

## Services for children and young people in Moray

February 2017

Report of a joint inspection

## **Contents**

- 1. Introduction**
  - 2. How we conducted the inspection**
  - 3. The community planning partnership and context for the delivery of services to children, young people and families**
  - 4. How well are the lives of children, young people and families improving?**
    - Improvements in the wellbeing of children and young people**
    - Impact on children and young people**
    - Impact on families**
  - 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**
    - Assessing and responding to risks and needs**
    - Planning for individual children and young people**
    - Planning and improving services**
    - Participation of children, young people, families and other stakeholders**
  - 6. How good is the leadership and direction of services for children and young people?**
  - 7. Conclusion, areas of particular strength and areas for improvement**
  - 8. What happens next?**
- Appendix 1 Good practice examples**  
**Appendix 2 Evaluated indicators of quality**  
**Appendix 3 The terms we use in this report**  
**Appendix 4 The quality indicator framework**

## 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 Moray Council, NHS Grampian, 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 **Moray Community Planning Partnership** area took place between 22 August 2016 and 07 October 2016. 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 90 of the most vulnerable children and young people. We met with 63 children and young people and 27 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 Moray 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 Moray Council area published by Her Majesty's Inspectorate of Education in 2012, 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 Moray Community Planning Partnership includes Moray Council, NHS Grampian, Police Scotland, Moray College University Highlands and Islands, Skills Development Scotland, Scottish Fire and Rescue, and the Third Sector Interface Moray. Moray is the eighth largest geographical council area in Scotland, covering a mostly rural area of 2,238 square kilometres, from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. The National Records of Scotland (2016) shows that the partnership serves a population of just over 95,500, with 57% of the population living in the five main towns of Elgin, Lossiemouth, Forres, Buckie and Keith. The smaller communities of Aberlour, Dufftown, Tomintoul are found in more remote and rural areas. Moray's population has increased by 8.4% since 2005, with further increases projected over the next 25-year period, predominantly in those aged 75 years and over.

The child population is on par with the rest of Scotland. In 2012, children and young people under 16 years made up 18% of the total population in Moray. However, the child population 0-15 years is predicted to decrease significantly over the coming years, with a fall of 5% by 2024 and 8% by 2039. This is in contrast to the equivalent Scotland projections of an increase by 2% and 1% respectively.

The Moray economy is largely based on its natural resources, namely agriculture, fishing, forestry, food products, whisky and tourism. The largest employer is the Ministry of Defence, with bases in Kinloss and Lossiemouth. While there are relatively high levels of economic activity and employment, there are low levels of pay and instability associated with seasonal work. Other challenges include high levels of outward migration. Despite this, many indicators show Moray to be a good place to live compared with many other parts of Scotland. Life expectancy is above the national average and crime rates are relatively low. The 2012 figures from the Scottish Index of Multiple Deprivation show that a very low proportion of Scotland's most deprived data zones are located in Moray. However, in common with Scotland as a whole, Moray has pockets of deprivation that are associated with poorer outcomes and these are found in certain communities within Forres, Buckie and Elgin. As a result of the rural landscape, many people living in Moray are disadvantaged in terms of their ease of access to services, for example, their closeness to schools or medical services.

Responsibility for strategic planning of children's services sits with the community planning partnership. The Moray **single outcome agreement** Moray 2026 – A Plan for the Future, sets out five strategic priorities, one of which, 'Ambitious and confident young people', is aimed at improving the life chances of children in Moray and giving them the best opportunities to achieve their potential. Reporting directly to the community planning partnership board, the Children and Young People's Partnership (CYPP) is responsible for progressing the **Children and Young People's Services Plan** within Moray and overseeing all partnership working in relation to **Getting It Right for Every Child**, child protection, and early years.

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

### Improvements in 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 weak. Community planning partners did not have a sufficient focus on measuring improvements in the wellbeing of children and young people. Their use of data to measure performance was not sufficiently well developed or co-ordinated. Measures in place concentrated on inputs and outputs rather than outcomes. While partners could demonstrate some aspects of improving trends through prevention and early intervention, most notably in community safety, the extent of this was limited. Similarly, there were aspects of improvements in health and educational outcomes for children and young people, but overall, partners were not able to demonstrate sufficiently well improvements in the life chances of vulnerable children, such as those looked after, young people leaving care or those in need of protection. Partners recognised the need to identify and develop shared outcome indicators and stretching targets that will support them to jointly measure improving trends over time.**

