Extended Learning Resource which had been reassuring for parents and increased their confidence.

Many families were provided with appropriate and effective respite facilities. Children and young people with communication disorders, for example, had one-to-one support provided by workers who took them out to social events and activities. As well as providing the family with some valuable relief the children enjoyed and learned from the



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social experience and activities. The children's clubs in Uist and Barra, which were initially for looked after children, now included children with additional support needs. These had been successful in providing families with respite particularly over holiday periods. A few families, however, were not benefiting from regular respite. These families had children who had particularly complex needs and, though their need for respite was great, there were few opportunities for them to access a suitable service. The experience of these families was that they had to reach crisis point before they got the help they needed.

Support for families who had problems with substance misuse was well resourced in Uist and Barra. The substance misuse partnership for Uist and Barra, a third sector organisation, was usefully linked with the substance misuse coordinator employed within NHS. There were no waiting lists and the workers provided one-to-one support, group work and worked closely in partnership with agencies when children were involved. Families benefited significantly from this accessible and flexible specialist support.

Families found the introduction of two online resources 'Dr You' and 'cool2talk' helpful in accessing information and advice while maintaining their anonymity. However, families generally had difficulty finding out about what support was available. They relied heavily on word of mouth and often ended up struggling for longer, without help, simply because they were unaware of what was available. There were no services specifically for men. Fathers were sometimes isolated and would clearly benefit from greater involvement in decisions about parenting and their role in children's plans. There was no provision for effective intervention for perpetrators of domestic abuse.

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

### **Providing help and support at an early stage**

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

The extent to which services provided help and support at an early stage was **adequate**. Most staff recognised where children and families needed extra support and there were useful forums for all age groups which allowed needs to be discussed and concerns picked up. There was a clear and agreed system for sharing information about concerns with the named person and relevant services. Staff sometimes experienced delay in getting the information they needed but mostly these were short delays and did not have an adverse impact. A critical weakness, however, was the lack of capacity among health visiting and school nursing staff who had little option but to target resources

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towards those families thought to be most vulnerable. This meant they were unable to do routine assessments that may have picked up on other needs. This is important because health visitors play a key role in the prevention and early identification of difficulties for children in their formative years and are a critical support for families. They are an essential resource in delivering on the partnership's stated aim to ensure children get the best possible start in life.

Early years services were linked with primary schools to provide increased support for staff. This, and the use of Getting it right for every child wellbeing indicators, had increased early years staff confidence in identifying where additional support was needed.

Pupil support meetings held weekly at The Nicolson Institute and monthly in other schools provided a useful forum to pick up on any support needs early. Skills Development Scotland was working effectively with schools to identify young people at risk of not achieving in school, and planning intervention before the situation became critical. There were joined-up approaches designed to allow allied health professionals to meet parents and children and pick up any difficulties early, for example they attended playgroups and nurseries and there was a health visitor drop-in at the soft play area. Preschool assessment (PRESCAT) had been reintroduced and was used to identify additional support needs for all children, not just children with diagnosed disabilities. Staff reported a heightened understanding of neglect and its impact on outcomes for children following training and dissemination of learning from a significant case review. Police demonstrated a high level of vigilance in identifying and reporting issues which may adversely impact on children, including domestic abuse and misuse of alcohol.

Lack of capacity in the health visiting/school nursing service had been a long-standing problem. Demands were such that health visitors were no longer able to meet expectations to carry out 27-month developmental reviews. This meant that they could be missing the opportunity to identify needs in children and families not yet well known to them.

Getting it right for every child implementation was not underpinned by a clear strategy. There were tensions and confusion between a Getting it right for every child approach and the well embedded staged intervention process which needed to be clarified. Health staff in particular did not feel their managers were able to support them in their named person role and there were not yet any mechanisms to ensure consistency in application.

There was a clear and agreed process for the sharing and multi-agency assessment of police concerns. However, staff consistently reported delays in getting information when concerns had been raised, albeit these were described as short delays which did not normally cause significant difficulties. Police were checking the domestic abuse vulnerable persons' database daily and sending information to social services. Information was reliably shared between the accident and emergency department at the hospital in

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Stornoway and named persons when young people presented with alcohol issues. In general, there was effective communication between the pupil support team, extended learning team and named persons, including named persons for young people over the age of 16 years.

Staff described continuing psychological barriers to education staff making referrals to social services or police due to concerns about the implications of such action when living and working in the same small community. However, we did not find evidence of this being significantly problematic and there was general consensus that this was an improving situation as confidence in shared and proportionate responses grew.

**SEEMiS**, a tool used by education services for recording information about children, was introduced only relatively recently, in contrast to most other parts of Scotland, and had still to prove its worth in improving information-sharing and planning intervention.

There had been an expansion of early years provision to support children and families, including vulnerable children age two years and over. There had been increased attention to supporting children across the transition between nursery and primary. Staff worked in partnership to provide services to help support parents and young children, including breastfeeding support; baby massage; parenting programmes; and story time. The maternal and infant nutrition group was proving effective in supporting vulnerable families at a very early stage. Services were available to provide support to children and young people including the young carers' group; youth counselling service; First Steps (alternative curriculum); and a diversion scheme for young people at risk of continued offending. **Alcohol Brief Interventions** were offered to all young people presenting at A & E with alcohol related problems. There had been a decrease in problem alcohol use by young people. An open referral system to allied health professionals (AHP) in children's services had reduced barriers to accessing help and there was now improved access to allied health professional services such as physiotherapy and speech and language therapy in the southern isles.

