

# Services for children and young people in Fife

March 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 Fife Council, NHS Fife, Police Scotland, the Scottish Fire and Rescue Service.

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

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014 the Care Inspectorate published '*How well are we improving the lives of children, young people and families?*' *A guide to evaluating services for children and young people using quality indicators*. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

## 2. How we conducted the inspection

The joint inspection of services for children and young people in the Fife Community Planning Partnership area took place between August 2015 and October 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 held by services for a sample of 110 of the most vulnerable children and young people. We met with 142 children and young people and 75 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 Fife 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 Fife Council area published by Her Majesty's Inspectorate of Education, 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**

Membership of the Fife Community Planning Partnership includes Fife Council, NHS Fife, Police Scotland, Fife Voluntary Action, Scottish Children's Reporter Administration, Scottish Fire and Rescue, Scottish Enterprise, Skills Development Scotland, Fife College, St Andrew's University and South East Scotland Transport Partnership (SEStran). The partnership serves a population of 367,260 which is the third largest population of the 32 local authorities in Scotland. Fife is often referred to as 'Scotland in miniature' with a geographical coverage of 1,325 square kilometres. The population has increased by 4.2% since 2003. Fife's child population is 17% which is the same as the Scottish average and the population is due to increase by 5% by 2022 and by 8% by 2032. This is slightly higher than the projection for Scotland. The 2012 figures from the Scottish Index of Multiple Deprivation show that within Fife, 58 data zones are within the 15% most deprived in Scotland with high levels of child poverty, which are increasing and above the national average for Scotland. Data zones are small geographical areas within populations of around 500 to 1,000 residents.

The Fife Community Plan 2011-2020 reflects national and local priorities. It sets a clear vision to "make Fife a great place to live, work, visit and invest by strengthening Fife's future". It sets out three high level outcomes: reducing inequalities; increasing unemployment; and tackling climate change. Sixteen long-term outcomes underpin the high-level outcomes with a lead partnership identified for each. The strategic outcomes aimed at improving the lives of children, which sit within the "reducing inequalities" high-level outcome, are: making Fife communities safer; raising education attainment and reducing education inequality; improving early years development of children in Fife; improving the health of Fifers; and narrowing the health inequality gap. The integrated children's services plan, Fife Children's Services Plan 2014-17, reflects these strategic outcomes with a focus on early intervention and prevention.

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

### Improving the wellbeing of children and young people

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

Performance in improving outcomes for children and young people was evaluated as good. Approaches aimed at early intervention and prevention were showing signs of success and partners were able to demonstrate the impact of important work to tackle inequality and close outcome gaps. There was a strong commitment to tackle child poverty with a number of strategies being successfully implemented although it was too early for partners to be able to show clear and sustained improvements from this work. There was evidence of recent improvement in a range of key outcome measures, with partners recognising others required to progress more quickly. Overall, children and young people were performing well in school and moved on to positive destinations. The outcomes achieved for more vulnerable groups of children and young people were improving but not always as quickly or consistently as outcomes for their peers. Partners recognised the need to improve the long-term outcomes for this group but were not yet able to fully demonstrate sustained positive outcomes as a result of action taken.

### How well are trends improving through prevention and early intervention?

Fife Children's Services Plan 2014-17 has a focus on early intervention and prevention and it was clear that this is a priority area for the partnership. Each of the local area committees was able to measure outcomes within its locality and target resources appropriately to local need. The **Early Years Collaborative** had invested in a range of targeted, small tests of change, which could be rolled out where successful. A number of health indicators demonstrated progress in helping children get the best possible start in life. These included the following.

- A collaborative approach to Healthy Start Vitamins between NHS Fife and Fife Council, which was showing positive signs with a 50% increase in uptake following distribution in nurseries over a two-year period (2012-14). Vitamins were also distributed at a range of health sites including health centres, pharmacies and food banks.
- The number of babies, of substance misusing mothers, requiring treatment for withdrawal which was decreasing.
- High numbers of children were having a 27-30 month assessment completed with a meaningful assessment outcome, with most having no concerns noted.

Being able to reduce teenage pregnancies had been a long standing challenge, so four high school 'communities' had been targeted to deliver sexual health and wellbeing work. Teenage pregnancy was reducing across all four areas. Another key area was preventing young people from developing drink and drug addictions.

Work by the Mobile Alcohol Intervention Team was showing an encouraging reduction in alcohol use and associated negative behaviour, and increased awareness of the effects of alcohol. However, similar to many other areas in Scotland, there had been no significant change in relation to drug use and attitudes to drugs for young teenagers. Partners, including the Alcohol and Drug Partnership, recognised the need to change this but action on this had not yet progressed. The **Youth Offending Management Group** was able to report a reduction in youth offending and a reduction in referrals to the Scottish Children's Reporter Administration on offence grounds, from 51 in 1,000 in 2008/09 to 10 in 1,000 in 2013/14.

Accidental house fires had reduced significantly over a four-year period, following work to prioritise vulnerable families for safety checks. Deliberate fire setting had also reduced significantly, helped by youth engagement activities addressing anti-social behaviour, false call outs and fire setting.

Tackling child poverty and the impact of welfare reform was a key priority for partners. More people were seeking early advice and support which was helping stabilise the number of people in receipt of benefit sanctions. Mental health difficulties had been identified as a factor in gaining sanctions for Job Seekers Allowance and sanctions had been reduced from 700 to 350 a month. Digital inclusion programmes were providing improved access to school meals and clothing grants. Anti-poverty money was being used to buy passes for local attractions that families could use, as well as leisure passes for all looked after children and their families.

### **How well are outcomes improving for children and young people?**

In recognition of the risk posed to children's long-term outcomes by poverty and deprivation, the partnership in Fife had given attention to particular communities to try to ensure better outcomes for all children and young people.

- Breastfeeding rates were still below the national average but improvements in initiation and continuation of breastfeeding were most marked in Levenmouth and Dunfermline, which were breastfeeding 'pioneer' sites.
- Babies and young children were receiving immunisations similar to the national picture.

The number of pregnant women smoking at their first antenatal booking was declining in Fife, similar to the picture across Scotland, but Fife's numbers were still higher (23.3%), compared to the Scottish average of 19%. Babies with low birth weight had been greater in number than the average for Scotland over a number of years. Primary 1 children with a healthy weight were showing a similar picture. There had been no significant improvement in these measures over time. However, areas where healthy weight issues had been identified had targeted approaches in place and information was being used to measure improvements in eating and activity programmes delivered in the area.

There had been sustained improvement in the number of primary schools having two hours of physical education a week for children. Children's dental health was

improving, with the number of Primary 1 children with no obvious decay rising year on year since 2010. The implementation of Childsmile had helped increase the number of nurseries undertaking daily tooth brushing. The most deprived areas had been targeted for twice-yearly fluoride varnishing and there had been an increase in dental registrations for young children.

Children and young people were able to benefit from high quality care from childminders and in nursery settings. Care Inspectorate inspections of childminders and early years provision showed grades of good, very good and excellent in 80% of services. Overall, children were performing well at school particularly in the primary sector.

Targeted approaches to improving literacy and numeracy with primary age children had proven to be highly successful. There was demonstrable improvement in literacy attainment for P1, P4 and P7 in reading, writing and listening and talking. This was leading to improvements across secondary age children. Literacy attainment for S4 pupils was rising in all social contexts, including 2014 SCQF level 5 results. Particularly impressive was that the improvement was significantly greater in Fife's most deprived areas. There have been improvements in several measures in terms of young people's attainment over the period 2010-2015 for S4-S6 pupils.