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

Community planning partners had identified 'ambitious and confident young people' as one of their five priorities. They stated a commitment to improving the life chances of children by supporting them and their families as early as possible. Partners were able to demonstrate positive impact on a number of key community safety measures. For example over the last three years there had been a significant reduction in offences for drinking in a public place and underage drinking. A responsive early intervention worker and a number of partnership events, for example Operation Avon, had been used to target underage drinking and antisocial behaviour and had contributed to these promising improvements in community life. Significant improvements in fire safety had been recorded over the course of the community safety and antisocial behaviour strategy 2013-16. Success had been attributed to the sustained focus on early intervention and prevention through home fire-safety visits undertaken by the Scottish Fire and Rescue Service. Improvements in home safety suggested children are now safer as a result of health staff carrying out home safety and play@home sessions delivered one to one or with local parent groups. The number of children under five attending Dr Gray's Hospital with accidental injuries had fallen over the past two years. Important information contained within community safety reports provided data for only two years, meaning true trends could not be fully established.

Health services could demonstrate some positive trends in preventative health measures. Babies were being helped to get the best start in life through exclusive

breastfeeding, with rates consistently above the Scottish average since 2010/11 and improving rates of uptake of childhood immunisations. The percentage of primary 7 children with no obvious dental caries was slightly above the Scottish average. Almost all nurseries, 55 out of 57, were participating in tooth brushing as part of the **Childsmile** oral health improvement programme.

However, achieving positive trends across a range of other indicators remained a challenge. The percentage of babies born with low birth weight and the number of babies born experiencing drug withdrawal had fluctuated over the last three years, with previously reducing rates from 2012 to 2014 increasing again in 2015. Partners were alert to the slightly higher than Scottish average rates of mothers smoking during pregnancy and were promoting a programme of healthy active lifestyle during pregnancy in order to reduce this. Findings from the 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), found that within Moray, smoking rates among young people had remained almost static, alcohol consumption had risen though drug use had decreased. This was in contrast to the picture across Scotland where a reducing trend was being seen across all three areas. Achieving target timescales for young people accessing **child and adolescent mental health services** (CAMHS) continued to be a challenge. The service had recently been redesigned to improve access. A bid for funding by NHS Grampian to recruit primary mental health workers had been successful. Although too early to see improvements, these were promising developments.

Overall, the use of data to measure the performance of approaches to early intervention and prevention was not well developed or co-ordinated. As a result, partners were unable to demonstrate progress in their work together to tackle inequalities and child poverty within their communities. There was no information available to demonstrate progress in key areas such as offending and diversion from prosecution among young people through the whole systems approach. Neither was there evidence of measures to combat poverty, such as income maximisation, although approximately 18% of children aged pre-birth to eight years of age were living in households which were income deprived.

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

Health and educational outcomes were improving for some groups of children. Teenage pregnancy rates were consistently falling and were below the Scottish average. A significantly lower percentage of concerns was reported in relation to the key developmental stages at the 27-30 month review in Moray, than for Scotland as a whole.

The rate of improvement in educational attainment was slower than that of comparators and overall performance in relation to national qualifications was below that of the **virtual comparator** in key areas, including literacy and numeracy. More robust information was needed to monitor, track and review how well children and young people were achieving in the broad general education phase. While the rate of exclusions in Moray primary schools was declining, this remained more than twice the national average between 2009/10 and 2014/15. Managers were working with specific schools to help reduce this and while at an early stage, results were encouraging. They acknowledged that the difficulties in recruiting teachers to Moray

schools were a major factor affecting the pace of improvement. Positively, a significant range of opportunities for wider achievements beyond SQA qualifications was available for children and young people, both in school and in their local communities. This included accredited and nationally recognised awards as well as activities that were based locally.

The proportion of young people achieving a positive post-school destination had increased to slightly higher than the national average. The most recent national survey of school-leaver destinations (2014/15) indicated that 94.4% entered a positive destination, compared with the Scottish rate of 93.4%. Partners acknowledged the need to do more to ensure that young people's initial positive post-school destinations were being sustained. In 2014/15, over a third of young people aged 15-19 years did not complete their full-time further education college programme successfully. Seasonal employment patterns resulted in a lack of sustained employment for some young people moving from school or college to the local labour market.