While staff were adept at building creative solutions to meet individual needs, especially in the southern isles where there was more limited access to services generally, the availability of certain services was very much dependent on where families lived. There was a shortage of some key services in the southern isles (for example, services for families affected by domestic abuse) and in particular rural areas (for example a lack of childminders). Very limited transport options were also a barrier to accessing services in more remote areas across the islands. Less than half of the respondents to the staff survey agreed that access to services for children and young people was equally distributed, regardless of where families lived in Eilean Siar. There was a lack of up to date, readily available information about what services were available to help children and families. Services could do more to ensure their staff were sufficiently knowledgeable to signpost families to sources of support.

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## Assessing and responding to risks and needs

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

We found the quality of assessment of risks and needs to be **good**. When there were concerns about the safety of children and young people, staff across services responded promptly and worked together well to keep them safe. Overall, information was gathered and shared timeously and appropriately but this was not always possible when concerns arose out of office hours. The weekly Child Concerns meeting was supporting initial multi-agency consideration of risk and monitoring the progress of previous referrals. Greater attention could usefully be given to reviewing the extent to which this meeting was effective in ensuring concerns were being passed on promptly to the most appropriate service to meet the needs of the child or young person. Staff were preparing chronologies of significant events but their quality needed to improve to ensure they were useful in assessing risk and need. Multi-agency training on chronologies had not yet been provided to all staff. Staff confidence in assessing risk and need was improving as the Getting it right for every child approach to assessment was becoming embedded in practice, though consistency in the format of assessments was still to be achieved. A range of specialist assessments were being used well to better inform decision making.

### Initial response to concerns about safety and wellbeing

When there were concerns that a child or young person was at risk of harm, staff worked closely together to keep them safe. Child protection referrals were considered and investigations planned through Initial Referral Discussions involving appropriate representation from police, social work and the NHS. Child protection investigations were robust with effective partnership working from police and social work. They worked well together and collaboration was strong. Initial assessments of risk were sound, based on effective information gathering and sharing. They properly took account of all relevant facts which were effectively analysed to mitigate risk. As a result, immediate action helped to keep children and young people safe.

When there were concerns about the wellbeing of children and young people, staff response was usually appropriate. Risk was considered well when there were concerns during pregnancy. Recognition of vulnerability was good and as a result, pre-birth planning was effectively carried out.

Information sharing to promote an informed initial response was largely effective, though on occasion, less so out of hours. Up to date social work information was only available

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when the out-of-hours social worker was based in Stornoway. Police reported there were a few occasions when they were unable to access social work support out of hours.

Where there were concerns that a child or young person posed a risk to others, the manner in which services responded to protect people and also support the young person, was generally acceptable. Action to support young people at risk of harming themselves was prompt and effective.

Concerns about children and young people were shared and a start made to assessing risks and needs at weekly child concern meetings, where health, police and social work staff together reviewed all referrals, agreed actions and reviewed progress. The process allowed for named persons to be notified of any concerns before a meeting took place, although, as described in the previous section, there were still occasional delays in staff receiving information. The range of meeting participants had been reduced to increase efficiency and preserve confidentiality, but this had resulted in a reduction in referrals for support for children and families, for example to voluntary sector partners. It would be helpful for managers to review this aspect of the child concerns process to make sure that children and families receive all the help they need at an early stage.

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

With the exception of two cases reviewed, all children and young people had a chronology of significant events held on file but of these, we assessed two-thirds as not to be fit for purpose. A few were noted to lack detail but more were overly detailed. Other weaknesses included: more than one chronology for a child or young person held on file, each containing different information; lengthy gaps between entries; and chronologies being out of date. In a few chronologies important information was missing such as the death of a parent or the child's name being removed from the child protection register.

Managers were keen to improve staff practice in developing, maintaining and using chronologies of significant events to understand patterns of risk or accumulation of experiences affecting the wellbeing of children and young people. Helpful guidance on chronologies had been developed recently but had yet to filter through completely to staff. It was clear that there was an increasing awareness in staff of the importance and usefulness of chronologies but too many staff compiling chronologies had not yet had multi-agency training. As a result, many staff were not being sufficiently supported to develop the skills necessary to develop appropriate chronologies to support the assessment of risk and need.

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## The quality of assessments

As the Getting it right for every child approach to assessment was becoming more rooted in practice, staff confidence in assessing risks and needs was slowly improving. A new assessment and planning framework had been introduced to streamline practice and provide consistency in assessing risk and need. Staff were very positive about the new framework and thought that in time it would promote a better and a more consistent standard of assessment. They found a checklist of the wellbeing indicators as a particularly helpful visual aid to assessment. However, previous versions of assessment documentation were still in use and this was causing confusion. Not all staff were clear about whether the new framework was now to be used on all occasions or was to be formally introduced at a later date.

Most of the risk assessments reviewed during the inspection were of an acceptable standard and many were of a higher standard, being evaluated as good or very good. Needs assessments were of a similar, if even slightly better quality. Almost all needs assessments were of an acceptable standard and most of them were evaluated as good or very good.

The third sector organisation Action for Children had been commissioned to provide a range of services which helpfully used a suite of more specialist assessment formats to assess and support young people. This included one-to-one **Alcohol Brief Interventions** for young people abusing alcohol and the ASSIST toolkit to assess substance misuse and raise the awareness of the impact and risks substance misuse has on the young person and their wider network.