Positive destinations for all school leavers had been consistently below the national average since 2009/10 with a sharp decline in 2012/13. However, the most recent figures for 2013/14 show Fife's highest recorded level of 90.1% of school leavers in a positive destination, just below the national average.

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

The attainment and attendance at school of looked after children had improved and was above that of most comparator authorities. However, exclusion rates had risen from 16% in 2010/11 to 22% in 2012/13, which was higher than the national average. The council's own performance information over a six-year period up to 2014/15 confirmed a fluctuating picture, particularly across the secondary sector. Partners recognised children's outcomes can be significantly compromised when they miss vital time in school. Improving this was a priority.

In August 2015, partners identified that 33% of young people who were entitled, were not in receipt of aftercare services. This had been the picture for several years. This meant some young people moving on from care were not receiving the level of support they may need to ensure they achieve good outcomes as they move into adulthood. Young people who had been looked after were moving on to positive destinations after their school life, with the most recent figures for 2013/14 at a level of 77.8%. A lower proportion were moving into education, employment or training, however there had been a recent increase in 2013/14.

At March 2015, the number of households with children who were in temporary accommodation was lower than the national average, but Fife had a higher number of families in either bed and breakfast accommodation or unsuitable accommodation.



Whilst decreasing, Fife's use of unsuitable accommodation had been higher than most areas in Scotland since 2012.

An improvement priority in Fife's Children's Services Plan 2014-17 was to increase the number of children able to remain at home, albeit on a looked after basis, or with kinship carers (as opposed to being looked after away from home in residential care or with foster carers). Through their own performance reporting mechanisms, partners knew that they were not making progress against targets quickly enough. Figures for July 2014 - August 2015 showed an increase in the number of children looked after at home, although this was still well below the national average. At the same time, there had been a rise in children placed outside the authority or in commissioned placements in Fife and a decrease in children placed with kinship carers, against a strong national trend. Research suggests that children face additional challenges when displaced from their communities, and partners acknowledged the need to shift the balance of care as a matter of priority. Partners were now looking at ways they could best achieve positive outcomes for these children and young people closer to home. To that end, in January 2015, there was an agreement to invest £4m in this area over three years and this was starting to have an impact.

A second improvement priority in Fife's Plan was for permanency plans to be in place within 12 months of a child being accommodated. This was a priority because of the high number of children (330 at the time of the inspection) identified as in need of confirmed permanent care arrangements. Initial targets had been set for this. At the point of inspection, partners were not achieving the targets they had set for this. Work with the Permanence And Care Excellence (PACE) programme was due to commence to progress this activity. We discuss how well partners are making progress on this priority in section five of this report.

## 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.

**The impact of services on the wellbeing of children and young people growing up in Fife was good. Most children and young people benefited from staff across services working well together to help keep them safe and healthy. They reported that the support of staff was contributing to them feeling safe and achieving well. For a few children, their wellbeing was not being improved as they remained in undesirable living situations for too long or their living situation remained uncertain. The impact of the family nurture approach was proving to be positive for babies and younger children as their parents and carers became increasingly attuned to their needs. Targeted efforts by staff to tackle issues of disadvantage were paying off, with children beginning to achieve better in school. Specific focus on health matters such as antenatal care and sexual health was making a positive difference but for a few young people, lengthy waiting times to get help with their mental and emotional**

health needs meant their wellbeing was not improving. Well-established and proactive mechanisms for listening to children and young people was enhancing their ability to have their voices heard and be respected. Older children and young people were being supported well to be responsible by contributing effectively within their school and community environments.

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

Children and young people were benefitting from targeted work to identify and respond to domestic abuse. They had access to information in schools and colleges to raise awareness about violence to women and were given opportunities to talk about their right to be and feel safe. Children reported they felt safe and cared for within schools. Services placed a high priority on equipping children and young people with knowledge and skills for the safe use of mobile and internet technology. The success of these approaches was confirmed through regular pupil surveys. Children and young people across Fife were being protected from accidents within the home and on the roads through well-developed partnership initiatives delivering key safety messages and valuable practical guidance. They were benefitting from strong partnership approaches to reduce harm from alcohol and other risk-taking behaviours. Partners were keen to evaluate, target and coordinate resources towards young people who are most in need.

Children who were at risk of immediate harm, including those babies not yet born, were kept safe as a result of prompt assessment, planning and action taken by staff. If they were unable to safely remain at home, they were placed appropriately with friends and family or accommodated with carers. Most older young people and care leavers had safe places to live. Many vulnerable children and young people, including those living with foster carers, were benefitting from staff and carers having a sound understanding of risks to their safety and working well together to reduce these risks. However, a few vulnerable children and young people were exposed to potential risks for too long because of weaknesses in planning, or because staff were overly optimistic about the progress being made by families.

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

Vulnerable children and those living in deprived areas benefitted from a wide range of targeted interventions that were successfully reducing the impact of deprivation on maternal and child health. Pregnant women were accessing healthcare early in their pregnancies. Fewer women were smoking during their pregnancies and the successful intervention of the **Vulnerable in Pregnancy Team** working closely with others had reduced the number of children requiring treatment for drug withdrawal because their mothers had misused drugs in pregnancy. The health and wellbeing needs of older children and young people were supported well in schools, including joint working with health to deliver peer-mentoring approaches. These had contributed to better awareness among young people of sexual health. Fewer teenagers were becoming pregnant as a result of developments including 'drop in' hubs providing a sexual health service with priority to targeted school communities.

The impact of services for children and young people with emotional and mental health needs was more variable. Some services, such as the Springfield Project, could demonstrate very positive impact in improving the mental health and placement stability for looked after children. However, some children were waiting for a long time to access services to help improve their emotional and mental wellbeing, such as **Child and Adolescent Mental Health Services**. The health needs of most looked after children and those in need of protection were being assessed and addressed appropriately. The health needs of children looked after away from home were supported well by staff and carers. However, initial health assessments of looked after children were often delayed, and in some cases, not undertaken at all. School nurses often lacked the capacity to be sufficiently involved in the assessment and ongoing planning for vulnerable children and young people. This meant that for some children their health needs may not be fully known and therefore not adequately met.

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

The majority of children and young people were being equipped with the skills and confidence necessary to learn and achieve. Younger children were benefitting from placements at nurseries and, with the support of their parents and carers, were achieving their developmental milestones. Those living in the most deprived communities in Fife were benefitting from significant steps taken to close the attainment gap in relation to literacy from early primary to senior phase. Older young people were supported through a range of initiatives to develop their skills and confidence to move on to sustainable training, job opportunities, college or university. Children and young people had access to a broad range of extended learning opportunities outwith the school day to broaden their achievements and develop skills.

The majority of vulnerable children and young people received early support within the school with their progress monitored and tracked closely. Importantly, their educational attainment had continued to improve over time, although too many were experiencing exclusions from school. Partners recognised that reducing exclusions was important and were addressing this. A few had received limited support to address problems when they were identified at an early stage. As a result, their difficulties continued and they struggled to make progress or make full use of supports when these were made available. Overall, staff worked closely together to help vulnerable young people succeed. Some young people who were looked after would have benefitted from staff setting higher, more challenging goals that would enable them to achieve their potential. Where there were effective plans to support vulnerable older young people in transition to college, work and independence, these were successful in helping young people to make positive moves to the next stage of their life with aspirations for their futures.