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

Moray has had consistently lower numbers of children needing to become looked after than the Scottish average since at least 2004, with a rate of 1.1% of the population aged 0-18 years compared with the rate for Scotland of 1.5%. Within this positive context however, there were fewer children and young people looked after in kinship care with friends or relatives than for Scotland as a whole. In addition, the balance of care between looked after children and young people placed in the community and those in residential care was higher than for Scotland as a whole. In 2015 this equated to 84% placed in the community and 16% in residential accommodation compared to 88% and 12% nationally. Partners did not yet have a clear enough understanding of the reasons for these placement patterns in order to consider how best to increase the number of young people cared for within family settings. The establishment of a new residential resource within Moray, and creation of additional specialist posts within the education service for children with additional support needs was helping reduce the number of children and young people being placed out with the council area. Rates had fallen from 27 young people in 2015 to 21 in 2016, continuing a reducing trend since 2013/14.

The number of looked after school leavers who had one or more qualification at SCQF level 4 had been consistently above the Scottish average since 2011/12, although this was not an increasing trend. Positively, Moray has been consistently above the Scottish average for looked after young people in a positive follow-up destination since 2011/12. However, the upward trend demonstrated from 2011/12 until 2013/14 was reversed in 2014/15.

There had been a steady increase over the last four years in the number of young people eligible for and receiving aftercare. In July 2015, 68% of the 60 care leavers eligible for aftercare were receiving a service. This was marginally less than the overall Scotland figure of 69%. Of those not receiving a service, 84% were in the 19-21 years age group.



Nationally reported statistics showed rising numbers of homelessness applications made by children and young people in Moray between 2011/12 and 2014/15, which was in contrast to the national trend which presented reducing rates. In September 2015, there were 44 households with children placed in temporary accommodation though positively, none was in bed and breakfast accommodation and just four were in hostels. In 2014/14, 22% of young people receiving aftercare had experienced at least one episode of homelessness in the past, a reduction on previous years. Without an overview of performance in other areas, partners were unable to determine how they compared with other authorities or nationally.

Referrals to the children's reporter had been steadily reducing for both offence and non-offence grounds in line with the national trend and the last five years had seen a decreasing trend in youth crime. In contrast, the number of names on Moray's child protection register had fluctuated over the last 10 years. Until 2013, the rate of child protection registrations had been greater than the Scottish figure, sometimes significantly so. However, in 2014 and 2015, rates had been less than the Scottish average. Aware that it gathered a great deal of quantitative data that related mainly to volume and trend activity, the child protection committee was revising its framework for collecting data about vulnerable children. Partners were currently unable to demonstrate how effectively they were keeping children and young people in Moray safe.

Overall, a robust approach to the measurement of improvements in the wellbeing of children and young people including those who were vulnerable was yet to be developed. Current approaches were under review. Existing measures concentrated on inputs, processes and outputs, with an insufficient focus on the development of outcome measures, either qualitative or quantitative. As a result, partners had limited evidence with which to demonstrate improved outcomes for children and young people.

## 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 helped 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 Moray was adequate. While there were many examples of children across Moray benefitting from support to take responsibility, to achieve and be included in their communities, there were some important weaknesses that diminished the experiences and wellbeing of children, including those who were vulnerable. Many children in Moray were given opportunities to participate in out-of-school activities and achieve a wide range of awards through these activities. Positive approaches to promoting nurture were available to very young children. Some children in primary school were unable to benefit from nurture approaches or programmes as these were not available in all schools. Importantly most young people leaving school went**

on to secure initial positive post-school destinations. Children were encouraged to take on age appropriate responsibilities and parents and staff worked hard to ensure children felt included at home, in their school and in their community. The majority of vulnerable children were receiving services that were having some positive impact on their lives. However, some children experiencing neglectful parenting or emotional harm had to wait too long before their circumstances improved. The health needs of looked after children were not routinely identified as health assessments were not always completed. Children needing support to develop good emotional wellbeing or to address mental health difficulties did not always get the help they needed at an early enough stage.

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

Children we met told us they felt safe living in Moray. They could identify trusted members of staff to speak to about any worries or concerns. Staff worked well together to promote safety in the home and in the community through a range of initiatives. Younger children were safer as a result of home safety messages and play@home sessions delivered by health staff. This had contributed to a reduction in the number of young children attending hospital with accidental injuries. Specific initiatives were highlighting to older children the dangers of carrying knives and sexting. Operation Avon was successfully targeting potential areas of anti-social behaviour and underage drinking.