## Planning for individual children and young people

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

Planning for individual children and young people was **good**. Most children and young people who needed one had a plan in place to direct staff in managing risk or meeting their needs. Plans were linked well to assessments and used the national indicators of wellbeing as the basis for identifying actions to reach specified goals. Most plans identified outcomes to be achieved for the child or young person. However, planning to meet the health needs of looked after children and young people required improvement. Lack of capacity within health services meant planning was often reactive and unless there were immediate health difficulties, looked after children and young people did not have their health needs monitored. Staff worked well together to plan for and meet the needs of children and young people. Appropriate arrangements were in place to review progress, jointly plan and make decisions. Looked after reviews were now chaired by an officer with no case responsibility and this had introduced a

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useful objectivity and greater level of impartial scrutiny of practice. More children and young people were being successfully supported within their own communities on the islands. A greater focus on permanency planning had the potential to enable more children to move to a secure and stable environment through earlier decision making.

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

Most children and young people, who required one, had a plan in place to direct staff in managing risk or addressing their needs. The new assessment and planning framework, mentioned in the previous section, linked the assessment well to the child's plan using the wellbeing indicators. Plans reviewed as part of the inspection were mainly of an acceptable quality. Risk management plans appropriately addressed what actions were required to mitigate the risks identified.

There were some very good examples of children's plans that were detailed, well-structured and linked to wellbeing indicators. These were clear about who was responsible for the range of specifically recorded actions. Most plans detailed outcomes to be achieved for the child or young person. Only a quarter of plans reviewed were considered to be SMART (specific, measurable, achievable, realistic and time bound). Ensuring a plan is SMART is essential to being able to monitor progress and check that intervention is being effective.

Staff practice in developing plans had improved as a result of strengthened management through the recruitment of two team leaders. It was unusual now for referrals to be made to the children's reporter without also sending a plan. Plans were now more readily available to inform hearings. Staff were able to articulate the outcomes they were seeking to achieve for children and young people through children's plans very well. They were more confident in making and implementing joint plans for children and young people

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

The staged intervention process was used well to plan to meet the needs of children and young people. Through this process, varied levels of support could be accessed from a single agency through to extensive multi-agency support. As part of this, weekly multi-agency pupil support meetings were effective in monitoring the progress of children and young people and reviewing their needs. This process had yet to be fully aligned with Getting it right for every child processes.

The school nurse was part of these pupil support meetings, allowing for some monitoring of the health needs of looked after young people at secondary school. However, the planning to meet the health needs of looked after children and young people was not consistently robust. There was not a dedicated health professional assigned to this but rather this was an additional responsibility for the health visiting and school nursing staff.

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As a result, planning was often reactive and unless highlighted with immediate health difficulties looked after children and young people's health needs were not systematically monitored on an ongoing basis. An important weakness was the lack of a system for planning to meet the health needs of children and young people who are looked after at home.

Staff worked well together to plan for and meet the needs of children and young people. Pre-school community assessment team (PRESCAT) meetings, mentioned earlier, had been reintroduced in nurseries. Case conferences and reviews ensured that the risks to, and the needs of, children and young people in need of protection were kept under constant review. Children and young people looked after away from home had their circumstances and progress monitored at regular review meetings. These meetings were now chaired and led by an officer with no case holding responsibility bringing a more objective approach and providing greater impartial scrutiny of practice.

Planning to move children and young people from one stage to another worked well. For example transitions were well managed between the child care for under 3s and nursery schools and onward to primary and then secondary education. Importantly, children and young people previously on the child protection register now retained social work support as they made the transition to less intensive support.

### **Securing stable and caring environments**

More children and young people were being supported within their own community on the islands. Planning was effective in securing caring and stable environments for children and young people in most of the records reviewed. When they were unable to remain at home, suitable supports were usually in place to help them. This included kinship and foster care placements. These placements were making significant impact on the provision of a stable and nurturing environment for young people.

The most recent inspections, completed in March 2015 for both the fostering and adoption services, found the quality of care and support to be good. Further development of a fee-based fostering scheme was planned which should allow children with more challenging needs to be cared for in a family setting in their own community. Currently there is only one fee-based set of carers. More foster carers were needed to ensure there are suitable placements to meet the particular needs of all children and young people requiring alternative care. The lack of carers had contributed to children and young people having to be cared for in mainland placements. Frequent changes of social worker and social work vacancies limited the support which was provided to foster carers. This also affected the service's ability to recruit more carers.

The most recent inspections of the adoption and fostering services completed in March 2015 found timescales for permanence planning needed to improve. Efforts had



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been made to improving the time taken to move children into permanent long term placements. A recent internal review found decisions were being made at an earlier stage of the child being accommodated and at a younger age, making it more likely that permanency was achieved within an optimal timescale. Of the ten relevant cases, read as part of the inspection, four children from three families were experiencing delay. Previous inspections found considerable delay in achieving permanency for children and, despite more recent improvements, the legacy of this remains a considerable challenge. While there had been clear improvements in terms of decision making around permanence, managers were aware that challenges remained in terms of progressing these plans timeously through the legal process.

### Planning and improving services

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

Joint planning to improve services was **weak**. A draft Integrated Children's Services Plan was at an advanced stage but the previous plan had finished in 2013, leaving a significant vacuum where there was no plan to direct and support joint work to improve outcomes for children and young people. The new plan was explicitly linked to the Single Outcome Agreement, firmly aligned to other key processes to aid implementation and monitor its progress. However, it was not based on a joint strategic assessment of needs which would allow partners to ensure the right balance of universal, targeted and specialist services was in place to meet the current and emerging needs of the children and young people in Eilean Siar. The new independent chair had successfully increased the accountability of the Outer Hebrides Child Protection Committee. His appointment was already making a noticeable difference, providing independent challenge and having the capacity to strengthen the committee. The committee had yet to identify any meaningful measures of how well they were protecting children and young people. There had been no annual report since 2013, leaving a void in information by which to judge the committee's impact on keeping children and young people safe. There was no agreed system in place to identify emerging and potential risks to the safety and wellbeing of children and young people and develop shared strategies to address them. As a result, chief officers were not able to assure themselves that the Committee was taking all the necessary actions to minimise harm.