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

Babies and young children benefitted from a wide range of services delivered through the **Family Nurture Approach** that was successfully helping parents to

understand and meet their children's emotional needs. School-aged children felt strongly supported and cared for by school staff. They were being helped to understand and talk about their feelings by staff from a range of services that were firmly committed to promoting trusting relationships. Almost all vulnerable children and young people whose records we read had regular meaningful contact with staff who played an important role in supporting them. They were clearly benefitting from staff having a strong focus on protecting them and improving their family relationships.

Most children living with kinship carers, whose records we read, enjoyed warm nurturing care environments and a sense of belonging that enabled them to develop trust and confidence in themselves and their carers. Many older young people and care leavers had positive attachments with current or previous carers and staff who helped them to sustain a settled lifestyle. Most children and young people living with foster carers benefitted from sensitive care that was attuned to their needs. However, some were waiting too long for plans to be implemented that would provide long-term security. Despite supports being provided, a few children who had experienced long-term neglect continued to live with uncertainty and disruption in their lives as progress to address it within their families was slow. A few children looked after away from home needed support in addition to what they were already receiving to help them overcome the impact of their early experiences and losses.

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

Primary and secondary school children were encouraged and supported to take up a wide range of activities on offer. The **Active Schools initiative** had been successful in increasing children's participation in sport. Proactive approaches by staff had been successful in engaging younger children and their families in health and wellbeing programmes. Most children and families felt they were given adequate time for exercise during the school day. Young people with chronic long-term illness, additional support needs and those in healthy-weight programmes were benefitting from tailored activities.

Free or concessionary leisure passes encouraged children and young people to keep active during the school holiday periods, but services were not monitoring their uptake to maximise the impact for all groups of children and young people. Young carers told us they appreciated being able to use the passes with "no questions asked". A few vulnerable older young people had not received information and had purchased passes themselves. Getting free passes was often dependent on whether staff knew about them or whether they felt responsible for helping young people to get them. Detached youth work and police-led initiatives, such as street football and twilight basketball, were positive examples of encouraging young people to engage in healthy living and positive peer interactions. Poor transport links in some rural areas were barriers to some young people accessing activities.

Almost all vulnerable children and young people whose records we read were supported well by carers and staff to engage in physical activities within their local communities. Reviewing officers appropriately ensured that attention was given to this area during review meetings.

## How well are children and young people respected?

Overall, children and young people's wishes and needs were well respected by staff across services. The majority of young people who responded to large-scale pupil surveys agreed they were treated fairly and with respect at school and their views informed their learning. Most parents who completed the **Parentwise survey** felt well informed about their child's life at school. Young people's views were taken into account when developing and improving services. Young carer authorisation cards were welcomed as, young carers told us, they did not then have to explain their circumstances. However, they were embarrassed when bus drivers refused to accept authorisation cards for free travel.

Services demonstrated a clear commitment to involving vulnerable and looked after children. Young people were represented in important decision-making groups such as the **Corporate Parenting Board** and **Young People's Panel**. Looked after children felt listened to and supported by staff who involved them in plans about their care and took their views and wishes seriously. When accessed, advocacy services provided valuable independent advice and support to young people.

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

Overall, children and young people were being very well supported to take on appropriate levels of responsibility. They were encouraged to participate and play an important part in their community and become responsible citizens. Children and young people experienced opportunities in schools to take part in meaningful decision-making, such as the **Children's Parliament** and **Youth Councils**. They accessed a broad range of opportunities for leadership and volunteering awards, which increased their skills and confidence in taking responsibility for themselves and others. Parents and children firmly agreed that schools had made them more aware of their rights and responsibilities. Young people were encouraged to take responsibility for their own development and were offered a wide range of additional supports if required.

Vulnerable children and young people benefitted from carers and staff who were focused on providing appropriate boundaries and encouraging responsible behaviours. Care leavers were developing skills for successful independent living. Young people involved in anti-social and risk-taking behaviour were being supported by effective services that were diverting them towards more appropriate behaviours. A few would benefit from earlier support and more specific intervention to address concerns around their behaviour.

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

Partner agencies in Fife had a sound understanding of the barriers created by poverty and inequality on children's health and wellbeing. Families on low incomes and at risk of poverty received advice to improve their circumstances, through services such as Citizens Advice and Rights Fife. The development of supports for

children and young people with additional needs was enabling them to be included within mainstream schools. Many children living in highly deprived areas or who had additional needs benefitted from a range of holiday play schemes run over the summer holidays. This benefited children and families who did not have other forms of support.

Children with complex needs were being supported well by staff to express their views in ways they were able to. Fife Alternative and Augmentation Communication Team was able to provide specialist communication devices if required. Children with complex needs were receiving specialist support to help them be included in their schools with access to services such as befrienders to promote better inclusion and provide social support within local communities.

Young carers were recognised as a group entitled to support in their caring role. Fife's Young Carers website provided a range of information and advice on how to get help.

Vulnerable children were included in decisions that affected them, with their views sought, heard and considered. Children looked after away from home were included in the lives of their carers' families and the communities in which they lived. Staff took careful steps to help maintain, and where appropriate, improve, relationships with birth families and siblings.

## Impact on families

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

**The Partnership's impact on families was very good. Families were benefiting from responsive, supportive help and guidance from a very broad and varied range of quality and accessible services that worked well together. There was strong evidence that parents' confidence, resilience and self-esteem had increased as a result of supports available. Most families and young parents were well supported by coordinated multi-agency interventions in ways that best suited their needs and lifestyle. An extensive range of different parenting programmes was helping parents better understand the needs of their children. Staff knew families well. Families reported that services responded quickly and most were confident that they got help when they needed it.**

Support for parents was readily available in ways which suited their needs. This was well matched and available in ways which helped them better meet the needs of their children. For more vulnerable parents, staff very helpfully used an adult wellbeing scale to ensure parents' own wellbeing was also considered and any necessary supports provided to promote the wellbeing of the whole family.

Families benefited from supports that promoted the wellbeing of their children from pre-birth. The Family Nurture Approach was well established within Fife in

communities where greater need had been identified. These were proving to be effective in providing speedy support and advice to parents and families when they needed it, for as long as they needed it. For a few families who lived in more rural areas, accessing the range of services that would help improve their families lives was not always as easily available.

**Young Mums @ School** was a successful programme for teen parents. Provision of transport, childcare and IT support removed barriers to learning and enabled young women to continue in education. The **Gingerbread Teen Parent Project** was helping young parents share their concerns and create solutions. They were becoming more confident as young parents, but also building their self-esteem as young adults in relation to future work options and mental wellbeing. The **Dad's Engagement Work** provided a forum for fathers to meet regularly and share experiences. This had helped develop their skills as parents, which was resulting in enhanced relationships with their children. Their own self-esteem had increased by having a 'project' to work on which made them feel they were doing something useful with their time. Parenting support programmes like **Mellow Parents and Mellow Dads** were increasing parents' confidence as they developed strategies and skills to deal more effectively with concerns and challenges which they had found difficult previously. Parents we met felt they were managing better as a result of the help and advice they received. They found sessions on health and wellbeing informative and enjoyed sessions such as Bookbug with their children. Parents who received services told inspectors that these had been easy to access and they were provided with practical help to do so, such as transport and crèche facilities.

Parents viewed positive relationships with staff as being key to helping them take up support and fully engage with supports offered. They felt listened to and respected, which meant they were able to use supports in the most constructive way for the benefit of themselves and their children. Families' resilience had increased as a result of the supports provided. Many parents and carers in Fife who took part in Parentwise surveys considered they were having very positive experiences of bringing up their children in their neighbourhoods.