Children whose names were on the **child protection register** were being kept safe from harm. Staff across services worked well together and with parents to reduce risks, although for some children, improvements in their circumstances were not always sustained. Some children and young people experiencing emotional harm or neglectful parenting had waited too long before decisive action to reduce risk to them was taken by staff. Children and young people who could no longer live safely at home were kept safe by their carers in their kinship, foster or residential care placements. Important risks were being successfully reduced for young people in residential placements including self-harm, absconding and aggressive behaviour. However for a few of these young people, action to reduce escalating risk could have been taken at an earlier stage.

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

The health and wellbeing needs of most children were being met through preventative and targeted approaches by parents, carers or staff. Some babies and young children benefited as a result of initiatives aimed at giving them the best start in life, such as being breastfed, having their health and developmental needs identified at an earlier stage through the 27-30 month review, or being helped to keep their teeth healthy through the Childsmile programme. Initiatives such as the Grow Well Choices and Kick Butt sessions were helping older children and young people make healthier lifestyle choices.

Some children and young people experiencing emotional difficulties were helped through individual counselling and group work to better understand and manage their

feelings. However, for others, help was not always available at an early enough stage to prevent their difficulties from escalating.

Children and young people living in kinship, foster and residential care were helped to achieve optimum health by those caring for them. However, some vulnerable children who were looked after at home or had experienced long-standing neglect did not have their health needs fully assessed. In some cases insufficient attention had been paid to the emotional and mental health needs of vulnerable children, including those on the child protection register. Children and young people receiving help and support from child and adolescent mental health services benefited greatly from this. However, we found some young people still had to wait too long for a service to improve their emotional and mental wellbeing.

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

Children were benefiting from a wide range of opportunities to achieve. Younger children engaged in social and learning opportunities through their involvement in the well-established Parents Early Education Partnership (PEEP) parenting programme. Successful steps had been taken to remove barriers to attendance at local libraries, resulting in increased participation in **Book Bug** sessions. Older children and young people had access to a range of opportunities to support personal achievement within schools and their local communities. Youth organisations worked well with schools to support young people to gain accreditation in youth award programmes such as the John Muir awards. Young people with additional support needs benefited from extra support to achieve Duke of Edinburgh awards.

While children's educational attainment had improved in recent years, key aspects of attainment in national qualifications, including literacy and numeracy, needed to improve further. Too many children, particularly those in primary schools, continued to be being excluded from school. Managers were working with specific schools to address this. Activity agreements were helping some young people progress to formal learning or employment. Some children in long term foster placements had been supported to move successfully on to college and university education. Positively, almost all young people leaving school secured an initial positive post school destination. Initiatives such as Meaningful May and Career Ready were helping some young people bridge the gap between school and further study or employment. Some care experienced young people needed more support to sustain college studies or work experience placements in the longer term.

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

Babies and young children were being helped to develop strong attachments with their parents and carers from an early age. The well-established and successful Before Words Project helped equip parents with knowledge and information to support their babies' developing communication. A range of parenting programmes were helping promote positive and nurturing relationships between parents and their children. Some children benefited from the additional support they received through nurture groups or taking part in the **Seasons for Growth** programme. One school we visited had a dedicated nurture classroom where children were supported and

encouraged to develop their social skills and understanding of emotions. However, these approaches were not in place across all schools and some children missed out on this valuable help. Children with additional support needs were supported through a well-matched buddy system.

Kinship care arrangements helped young people maintain a bond with their extended family and local community. This had strengthened feelings of identity and belonging. Well-managed and sensitive contact helped children no longer able to remain at home maintain important relationships with family members. They received meaningful support from staff to help them understand their past experiences. Children living with foster carers experienced warm and nurturing family environments. Improvements in permanency planning had reduced the uncertainty and anxiety that some children had about their future. While some care experienced young people had been supported well to move on from care, others faced uncertainty, experiencing social isolation and limited housing options.

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

Children benefited from a range of opportunities to be physically active. Initiatives such as the Moray Mile scheme, two hours of physical education a week at school and the **Active Schools Initiative** had been successful in increasing children's participation in a range of sporting and fitness activities. Some young people had been supported to take on an ambassador role, promoting active lifestyles with their peers. Many sporting and activity opportunities were available during summer holiday periods, often themed around major sporting events. One school had successfully ensured that children living in rural areas were able to participate in after school activities by maintaining a late bus. However, for some children and young people, limited public transport was a barrier to participation. Children and young people with disabilities enjoyed opportunities to enhance skills and confidence through their participation in play schemes and a range of outdoor challenges organised by Cornerstone.