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## Integrated children's services planning

There had been recent efforts made to improve integrated children's services planning but this was from a low base. There had been no Integrated Children's Services Plan in place in the Western Isles since 2013 when the previous plan had finished. Partners had recognised they needed assistance with developing their new plan and were now being well supported in this work by an independent consultant who had greatly enhanced the challenging process of developing a new plan. The draft plan, which was at an advanced stage, was explicitly linked to the Single Outcome Agreement and included some useful information about the improvements achieved as a result of the previous plan. The new plan was firmly aligned with other processes which will make it easier to implement and monitor its progress. Clear lines of accountability had been agreed with the Outer Hebrides Community Planning Partnership (OHCPP) who will monitor the new Integrated Children's Services Plan. There were clear and useful links between the Children and Young People's Planning Partnership, responsible for developing and monitoring the integrated children's services plan, the Child Protection Committee, the Chief Officers Group for public protection and the Outer Hebrides Child Protection Committee. A positive was that all priorities in the Single Outcome Agreement had identified actions which related specifically to children and young people, most of which required partnership working to achieve success.

Targets in the draft plan were not sufficiently SMART and it is not clear how the plan will promote equality and inclusion. The draft plan was to be used as a working document to consult with children, young people, families, staff and other stakeholders. Considerable work will need to be carried out promptly to ensure stakeholders are fully involved in finalising and implementing the plan.

Significant service redesign had taken place which was clearly based on needs identified strategically. There were priority objectives which were leading to service improvement. The following were of particular significance.

- The concerted effort to bring looked after young people back to the Western Isles. Outcomes for young people looked after in mainland placements had not always been good. There was now a comprehensive strategy in place to build resilience in services allowing young people to be successfully cared for within their own community.
- The response to youth homelessness through increasing the range of suitable accommodation options. Plans were in place to convert homeless accommodation to much needed supported housing for young people.
- Extending the number of Gaelic speaking staff working with children in early years provision which was seen as crucial in pursuit of the strategy to embed Gaelic within the child population.

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- Considered study of the local labour market which showed there were opportunities to prepare young people to fill local skills gaps. The demand for health and social care services was growing due to the ageing population. Young people had been encouraged to consider health and social care as a career and supported through the school curriculum to achieve vocational qualifications.
  - Current priorities of the Early Years Collaborative, which were reducing obesity, improving speech and language outcomes, identifying child concerns at the earliest possible stage and reducing child poverty. These were based on data showing areas requiring development and through gaps identified from the mapping of existing tests of change.

Nonetheless, while these were important responses to emerging needs by redeveloping and redesigning services, they were not being carried out in a systematic or joint way. The draft integrated children's services plan had not been informed by a thorough, dynamic assessment of need. Partners were acutely aware that they needed to improve their gathering and use of data. Although a lot of relevant data was gathered, this was not always used in the most systematic or helpful way. Were partners to plan and implement service change in response to need through a joined up strategy, this could offer greater sustainability. With limited management and leadership capacity in a small area, an integrated strategy based on a thorough assessment of need could more effectively feed in to longer term service planning.

### **Implementing a Getting it right for every child approach**

Structural changes over the last two years had slowed the progress of Getting it right for every child implementation. The previous model of Learning Communities was described by staff and managers as having been a good vehicle to drive forward Getting it right for every child implementation as all services had been engaged. The loss of this model meant that new structures had to be created to ensure the continuing implementation of the Getting it right for every child approach.

However, a strong emphasis on, and commitment to, the Getting it right for every child approach was demonstrated in the draft integrated children's services plan. A short-life working group had recently been established to develop throughcare and aftercare in line with new legislation. Both the NHS and the Comhairle had senior managers with lead responsibility for the implementation of Getting it right for every child and ensuring their services are fully compliant with the Children and Young People (Scotland) Act 2014, as it is rolled out. The Getting it right for every child approach had clearly given staff across services and disciplines a shared understanding and language which was helping them work well together on a day-to-day basis.

A significant weakness however, was the lack of capacity in health visiting described earlier in this report. This meant that health visitors could only prioritise the most

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obviously vulnerable children and this was limiting their ability to become involved with families at the earliest possible stage. As a result, the health service was not currently able to fully implement its responsibilities as a named person service. Joint named-person training for health visitors and head teachers had been identified as a need and this was to be put in place. Staff across services had been provided with Getting it right for every child awareness training since 2012, but we know from responses to our staff survey and our contact with staff throughout the inspection that many would welcome further opportunities for multi-agency Getting it right for every child training. It has been some time since many of them received it and there had been significant changes in practice since then.

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

The introduction of the independent chair who reported to the Chief Officers' Group had successfully increased the accountability of the Child Protection Committee. The independent chair was making a noticeable difference, not just as a result of independent challenge but also by having greater capacity to strengthen the committee.

The Committee was routinely gathering and reporting on a range of volume and frequency information. This included child protection referrals, registrations, and case conferences. It was less confident about the performance data it needed to inform future priorities but was at an early stage in reviewing emerging patterns from the child concerns forms, for example. As discussed earlier, and in common with many areas in Scotland, the child protection committee had not yet identified meaningful measures of how well it was protecting children and young people. There was an additional challenge in Eilean Siar as the available data had not always been meaningful due to the very small numbers.