Where families experienced more significant or sustained difficulties, most benefitted from flexible support which was specifically tailored to meet their individual needs. There were positive examples of social work, education, health and housing working together to support vulnerable young parents. Parents of looked after children were more confident in being able to recognise the individual needs of their children and act on advice and support offered. Parents of children and young people looked after away from home received support which was effective in helping them deal positively with contact with their children.

Those parents and carers who were reluctant to seek help, for whatever reason, benefited from staff reaching out to them and showing persistence in gaining their trust and cooperation. In a small number of instances, parents who were experiencing mental health difficulties which were impacting negatively on their parenting capacity did not get help quickly enough. These delays in getting appropriate assessment and intervention from adult mental health services undermined efforts to support the family. Models seeking to improve perinatal mental health were now being tested in a small number of instances.

## 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 provide help and support at an early stage was good. In most cases, staff were skilful at recognising when children, young people and families were in need of additional help and support. They generally shared information effectively. Robust processes were in place that helped staff identify needs earlier and provide appropriate supports to children and young people before a crisis emerged, including a system to ensure police concerns were shared promptly with the named person. The introduction of the child wellbeing pathway with child wellbeing meetings was helping staff to use the same language and agreed information sharing processes to best direct their efforts to support families. Most staff were of the view that the *Getting it right for every child* framework had made it easier for children and families to get help when it was required. The implementation of the child wellbeing pathway had been accompanied by useful guidance, and staff understood their role within the pathway. Processes for referral and access to support were working well overall, although waiting times for some services meant that help was not always available at the time it was most needed. The strategy of targeting supports towards particular areas meant that for some children living elsewhere, services were not as easy to access.

Most staff agreed that the *Getting it right for every child* approach had made it easier to help children, young people and families at an early stage. The **Getting It Right in Fife Framework** had pulled together the processes of the **child wellbeing pathway**, **multi-agency chronology** and **child's plan**, which gave a shared understanding of language and processes. The framework was accompanied by useful guidance and tools, for use across all agencies. While still being embedded in practice, the pathway was providing an early intervention approach to addressing emerging needs or risks at the earliest stages. Single agencies had reviewed their assessment tools to ensure that these supported the child wellbeing pathway approach. Wellbeing meetings were routinely attended by appropriate staff, including adult services staff. As a result, in most cases, children and their families who needed additional support at an early stage to prevent issues from arising or worsening were identified effectively.

The Vulnerable in Pregnancy team worked effectively with women who were misusing drugs or alcohol in pregnancy. The Family Health Team worked with a broader range of vulnerable women, with support available if required until the child was six months of age. It had successfully implemented a care pathway for pregnant women with a learning disability.



Partners had deliberately targeted services to areas of high deprivation to support vulnerable children and their families. The Family Nurture Approach work in Rosyth and Cowdenbeath and work to reduce teenage pregnancy rates in four school cluster areas were examples of directing resources according to identified need.

The *Getting it right for every child* information-sharing guidance provided clear direction for staff on their responsibilities and accountability for sharing information appropriately. Health services had provided additional guidance for staff, including transfer from named person in health to named person in education, and guidance for responding to police concern reports. Information was being shared among all services, including adult services, in an open and trusting way. Staff expressed confidence that information sharing was appropriate and effective. Concerns were shared promptly with relevant staff who could then take early action to support families.

Staff viewed positively the recent improvements to the process for sharing cause for concern reports. School liaison meetings and multi-agency meetings to share concerns about domestic violence were working well. Staff were able to share meaningful information and compile accurate assessments. These meetings had positive engagement by third sector partners. Supports were then able to be targeted towards vulnerable children by those staff that could effectively make an impact.

Key processes for referral to the social work service were working well. Where a referral had come from the named person, the social worker would, in the majority of cases, attend the wellbeing meeting and a multi-agency response was put in place. Partners were working towards clarity for all staff on the use of a tiered approach to intervention within the *Getting it right* framework. The framework outlined a new approach to help streamline how supports were accessed and used to ensure this was proportionate to need, but this was not yet fully embedded in practice.

A helpful range of services was available for families. These included supports to families within their own homes and parenting programmes to support parents with children across a range of ages. Supports included transport, volunteers from services such as Homestart and leisure passes. Services could be flexible when required to ensure they adapted to children's individual needs. However, there were long waiting times for some services, such as support for young people with mental health issues, or for some families who lived outside identified 'priority' areas of Fife. For a few families, targeted interventions for teenage children and their families had not been made available by staff. These delays were impacting on their ability to provide timely support for children, young people and their families.

### **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.

Overall, assessments of risks and needs were good. High quality practice guidance had been made available to staff to inform their work in recognising and responding to risks and concerns. As a result, staff recognised risks, shared information promptly to determine the best response and took suitable action to keep children and young people safe. Overall, we found effective initial response by services when there were concerns about a child or young person's safety or wellbeing. In case records, chronologies were in place but overall, the quality needed to improve. Information contained within chronologies was not being used to best effect to inform risk assessment and planning. Overall the quality of risk and needs assessment was positive but a small number of children and young people had no up-to-date risk assessment.

### Initial responses to concerns about safety and wellbeing

Where there were concerns about the safety or wellbeing of children and young people, staff, including those working in adult services, were alert to potential risks and in most instances shared information promptly with all relevant colleagues. High quality practice guidance was helping staff understand more about risks to children and take action appropriately. Information about any concerns was shared promptly with named persons and lead professionals. In most cases, we assessed the response to concerns as good or very good. For a small number of children, staff should have convened meetings earlier to discuss identified risks.

Where required, **initial referral discussions** were convened promptly involving all relevant partners. There was sound recording of decisions made. The development of the Child Sexual Abuse Management Clinical Network with partners from South East and Tayside (SEAT) provided 24-hour access seven days a week to medical examinations, securing an improved service for children and young people. Encouragingly the initial referral discussion process had been adapted to ensure it met the needs of children who may be subject to sexual exploitation.

Staff found appropriate accommodation to keep children and young people safe in almost all instances when this was necessary and took care to keep children and young people safe pending a fuller investigation, where circumstances were particularly complex. They made effective use of emergency legal measures to ensure the immediate protection of a child or young person. In recent years, Fife social workers had applied for an unusually high number of Child Protection Orders. In order to better understand this, the **Child Protection Committee** had undertaken an audit of cases where this had happened. They found that, while there was a clear need for an order to be sought in each case, in a few cases at least, more effective intervention at an earlier stage may have prevented the need for an order to be sought later on. This was confirmed by our assessment of records in our case sample, where services could have responded differently to accumulating concerns and taken action to keep children and young people safe in a more planned way in a few cases. Staff from SCRA and Education and Children's Services had now begun to address this through targeted training and process changes.

A comprehensive programme of multi-agency training over the past two years had prioritised the need to raise staff awareness in key aspects of child development and child safety, including the impact and consequences for children of living with long-term neglect and risks around child sexual exploitation. Staff across services reported that they had found this training very useful.

### The quality and use of chronologies

Almost all lead professionals' case records contained a chronology of the child or young person's life but we assessed only half as being fit for purpose. When we read records across different services, less than half of chronologies were fit for purpose. The most common weakness was a failure of services to pool information to create a single shared chronology containing all relevant information, including information about events in a child's life which may pre-date services' involvement, but which has a key significance for the child and impacts on his or her development or wellbeing. Without this, chronologies had limited use in informing assessment and planning. Senior managers were aware of this and were in the process of producing further guidance and training for staff.