Current work to better join up the various planning processes promised to strengthen child protection planning in the near future. The joint agency action plan currently in place had been appropriately reviewed and changed to ensure it was aligned to the draft integrated children's services plan. The Chair was proposing that the Committee take responsibility for some of the actions in the plan with this forming the basis of the Committee's own high level action plan. There was no recent Child Protection Committee annual report.

### **Identifying and responding to emerging risks**

The OHCPD showed some awareness of emerging risk identified through individual cases, child protection processes or intelligence that particular issues presented risks to children and young people. A recent example was concern about the use of legal highs. However, there was no agreed system in place to identify emerging and potential risks to the safety and wellbeing of children and young people. As a result they were not able to assure themselves that they were taking all the necessary actions to minimise harm.

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## Child sexual exploitation

The Child Protection Committee had paid close attention to the growing risk of child sexual exploitation, both locally and across the UK. Comprehensive awareness raising had been provided to staff, parents, carers and young people on an ongoing basis. Bespoke internet training had been provided to foster carers. There had been a few examples of child sexual exploitation involving children from Eilean Siar over the past five years where intervention had resulted in successful prosecutions. This had been predominantly in relation to looked after children and young people. Significantly, there was now a plan in place to review all young people who were looked after away from home or experiencing homelessness to assess their vulnerability to exploitation. Particular attention will be paid to those young people in mainland placements as they are at greater risk due to being so far from home. A short-life working group had been set up, led by the police to develop a child sexual exploitation action plan. Appropriately, young people will contribute to this through collaboration between school staff in the Nicolson Institute and the Child Protection Committee.

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

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

The extent of participation by children, young people, families and other stakeholders was adequate. There were many positive examples of stakeholders being consulted and enabled to influence important decisions but the views of children, young people, families and other stakeholders were not yet systematically shaping policy, planning and service development. Partners had identified the need to involve all stakeholders in consulting on the draft Integrated Children's Services Plan and to involve looked after children and care leavers in the development of a corporate parenting strategy. There was not yet a coherent strategy in place to raise awareness of children's rights. As a result, some children and young people were not sufficiently aware of their rights and how to exercise them. There was just one accredited rights-respecting school across the islands.

There were some positive examples of stakeholders being consulted and enabled to influence important decisions.

- A comprehensive parent/carer survey in 2013 of all parents of school pupils in Eilean Siar. The results were used to inform the Education and Children's Services Business Plan for 2014-17. This feedback was also used to inform the validated self-evaluation exercise. A thorough analysis and considered reflection on the results led to a number of important proposed improvements.

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- The redesign of the curriculum around employability was based on personalisation and choice as well as linking with strategic priorities. Vocational courses were provided which directly linked to the local labour market. This was part of a wider strategy to prevent young people having to leave the islands to secure employment. The views, desires and interests of young people had played a significant role in the types of vocational courses now provided.
  - An autism support group established by parents had worked well with agencies and services to successfully secure flexible help and support. For example, achieving important changes to make travel by air or by sea easier with their children.
  - Staff had appreciated being given opportunities to help shape their new environment in the new schools and felt that the attractive, purpose-built designs impacted positively on ethos and the subsequent quality of children and young people's learning.

Many young people were confident their views were heard and acted upon within the services they used themselves and described a strong ethos within each service of meaningful engagement and participation. Nonetheless, the systematic involvement of children, young people, families and stakeholders in planning and developing services had not yet been established. Less than half of staff responding to our staff survey agreed that the views of children, young people, parents, families or staff were taken fully into account when planning services at a strategic level.

The current draft integrated children's service plan had been developed with only limited stakeholder involvement. Partners intended to use the latest draft plan as a working document which would be shared with children, young people and families to establish their views and listen to their feedback. This will be taken into account in the final version of the plan. We found partners were committed to increasing constructive involvement and were aware that they needed to develop an effective engagement and participation strategy for all stakeholders.

The Comhairle and its community planning partners had identified that they needed to seek the views of looked after children and young people to better inform their role as corporate parents. A recent event was a promising start. With the support of the third sector organisation Who Cares? Scotland, a group of looked after young people and care leavers met and were pleased to give their views directly to senior officers in different services. Impressively, the Comhairle Youth Champion had been elected by young people. This gave young people the significant responsibility of choosing an elected member to represent their views at Comhairle level. Members of the Youth Council had campaigned on wider issues affecting young people's access to services including the high cost of transport.

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The Early Years Collaborative had helped develop stronger relationships between services and provided encouragement for more stakeholders to assist in shaping service development and delivery. This had the potential to act as a springboard for involving stakeholders more comprehensively in service development. The development of a Third Sector Forum had been a positive step to increase their involvement in developing services to meet local need.

Children and young people who were looked after were becoming better informed of their rights through the work of Who Cares? Scotland. In most of the records we read, where it was relevant, the child or young person had been effectively supported to understand and exercise their rights. Advocacy services were increasingly available and accessible for children and families. Nonetheless, partners recognised they needed to improve their effective promotion of children's rights. Awareness of children's rights was not yet part of a coherent strategy encompassing all children and young people. As a result some young people were not sufficiently aware of their rights or where to go to find out. There was just one accredited rights-respecting school in Eilean Siar.

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

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

Leadership of improvement and change was **weak**. While we found some strengths, there were key areas of performance which were sufficient to diminish the experiences of, and outcomes for, children, young people and their families in substantial ways. The Community Planning Partnership shared a common vision and overall, its stated priorities took due account of both national priorities and the local context. There were a few important examples of leaders authorising appropriate investment to support the achievement of their aims. However, there were key areas where leaders had not yet provided sufficient direction and determination to make progress quickly enough, including implementing new approaches required by legislation. Community planning in Eilean Siar was now starting to improve but there was a long way to go to achieve effective collaboration in identifying and meeting need and in financial planning for integrated services. A lack of capacity at strategic level remained a major challenge. Renewed commitment to continuous improvement and a willingness to engage

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independent consultancy around a range of matters was helpful but partners now needed to take this to the next level and develop their own sustainable approaches to continuous improvement. Promising improvements in the functioning of the Chief Officers Group (public protection) needed to be matched by better collaborative working between strategic leaders, particularly between the NHS and the Comhairle, to modernise service delivery and make best use of collective resources.

The Community Planning Partnership shared its vision for achieving the best possible outcomes for all children and young people through the Single Outcome Agreement. Clear links were in place between the Community Planning Partnership's vision, values and aims and its local outcomes and priorities. These outcomes and priorities took due account of national priorities and local contexts.

Approaches to developing the vision had become more collaborative over time. Considerable scope remained, however, for the partnership to articulate its vision more clearly and to ensure that all staff were familiar with, and shared, its vision. Aspirational targets for outcomes, as outlined in the Single Outcome Agreement, were not yet sufficiently specific or measurable.

Community planning partners demonstrated a strong commitment to the Early Years Collaborative and the need to prioritise prevention and early intervention. A main focus of the Early Years Service was promotion of resilience, healthy development and the prevention of difficulties which might lead children and families to require extra help at a later stage. A big investment had been made in recruitment and training for childminders and early years staff. Improved approaches to self-evaluation had helped to highlight the need to direct attention (and funding) to tackle obesity and alcohol misuse. The partnership regarded work to tackle poverty (including fuel poverty) and provision of decent housing as key preventative measures to tackle social disadvantage and close outcome gaps.

Some recent improved approaches to community planning in Eilean Siar were beginning to impact positively on the quality of partnerships at a strategic level. There are now more examples of jointly driven work though there remained considerable variation in the extent of joint working across the community planning partnership outcome groups.

The Education Service's inclusion policy was child-centred and promoted early intervention, partnership working, staged intervention and a flexible approach to children and young people. This included those who are looked after who may become disengaged from education. Managers now needed to update this policy to take more fully into account current national advice, legislation and performance frameworks.



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There was no corporate parenting strategy in place and this was acknowledged as having limited the development of the role and function of the corporate parent. A shared understanding of the particular responsibilities of corporate parents, which became statutory duties on 1 April 2014, was limited amongst stakeholders. Lack of capacity within health visiting meant the health service was not able to fully implement the named person service. (We say more about this earlier in this report.)

The integrated children's services plan needed to be used as a vehicle to promote aspects of equality and inclusion, for example, in addressing issues such as homophobia and homophobic bullying. There remained significant geographical differences in the availability of services. As a result, the same levels and qualities of provision were not available consistently and equitably across the islands.

The Community Planning Partnership was very supportive of the Early Years Collaborative, recognising it had been a catalyst for better collaborative working in Eilean Siar. Working together on the Collaborative had increased partners' awareness of each other's roles, built better relationships and helped them recognise the great potential for joint working.

Financial planning for integrated services was at a relatively early stage of development. Financial planning strategies varied significantly across the partner organisations and joint budgeting arrangements were not yet sufficiently well embedded.

Finding sufficient capacity for work at strategic level remained a major challenge. Inevitably in such a small area, strategic leadership capacity was limited by the need for senior managers to carry operational responsibility. Many key operational and strategic posts across services were vacant or held by people in an acting capacity. This contributed to a slow pace of change. Highly regarded consultants from across the country were used well to provide some helpful support for staff, offering a measure of confidence and an external perspective in self-evaluation arrangements and in significant case reviews. Although progress in developing an Integrated Children's Services Plan had been slow, it had benefited from the recent support of an external consultant. It is important that partners can take this help to the next stage and develop their own, sustainable approaches to continuous improvement.

Partners were beginning to develop a stronger and shared commitment to continuous improvement. Across services, staff were committed to developing their own professional skills. Partners were developing links with other island communities to benchmark, share good practice and develop solutions to shared challenges. In a number of services staff used key performance measures and quality indicators which provided them with information on how well these services were performing. Overall, across all partners, however, there was an absence of robust data to help evidence improvements

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in performance. Self-evaluation activities needed to have a stronger focus on outcomes and be evaluated against clearer, more specific objectives.

Careful consideration had been given to the future of the Chief Social Work Officer post which is crucial to professional social work leadership, within Education and Children's Services and the Health and Social Care Partnership. The Chief Executive of the Comhairle was committed to ensuring social work professional practice was recognised and given its proper place across both children's and adults' services. The current Chief Social Work Officer was due to retire in March 2016. Given the history of significant difficulties recruiting managers with social work qualifications, there remained some uncertainty about the future of professional social work leadership in the Western Isles.

Over recent months, the effectiveness of the Chief Officers' Group had shown some signs of improvement, with senior officers from relevant bodies starting to attend more regularly. Until recently, attendance had been less frequent and reliable. The Chief Officers' Group was now taking a more collaborative strategic approach to gathering and using data to strengthen its approach to public protection. A promising chief officers' public protection action plan was in place. Recent reviews of structures had led to better links being created between the Chief Officers' Group, the Alcohol and Drugs Partnership and the Domestic Abuse Forum. However, these developments, while promising, were all at a very early stage.