### The quality of assessments

Almost all (99%) of the children and young people in the records that we read had an assessment of their needs and most, but not all, had an assessment of risk when this would have been appropriate. We assessed the quality of assessments of risk and needs as good or better in most cases. The quality of risk assessments was slightly better than that of needs assessments. Improvement activity that had been undertaken to improve the quality of risk assessment seemed to be making a positive difference in more recent assessments.

The majority of staff across the partnership who responded to our survey reported they had received training to help them contribute to assessments and that they had the tools and guidance to support them to do so. They were using recognised tools such as the **National Risk Assessment Framework, My World Triangle and Resilience Matrix** and this was helping to aid and structure their work.

Assessments and plans were helpfully structured around the wellbeing indicators. Pre-birth assessment was carried out by the Vulnerable in Pregnancy team. Multi-agency audits identified the quality of pre-birth assessments as being strong, which was confirmed in our review of records. Specialist assessments were undertaken, when necessary, with the appropriate involvement of staff in other services, including those working with adults.

## 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 was adequate. Whilst there were strengths in the quality of the majority of plans which were comprehensive, there were some weaknesses in planning processes and securing stable environments for children and young people. The inclusion of outcome measures in children's plans, by which staff could measure progress in how children's wellbeing was improving, was a particular strength. The quality of plans for young people using throughcare and aftercare services was less strong. These were not wellbeing focused or clear enough and were often being put into place later than they should. Even where plans were strong they were sometimes compromised by the quality of reviewing practices. The frequency and regularity of review meetings had changed over the past 12-18 months before the inspection, with reviews not always happening as they should and not all partners contributing. The reason for delays, lack of progress and for decisions made was not always evident. For some children requiring permanent placements, delays were having a detrimental impact. Partners had already recognised the high number of children waiting for permanency plans to progress and had taken action to increase capacity and support for staff through a permanency mentoring service. This was starting to show early signs of positive impact.

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

Almost all children and young people had a plan in place to address needs and most had a plan to address risks. We assessed the quality of plans as good or better in the majority of records read. Most plans were outcome focused and staff used the wellbeing indicators effectively to help them identify measures of success. Plans were SMART (specific, measurable, achievable, relevant and time bound) in the majority of records. However, plans were evaluated as weak in 14 records with over a third of these belonging to young people who were in receipt of throughcare and aftercare support. These plans did not have a wellbeing or outcome focus. A third of staff who responded to our survey said they had not received training on how to prepare a child's plan.

### The quality and effectiveness of planning and reviewing

Overall, most children and young people had their plans reviewed at the appropriate times. Reviews were chaired by independent reviewing officers whose input was valued by staff. Staff were involving children and young people in key processes effectively in most cases and reviewing officers met with children and young people before reviews. However, advocacy had been offered to children and young people in just under half of cases where it might have been useful. Over the past 12-18 months there had been a change in the pattern of reviews which meant they had been held late, or not held at all, for just under a third of children and young people.

These delays in planning as a result of staff changes had now been addressed. However, this problem had impacted negatively on some children and young people whose plans had not been discussed or progressed as they should. This was most evident for those children looked after at home and those living with foster carers.

We assessed the quality of planning to be good or better in the majority of records (64%) but 13% were evaluated as weak or unsatisfactory. Decisions and their rationale were not always clearly recorded or linked well to the child's needs. Whilst staff told us they were confident that they were held accountable for progress within plans, we did not always find evidence of this within records. It was not always evident that staff had been appropriately challenged or held accountable for delays or lack of progress against agreed tasks and timelines. In 80% of cases partners were contributing positively to implementing plans. This meant in a fifth of cases, one or more key partners were not contributing to implementing plans, mostly health staff in the case of school age children. For a few young people with complex needs who were in transition, adult services were not in place early enough. Plans for care leavers were often late in development and created very close to them leaving their care placement. Robust quality assurance would help identify such deficits, but only 4% of records had evidence they had been regularly reviewed by a manager with quality assurance responsibilities. Staff told us they received regular support and challenge from their managers which was recorded in separate supervision records.

### Securing nurturing and stable environments

Plans focused well on the need for a stable and secure environment for the majority of children, but the planning to ensure this happened was not effective for the remainder. In our case sample, 35 children had been identified as requiring permanent substitute care. For the majority this was progressing well, but for nearly a third of them, it was not. At the time of the inspection, there were 330 identified as being in need of confirmed permanent care. Senior managers recognised that this was an area that required a targeted and focused approach and work had begun to address the backlog. Staff in the **Permanency Mentoring Service** were now supporting other social workers to progress planning for these children more quickly. They had prioritised groups of children for quicker attention, which included those who had been accommodated more recently and younger children. There were signs of this approach starting to be successful, with planning progressing more quickly and permanent placements being achieved more swiftly.

Encouragingly, an integrated children's services team had been deployed to provide improved support to children living in kinship care placements and their carers.

We note earlier in this report the need to reverse the trend of children being placed outside the authorities' boundaries, at some distance from home. At the time of the inspection, 127 children and young people were placed outside Fife and managers had begun to take action to return some to their own communities. Some children and young people had been placed outside Fife due to their exceptional circumstances where it was judged that their needs would be met best in specialist services, but for many, they were placed outwith their communities due to a lack of suitable placements within Fife. The **Coming Back to Fife Group** had been tasked

with progressing a plan to reverse the trend and had begun by identifying children and young people who could make the transition and should be returning to live in Fife. However, there had been limited discussions across all partners to consider how this would be facilitated to ensure the right supports were in place to ensure success. This had been a long standing issue which, until resolved, will necessitate a significant number of children and young people living with uncertainty about their future and at risk of compromised outcomes.

## Planning and improving services

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

**Joint planning to improve services was good. Planning structures were mature and clear governance arrangements were in place within Children's Services. The reporting framework provided clear and purposeful leadership with strategic direction and oversight of *Getting it right for every child* implementation. Partners collectively held each other to account for delivering their contributions to the plan. Performance information was helpfully used to identify priority issues across the seven local area committees though some important priorities had lost prominence within the integrated children's services plan. Child protection committee business planning was located within wider children's services planning and clearly linked with wider public protection. The committee's business plan was not as SMART as it needed to be to ensure progress could be effectively and explicitly measured against targets. However, there was a level of planning and detail that sat underneath this that was demonstrating improvements in child protection. The community planning partnership's single outcome agreement included some mechanisms to assess and mitigate risks, but there was a need for a joint risk register that better managed and moderated risks for children and young people across strategic planning.**

## Integrated children's services planning

Fife's Children's Services Plan 2014-17 was based on needs identified using a broad range of quantitative and qualitative data. It was underpinned by the principles of *Getting it right for every child* and provided useful direction and focus through a local area committee structure. The plan informed the allocation of resources and measurement of performance. The local committee structure enabled a helpful degree of local autonomy in determining need, setting priorities and targeting resources. The plan clearly focused on reducing inequality by improving the life chances of young people and prevention and early intervention with an emphasis on early years. While the plan was well presented, it missed an opportunity to explicitly include the voice and views of children and young people.

The current plan contained reporting on progress made against the previous plan, but areas that still required improvement did not flow through to the current plan. There was some disconnect between new priorities and the need for continued improvement in areas that had not met previous targets. We accept that the intention had been to simplify the plan, but it was clear that some important detail and focus had been lost in the process.