There remained considerable challenges to transformational change. Without a holistic view of children and young people's needs, based on a thorough, dynamic, strategic assessment, it was difficult to truly break down silo working. Despite good working relationships across services on the ground there was less evidence of similarly effective partnership working between strategic leaders. Partnership working between the NHS and the Comhairle at senior level required significant improvement to modernise service delivery and ensure collective resources were used more effectively.

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## 7. Conclusion, areas of particular strength and areas for improvement

Inspectors are confident that the lives of many children and young people growing up in the Western Isles were improving as a result of services delivered by the Community Planning Partnership. Nationally reported statistics showed positive trends in child health, educational attainment and positive destinations for school leavers. Children and young people were being well assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included as a result of the help provided by committed and responsive staff across services. Children and young people in need of protection were being kept safe as a result of prompt multi-agency action in all but a very few cases. The Getting it right for every child approach, by providing a shared understanding and language, was helping staff on the ground to work more effectively together to support vulnerable families and improve children's wellbeing. Staff were becoming increasingly confident in the use of the wellbeing indicators and this was often enabling them to provide appropriate additional support to children at an early stage. Unfortunately lack of capacity within the health visiting service was limiting the opportunity to identify those children and families who might most benefit from early and effective intervention. Despite partners' stated commitment to early and effective intervention, they were not yet able to demonstrate that their approach was successfully closing outcome gaps and reducing inequalities.

Although recent improved approaches to community planning were beginning to improve the quality of partnerships at a strategic level, significant development was still required. Limited collaborative working had contributed to poorly developed corporate parenting which was impacting on the life chances of looked after children, young people and care leavers. This was evident in poorer education and health outcomes for looked after children and increased homelessness for care leavers. While recent developments in joint children's services planning were promising, without a joint strategic assessment of needs partners cannot be assured they have the right balance of services in place to meet current and emerging need.

In the course of our inspection we identified a number of particular strengths which were making a positive difference for children and young people in Eilean Siar.

- The willingness of staff to "go the extra mile", working over their required hours and very flexibly to provide bespoke support to families. This contributed to high levels of trust which helped parents make use of services and facilitated change.
- Careful attention to the local context in Eilean Siar. The celebration of the Gaelic language, culture and musical tradition which promoted a shared identity and sense of belonging amongst many children, young people and families.

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- The redesign of the curriculum around employability which was contributing to the high numbers of school leavers moving on to positive destinations. As a result of a growing skills gap young people were being encouraged to consider health and social care as a career and supported to achieve vocational qualifications. Vocational qualifications in traditional skills like crofting had been developed to give young people other options and support local industry.

The Community Planning Partnership should now:

- ensure accurate and up to date information about services is easily available to GPs, health visitors, social workers and other staff as well as to families
- urgently address the critical shortage of health visitors
- undertake a joint strategic assessment of needs to ensure the right balance of universal, targeted and specialist services are in place to meet the current and emerging needs of children, young people and families in Eilean Siar
- work together to improve data gathering across partners to provide measures of improving trends through prevention and early intervention, outcomes for children and young people and the life chances of vulnerable children and young people
- address the current barriers to effective partnership working at a strategic level.

## **8. What happens next?**

The Care Inspectorate will request that a joint action plan is provided which clearly details how the Outer Hebrides Community Planning Partnership will make improvements in the key areas identified by inspectors. While we are confident that partners are keen to make improvements, we consider they are likely to need support to do so. The Care Inspectorate and other bodies taking part in this inspection will consider with the Partnership how best to support improvement and will agree a process to monitor its progress in taking forward the action plan. The Care Inspectorate will publish a formal review of the Partnership's progress within 18 months of the publication of this report.

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## Appendix 1: Good practice examples

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

### **Cool2talk Western Isles**

Cool to talk is an interactive website where young people can have health related questions answered honestly and accurately. The site offers reassurance, encouragement, information and advice on any health related issue and, if required, signposting to appropriate local or national services. The site's target audience is young people aged 12-20 years. The site has been operating in Tayside for the last ten years and has been available in Western Isles since 2012.

Partners in Eilean Siar were concerned about the lack of opportunities for young people to access confidential information and sought innovative ways of providing young people with the necessary information and support in a remote and rural location. They were aware from national data that young people wanted to access information and support. They identified NHS Tayside as a potential partner already providing an online service and this was successfully extended to Western Isles in 2012.

The service has been successfully promoted and is well used by young people in Western Isles. Cool2talk maintains high take up through continued awareness-raising with young people and staff working with young people, and regular training sessions with staff. Partners monitor website usage and provide feedback to service developers on local young people's current issues of concern. Professionals are asked to audit a selection of questions annually.

The service is filling a significant gap for young people living in a rural area where they cannot always be confident about anonymity. Young people are provided with the opportunity to discuss an issue or concern whilst being provided with the complete anonymity and confidentiality which only internet access can provide. They are sign posted and supported to access services locally or nationally if preferred.

Good take up of the service and regular monitoring of its use suggests young people have increased their knowledge of health and wellbeing topics. Feedback has been very positive.

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## **Croitear Og/Castlebay School with Hebridean Living**

Hebridean Living, which incorporates Croitear Òg (Young Crofter), started as an innovative two-year project encouraging pupils to learn through involvement with the prevalent indigenous industries of fishing and crofting. This unique partnership was developed as a result of feedback from young people through a community survey. It has made very effective and sustainable links with the local industries of crofting and fishing. This partnership demonstrated improved candidates' experience in education and training, acquisition of valuable life skills, improved team work, increased self-esteem and development of wider social networks. The involvement of local people working in fishing, crofting, business or community activities had promoted important intergenerational learning. The engagement of the local community and its full participation in celebrating the young people's achievements is key to the success and sustainability of this venture. It achieved Partnership of the Year award SQA Star Awards 2014.

Young people reported they had made new friends, improved their confidence and developed new skills as a result of the following activities.

- Covering lobster creels. The creels were used to harvest shellfish to sell in the local community, developing their understanding and the economic value of fishing to the community.
- Building a skiff (a traditional wooden rowing boat for fishing) which was paraded and piped through the town.
- Making crowdie and black pudding, developing an appreciation of traditional skills and animal husbandry.
- Planting, growing and selling potatoes.
- Selling the produce made at the Barra and Vatersay Local Produce Show and in the local shop Bùth Bharraigh.
- An island clean up - collecting litter and debris washed onto the shores and verges during the winter months and before the tourist season begins, reinforcing the importance of first impressions and tourism to the local economy.
- Residential trips to the mainland contributed to developing independent living skills, for example recently a group of S1/2 pupils attended the cattle auction at Dalmally.

## Appendix 2: Indicators of quality

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

Here are the evaluations for nine of the quality indicators.

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

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

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

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## Appendix 3: Glossary of terms

**The Outer Hebrides Community Planning Partnership** is the local Community Planning Partnership for the Comhairle nan Eilean Siar area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in the Western Isles.

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

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

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

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

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

**SEEMiS** is the management information system used by the Education services in all Scottish Councils.

**Alcohol Brief Interventions** is a technique used to initiate change in risky levels of alcohol use. It works by getting young people to think differently about their alcohol use so that they begin to think about or make changes in their alcohol consumption.

**Pointers** is a drop-in youth centre in Stornoway for 12-15 year olds funded by the Comhairle nan Eilean Siar.

**The Unicef UK Rights respecting schools award** supports schools to embed children's human rights in their ethos and culture. The award recognises achievement in putting



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the UN convention on the rights of the child at the heart of a school's practice to improve wellbeing and help all children realise their potential.

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

## Appendix 4: The quality indicators framework

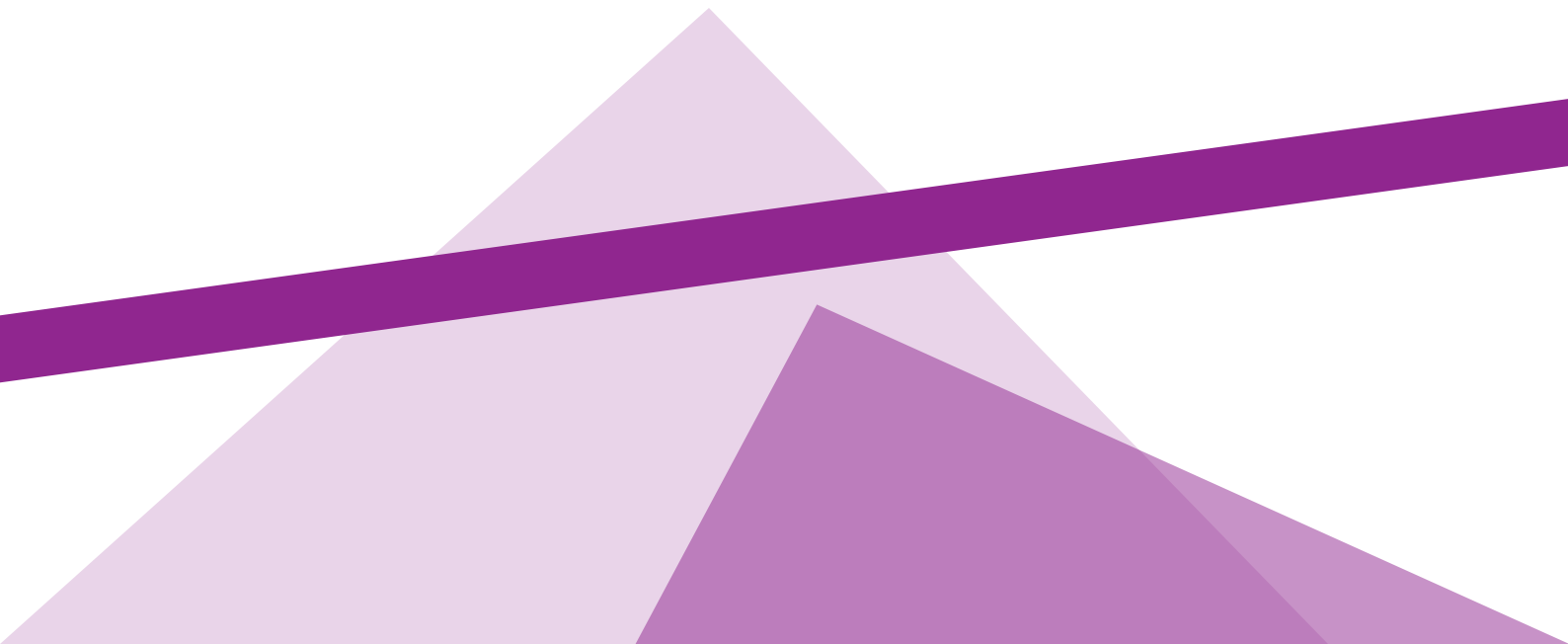
What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
<b>1.</b> Key performance outcomes	<b>2.</b> Impact on children, young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

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