The Getting it right working group was effectively driving joint approaches and encouraging more collaborative working. Partners ensured effective consultation was undertaken in services when new policy and procedures were put in place. This enabled multi-agency documentation to be owned by all staff. Recent examples included the newly developed Getting It Right in Fife Framework and the child wellbeing pathway. Leaders of the seven local Getting it right groups met regularly with the chair of the overarching working group. This was very helpful in ensuring strategic and operational oversight of activities across local groups. It also provided opportunities to share good practice, identify themes and support consistency across the partnership in the implementation and embedding of *Getting it right for every child* processes and practice.

Almost all respondents to our staff survey agreed or strongly agreed that their service was working to a clear set of improvement targets, aimed at achieving better outcomes for children and young people. Most agreed or strongly agreed that their views were fully taken into account when services were planned and provided.

### Child protection committee business planning

Governance arrangements for the child protection committee had recently been updated and, as a result, demonstrated greater alignment to the **Children In Fife Group**. Business planning had adopted year-end performance and management data reports, which were supporting the child protection committee to better identify priorities. The child protection committee worked well with strategic partners on shared priority areas. This included self-evaluation on *Getting it right for every child* processes and practices.

The child protection committee business plan had five key priorities derived from evaluation of progress on previous plans and feedback from self-evaluation activity. We found that with different iterations of the business plan over time, it had lost its focus on child protection. However while the overarching business plan could be improved upon to ensure partners are able to better measure and evidence progress, it was evident that a range of well-focused and targeted activity was taking place. Multi-agency audits identified areas for improvement as well as those where improvements had already been achieved. Examples of improvement included better recognition and responses to child protection concerns and better quality risk assessment. Targeted activity had been put in place as a result of self-evaluation. Partners' responses to emerging issues such as the high numbers of Child Protection Orders and the approach taken to issues identified through **Significant Case Reviews** displayed a maturity and willingness to look closely at, and learn from, areas of difficulty. There was clear evidence that learning had informed protocols and clarified processes which, with time, should support better experiences and outcomes for children and young people and their families.

An established and embedded calendar of training and multi-agency self-evaluation had enabled staff to demonstrate a common language, culture and purpose within operational service delivery of *Getting it right for every child* and child protection. Staff training on child protection issues in particular was viewed positively by staff.

### Identifying and responding to emerging risks

Leaders and managers had a reasonable sense of emerging risks, but many of these sat separately across different areas. For example, the child protection committee had recently developed a risk register but this was focused on organisational risks and not risks for groups of children and young people themselves. The Lifelong Learning and Education service was leading work to mitigate risks associated with poverty and the Youth Offending Management Group was well sighted on young people who presented significant risks and challenges. Managers across the seven localities had a strong sense of the risks for children and young people within their area. However, emerging and known risks across the spectrum had not yet been pulled together to ensure a joint approach to managing and mitigating risk.

### 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 very good. Partners demonstrated a clear commitment to developing and sustaining a culture of meaningful engagement across services. There were well-planned approaches to consultation, participation and service user involvement that would benefit from a more coherent participation strategy. Partners consulted representative groups who ensured the views of children and young people were considered in service planning. Large scale surveys had gathered the views of high numbers of children, young people, parents and carers and findings had been used to improve services. The Corporate Parent Board demonstrated a high level of commitment to listening to the voices of looked after children and young people. However, further work could be done by partners to ensure children placed outwith Fife would benefit from approaches to influence policy, planning and service development.**

The **Big Shout Partnership** children and young person's participation strategy and related activities brought services together and ensured the views of children and young people were accounted for within service planning. Whilst the voice of children and young people did not come across in the Integrated Children's Services plan, an event hosted by Education and Children's Services Directorate marked the launch of an initiative to develop a children's and young person's version of the plan. Feedback from the day was positive and a follow up event planned upon completion of the strategy.



The **Listen Up!** Looked After Children Involvement Strategy set out the Corporate Parent Board's commitment to put looked after children at the heart of decision making. The Board demonstrated a strong commitment to hearing the voices of looked after young people and recently two members of **2B Heard** were co-opted onto the Board.

The 2B Heard group was made up of care-experienced young people and had used its insight and knowledge to formulate a wish list which was translated into a corporate 'pledge' for all looked after children, young people and care leavers. A film and newsletter they produced promoted awareness amongst workers, elected members, stakeholders and other looked after young people. Members of the group facilitated the work of the children's parliament project, a group for younger looked after children who gained a broader understanding of children's rights and improved their confidence in voicing opinions via a range of interesting, enjoyable activities. Young people using Enable's Leading the Way, and Fife Fostering service (respite for children with additional support needs) contributed to a DVD on transport, used as a training tool by Scotrail to raise awareness of the needs of passengers affected by disability. They also influenced service design and delivery by participating in the local authority transport group.

Independent advocacy and children's rights services were available to all looked after children and young people and offered at their first hearing. Staff were skilled in building positive relationships and demonstrated persistence by sticking with young people during challenging periods. As a result, children and young people were able to exercise their rights and express their views.

Community Learning and Development workers supported young people to voice their views on local and national matters. An independent review found a positive approach by partners to tackling homophobic bullying. Young people developed a charter and were awarded the LGBT (lesbian, gay, bisexual, transgender) Youth Charter mark for their work. Secondary schools had begun to develop LGBT lesson plans and a staff network for sharing good practice across teaching and community learning and development staff. Active Schools ambassador programmes supported young people to flourish in leadership and many achieved awards. Young people were involved in volunteering initiatives, youth work training and modern apprenticeships with over 250 young people supported towards positive destinations through activity agreements.

Participation activity would now benefit from being gathered in a more cohesive and collective way by the partnership. This would provide a stronger sense of what was being achieved by the range of positive activities and would have the potential to bring a more focused approach to where further attention should be targeted.

There was a strong commitment to supporting families to provide their views. A consultation exercise was undertaken with parents to ensure the new model of 600 hours of early learning and childcare for eligible two-, three- and four-year-olds met their needs. The satisfaction rate of the allocation of places in the new model showed how well informed the process was about the needs of parents. Parent focus groups, online questionnaires and social media platforms were used to effectively engage with parents, respond to questions and monitor feedback.

Preferred options informed planning and service delivery. Family carers were supported to plan, design and run their own conferences and produced a book, *Planning Ahead*, which informed the work of other carers. We found good examples where parents had been enabled to participate by ensuring access to interpreting services where English was not a first language and barriers removed in order to communicate with parents who experienced sensory loss.

The Pupilwise and Parentwise surveys gathered the views of 23,047 children and young people and 3,162 parents/carers across nursery, school and specialist education provision. Responses from 7,014 self-acknowledged young carers led to the identification of young carer champions within every school and across services. Young carers felt supported in school and benefitted from inclusion in the authorisation card initiative, which allowed easy access to services without having to explain their circumstances.

We met motivated children and young people who gave time, energy and shared important life experiences. Although their involvement brought benefits for policy makers and service planners, the young people also recognised the personal development opportunities afforded to them, such as improved confidence and enhanced employability. Peer mentoring initiatives within schools enabled young people to influence the development and delivery of services, to address alcohol use and sexual health. Peer mentors gained awards for their efforts and trained other young people to become involved. Senior managers made themselves visible by visiting residential houses where they engaged with young people and as a result, had a better understanding of young people's views and priorities. Whilst the views of children and young people living locally were harnessed in this way, further work could be done to ensure children placed outwith Fife benefit from opportunities to have their voices heard.

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

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

**Leadership of improvement and change was very good. The Children in Fife group was providing very positive leadership to children's services. It was successfully overseeing the implementation of a *Getting it right for every child* approach, which had been well received by staff at all levels across the partnership and which was clearly enhancing joint working. The group's work was supported by a strong emphasis on performance management. The Early Years Collaborative had achieved some improvement in experiences and outcomes for very young children, reflecting strong performance in prevention and early intervention generally. A number of effective responses to issues such as child neglect and child sexual exploitation had been developed as a direct result of self-evaluation activity. The historical and current volume of children and young people placed outwith Fife had been an ongoing issue and the pace of change to address this had been slow. However, over the past year, leaders had prioritised this area and mechanisms were now in place to support real improvement.**

The partnership in Fife had developed a clear vision that was well understood and received by the workforce. The overwhelming majority (97%) of respondents to our staff survey agreed they were clear about their service's vision for children, young people and families. The Fife Children's Service Plan 2014-17 set out an ambitious and admirable intention to address poverty and reduce disadvantage. The partnership's response to welfare reform combined strong strategic direction with an effective locality delivery model. Staff were confident in their response to the staff survey that services were successfully tackling child poverty and closing outcome gaps and reducing inequality in Fife's communities. Organisational change across partners had been led well and was viewed positively by staff, bringing added impetus and value to partnership working. They were confident about their leaders' abilities and thought change was managed well across services.

A helpful framework for performance management was in place, under the oversight of the Children in Fife group. This group was effectively monitoring outcomes, revisiting stretch targets and identifying what was working well and what still needed to be achieved. The use of Covalent provided a range of performance indicators, mainly looking at child protection processes, as well as children service's plan inputs, outputs and a small number of outcomes. The seven local area committees were linked in well to all strategic and leadership groups. They had in place a variety of programmes tailored to local need that used performance information aligned to strategic plans to inform action, often on a multi-agency basis.

In the period since the inspection of services to protect children in Fife in 2012, chief officers had provided a clear vision and strategic direction that built on the

improvements made in the previous months. The governance arrangements for the child protection committee were helpfully updated in January 2015 and demonstrated greater links to the Children in Fife group. The effectiveness of services to protect children had been subject to regular audit and self-evaluation. The child protection committee case file audit reporting in June 2014 identified further areas for improvement in relation to the impact on children, young people and families; the provision of help and support at an early stage and in the assessment of, and response by staff, to risks and needs. Key areas for improvement were drawn from these and recommendations taken forward in a multi-agency action plan to address any aspects where there was not already ongoing activity. Self-evaluation had also helped managers to identify the need for targeted action to reduce delays in securing permanence where children could not return home. However, stronger quality assurance was needed to ensure managers could quickly pick up performance falling below the standard expected, such as the weaknesses in planning for individual children mentioned in section 5 of this report. Most staff (88%) agreed they received effective support and challenge from their line manager with regular feedback on their work, however only a third of records we read had evidence that staff had the opportunity to discuss their work with a supervisor or similar. Senior managers told us staff supervision records held separately reflected this activity. Only four records evidenced that they had been regularly reviewed by a manager or staff in a quality assurance role. Many staff did not think their workload was manageable within their working hours and reported that they had not received an appraisal or performance review.

Although multi-agency self-evaluation had mainly focused on child protection, the approach used for this had been broadened out in the previous 12 months and applied more widely across children's services, reflecting the partnership's strategic priorities. Self-evaluation activity (both joint and single agency) was overseen by the self-evaluation and audit working group which used performance data and self-evaluation activity to determine future activity. Helpful though self-evaluation had been to delivering improvements, it was not evident from the self-evaluation and audit group's action plan how partners were prioritising areas for action nor how they were planning to ensure service user participation in self-evaluation.

For some time, the high volume of children and young people looked after away from home, and often out with Fife, had not been addressed by partners as effectively as it could have been and the pace of change had been slow. Inadequate staffing within social work teams had contributed to the historical and current volume of children looked after away from home. Over the past year senior managers and leaders had taken affirmative action to address this. Financial investment was now in place to help progress this more quickly. Introduction of the Peer Mentoring Service and the Coming Back to Fife Group were the operational and strategic mechanisms put in place to oversee this work. More recently education and social work services were in the process of conducting three service reviews on how they deliver intensive support for the over 12s, under 12s and children with disabilities in attempt to change this profile. A strong and strategic collaborative approach to achieve lasting success was not yet evident but it was a key priority for leaders which they were progressing and targeted action was starting to show a positive impact. Although some elements of commissioning were in place, attempts to introduce a strategic approach to commissioning had not yet developed as intended partners recognised this required more focused attention.

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

We are confident that as a result of the services being delivered by the community planning partnership the lives of many children and young people growing up in Fife are improving. We found an admirable focus on addressing poverty and disadvantage and ensuring that children get the best possible start in life. The commitment and priority being given to engaging with children and young people and listening to their views should help ensure that services meet their needs effectively. Where children and young people may need protection, the risks to their safety and wellbeing are recognised by staff who then act promptly and proportionately to minimise further risk and protect children and young people. Staff work hard to improve outcomes for looked after children though deficits in planning need to be addressed to give greater assurance in this area, particularly for young care leavers. The needs of young carers are recognised and many are benefiting from appropriate support provided in a sensitive, non-stigmatising way.

Leaders have managed to secure the confidence of their staff through a time of significant organisational change and have demonstrated how strengthened joint working is leading to more effective processes which, in time, should lead to improved outcomes for children and young people. Their challenge will now be to push forward with the planned redesign of key services to support improved permanency planning and continue with action which allows more looked after children and young people to remain in, or close to, their own homes and communities.

In the course of the inspection, we identified particular strengths which were making a positive difference for children and young people in Fife community planning partnership area. These were:

- the family nurture approach which was embedded across the area and was having a positive impact on families
- participation and engagement of wide groups of children, young people and families which was making a difference to how services were being delivered
- the breadth of approaches that were in place to address disadvantage and tackle the impact of poverty
- developing approaches to self-evaluation leading to demonstrable improvement in practice.

We are very confident that partners in Fife Council area will be able to make the necessary improvements in light of the inspection findings. In doing so, Fife community planning partnership should include the following actions.

- Review the accessibility and availability of important family support services and resources, so children and young people can get the help and support they need when they need it.
- Ensure that the quality of planning for children and young people is focused on both risk and need and that all partners fulfil their responsibilities in meeting need as outlined in the child's plan. Managers should ensure that mechanisms to hold staff accountable for progress against actions within

plans and to challenge any delays are robust. Greater focus on quality assurance should assist in achieving this.

- Develop and implement a collective response to reduce the proportion of looked after children and young people who are placed outside Fife, at some distance from home, and which supports those children and young people who are able to return to do so successfully.

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

The Care Inspectorate will request that a joint action plan is provided which clearly details how the Fife Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. They will also monitor progress in taking forward the partnership's joint action plan.

**Clare Wilson, Strategic Inspector**  
**March 2016**

## 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:

### Get on My Level - a targeted approach to reducing teenage pregnancy

In 2011, partners identified four high school 'communities' through both data analysis and discussion as needing a new approach to reduce the rate of teenage pregnancy in those areas. They reached agreement for services to be delivered in a targeted manner with a view to piloting new approaches to delivering sexual health and wellbeing work. This includes Relationships, Sexual Health and Parenthood education (RSHP).

Consultation with young people was a crucial aspect of this development, both in order to ascertain their views as to how services should be delivered, but also to establish a baseline level of knowledge and understanding of sex and relationships.

Approaches were developed as follows.

- Provision of an accredited peer led approach to the delivery of certain aspects of the RSHP curriculum.
- RSHP being delivered to single sex and smaller classes which were supported by school nurses.
- Enhanced sexual health service provision in, or near to, the schools. When in schools, the services have established professional and ethical guidelines that also support the needs of young people, particularly around providing assurances of confidentiality.
- Delivery of targeted programmes, giving priority to vulnerable groups including looked after young people focusing on a more holistic health and wellbeing model, incorporating sexual health and relationships, and focusing on areas such as aspiration and self-confidence, life choices and body image.
- Further development of a baseline assessment tool ('Get on My Level') for measuring knowledge, values and attitudes which was made available to all secondary schools in Fife.

Ongoing scrutiny of data has allowed partners to re-focus their efforts when required, and has demonstrated considerable success in achieving the aim of the initiative, namely to reduce the rate of teenage pregnancy in the four target areas. For the first time ever, Fife has, in 2014, managed to reduce teenage pregnancy rates to below the national average despite a long standing negative trend in this area. Particular strengths in this as good practice have been continued commitment by partners to work in new ways, robust consultation with young people and effective use of 'real time' data to plan and review service delivery.

## Springfield Project

The Springfield Project is an innovative, psychotherapy led, multi-agency service, providing therapeutic assessment and interventions to children and young people in Fife local authority care placements. The service also provides training and support to foster carers and residential carers as well as consultation to social workers and other agency staff within the child's care network.

Children referred often have complex emotional and behavioural difficulties, frequently stemming from early experiences of neglect and abuse. Specialist assessment and therapeutic interventions for children such as play or art therapy, psychotherapy and psychology based approaches are provided. Research highlights that the chemistry or fit between the carer and the child is of key importance to the success of placements. Relationship building is therefore at the heart of the project.

For each new referral, a comprehensive assessment of need is undertaken and this informs the type, frequency and duration of the intervention or support. This model, of early identification of need at an early age with a proportionate response, has enabled the service to effectively target its resources. The shared understanding helps underpin the wider thinking and decision making regarding the child and the intervention of the project.

The service's training programmes for Fife Council foster carers and prospective adopters is highly valued and praised by both groups, contributing to placement stability by helping carers understand the needs of the child and the child's behaviours to improve the extent to which parents are attuned to their children's needs.

The project has been comprehensively evaluated and demonstrates positive impact on children, young people, carers and workers.



## Appendix 2: Evaluated indicators of quality

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

Here are the evaluations for nine of the quality indicators.

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

### Appendix 3: The terms we use in this report

**Fife Community Planning Partnership** is the local Community Planning Partnership for the Fife Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Fife

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.

**Youth Offending Management Group** acts to divert young people involved in offending behaviour to appropriate interventions through partner agencies in a responsive and proportionate way.

**Vulnerable in pregnancy team** provides a responsive service to pregnant women who may require additional support. They work closely with partners to provide targeted support to vulnerable families, particularly in relation to addiction and mental health

**Child & Adolescent Mental Health Service** are a specialist NHS service which provides assessment and treatment for children and young people with emotional, behavioural or mental health difficulties

**Family Nurture Approach** is a transformational change programme that identified gaps in principles and provision for effective multi-agency working in early years. It works with communities to help access support and uses new models to test ways of working. It is being developed in response to local need in Fife and is delivered through Family Nurture Centres and outreach workers.

**Active Schools Initiative** is a team in Fife whose key objective is to increase physical activity and volunteering in local communities.

**Parentwise and Pupilwise surveys** are used to capture the views of children, young people and parents. These then inform self-evaluation and improvement planning.

**Corporate Parenting Board** is a multi-agency partnership whose remit is to improve the wellbeing outcomes for all looked after children, young people and care leavers.

**Young Peoples Panel, Children's Parliament and Youth Council** are groups whose membership consists of children and young people across Fife who have a remit to ensure children's views and voices are heard and their rights promoted. These groups are supported by staff and meet to discuss important issues for them.

The **Family Nurture Hub** is a partnership between Barnardo's, Aberlour, Fife Gingerbread, Homestart, Early Years Scotland, Fife Voluntary Action and Fife Council with a focus empowering communities and South West Fife to support families with children age 0-3.

**Gingerbread Teen Parent Project** helps support young mums in their local communities on the challenges that arise from being a teen parent.

**Dad's Engagement work and Mellow Dads** a number of practitioners have been trained to deliver a '*Mellow Dads*' programme aimed at engaging more fathers in the early stages of their child's development. A 'Dad's' training programme has been developed to be used with staff delivery parenting programmes.

**Mellow Parents** is a programme developed to support parents and their children in making good relationships

**Getting it Right in Fife Framework** pulls together the processes of the Child Wellbeing Pathway, multiagency chronology and Child's Plan to give a shared understanding of language and processes. This will support all staff across the partnership.

**Child Wellbeing Pathway** is the tool for including children, young people and families in the decision making process in a structured way. The pathway outlines the Getting it right approach to emerging risks and needs

**Multi-Agency Chronologies** are the mechanism by which partners agencies involved in a child or young person's life develop a picture of significant events that help identify need and risk and potential accumulating patterns of concern. They should be used to help inform assessment and planning.

**Child's Plan** is the mechanism by which all partner agencies, the child/young person and their family agree what requires to be done to optimise the child or young person's wellbeing and reduce risk of harm to keep them safe. The plan is written down and shared to ensure all involved understand what is needed and how they contribute to the delivery of the plan.

**Initial Referral Discussion** is the process by which police, social work, health and other relevant partners such as education respond appropriately when concerns about a child or young person come to light. This process is to ensure all information is shared timeously and appropriate action is taken to ensure the child or young person is kept safe.

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.

**National Risk Assessment Framework, My World Triangle and Resilience Matrix** has been developed around the risk components that build upon the GIRFEC practice model. The interplay and weighting between these components help to gain a better understanding of risk

**Permanency Mentoring Service** has been specifically created to support and progress more quickly permanency planning work for Fife's children and young people who are in need of more permanent substitute care arrangements.

**Coming Back to Fife Group** is a short life multi-agency group of managers who have oversight of making change and improvement for those children and young people who are in care placements outwith the Fife area. Their focus is in looking at how they can best ensure children and young people return to Fife and have their needs best met within Fife.

**Children in Fife Group** has the strategic remit to improve the wellbeing of all children and young people in Fife with a clear focus on the most vulnerable. The group consists of senior officers across agencies and is chaired by the director of education and children's services. They are responsible for the production and monitoring of Fife's Children's Services Plan

**Significant Case Reviews** are the action and resulting written report that takes place when something has gone wrong in a child or young person's life which has resulted in serious harm or death. There is national guidance for child protection committees in relation to conducting a significant case review.

**Big Shout Partnership** exists to champion the voice of young people within community planning and service planning contexts. They have an overview of a range of youth forums and support young people to shape Fife services

**Listen Up!** is the strategy that promotes the approach to ensure looked after young people's participation, engagement and consultation and includes the commitment from Corporate Parents to this

**2BHeard Forum** is the means by which young people aged 12 and above who have care experience can express their views about services and through the Corporate Parenting Board have their voices listened to.

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.

**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)

## Appendix 4: The Quality Indicators Framework

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

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