Most vulnerable children and young people we read about had suitable opportunities to participate in sport and to engage in community activities. Children's plans did not always have enough focus on being physically active and in some cases there was insufficient challenge to parents to ensure their children were encouraged and supported to be active. For some looked after children, the high cost of transport and access to activities meant that they missed out. Recently introduced concessionary bus passes and Fit Life passes should help improve their access to a wider range of activities.

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

Overall, children and young people's wishes and needs were well respected by staff. In the records we read, most vulnerable children were supported to participate in meetings and take part in decisions about their future. The majority were being helped to express their views, were being listened to and had their wishes considered well. When accessed, advocacy services provided valuable independent advice and support. However, this was not routinely offered to all children who could benefit from it. **Viewpoint** had been introduced but was not used consistently. A

recently appointed participation assistant was successfully helping vulnerable young people express their views about the services they received. Staff were sensitive in capturing the views of children with a range of disabilities. Children with hearing or visual impairments were helped to gain confidence and develop new friendships through the support they received from staff at the Sensory Education Service.

Pupil councils were active in most schools, and the young people we met told us their views were listened to and acted on. While most primary schools across Moray were taking part in the **Rights Respecting Schools** programme, implementation was at an early stage. There was a growing awareness of inclusion issues regarding the LGBTI community, however local forums for young people had yet to be established. Partners were beginning to work more closely together to address this. While some young carers benefited from practical and emotional support, they did not always receive the understanding they needed within schools or opportunities outside school to develop networks with children of their age group.

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

Overall, children and young people were being supported well to take on age appropriate levels of responsibility. Schools were developing strong community partnerships that were helping children and young people develop a sense of responsibility. For example, children in Findochty primary school had worked with the local community warden and police officer to highlight a campaign about responsible expectations regarding dog fouling. Children at Burghead primary school had been actively involved in creating a community garden to grow vegetables, learning about sustainability as they become responsible citizens. Some children were being supported to contribute to consultation events about services within their local communities. Within schools and in the community, children and young people accessed a range of opportunities to participate in volunteering and leadership awards, increasing their confidence as they took responsibility for others.

The majority of vulnerable children and young people whose records we read were being helped by staff and their carers to develop a sense of responsibility, to understand right from wrong and to make positive lifestyle choices. A small number of looked after children living at home continued to have too much responsibility and would have benefited from more consistent boundaries. Young people living in foster or residential care were given age and developmentally appropriate levels of responsibility which was helping them improve their self-care skills and become more independent. However, some care experienced young people needed more practical help and emotional support to help them successfully move to independent living.

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

Most children were integrated well and involved in their local communities. Support for vulnerable parents to engage in nursery provision and childcare groups had helped ensure that children were included in community activities. For some vulnerable young people, targeted, preventive work had enhanced their self-esteem

and social skills, helping them develop friendships and become more included in the school community. Initiatives such as Life Coaching Moray successfully helped children who were beginning to show signs of feeling excluded from their school communities. Children in refugee families, newly arrived from the Middle East, had been helped make sense of their new environment through the provision of written materials in Arabic and facilitated contact with other members of the Arabic-speaking community.

Children who were looked after away from home, including those in residential care, were actively involved in local community activities, including after school clubs and youth groups. For a small number of vulnerable children, gaps in assessment and planning meant that staff did not take the necessary action to overcome barriers to inclusion experienced by the child. Significant efforts were being made to ensure that looked after children and young people remained in their communities, even when placed away from home. For young people who were leaving care and returning to their communities after a period away, Explore Moray was supporting them to re-familiarise themselves with their local communities. Care experienced young people living independently and experiencing social isolation benefited from opportunities for peer support organised by Who Cares? Scotland.

## 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 impact of services on families was adequate. There were strengths in the range of universal and targeted provision available to support families living in Moray. Staff, including third sector partners provided a variety of one-to-one and small group parenting supports. Parents valued this highly, gaining confidence in their parenting skills and developing greater resilience to better meet their children's needs. However, for some families, including those living in remote or rural areas, access to, and availability of, services was more variable. High cost and limited public transport was a significant barrier to accessing services and as a result, some parents remained socially isolated. For a small but significant number of families, support was not provided at an early enough stage. Families would benefit more if a comprehensive needs assessment and parenting strategy were in place which enabled partners to better match the range of provision to families' needs.**

Parents and carers received helpful advice and support from staff working across the range of universal, specialist and third sector services. They were helped to better understand their children's learning and developmental needs through regular contact with staff in health and education services. Families were signposted to, and made good use of, a wide range of community resources. A recent children's festival had helped to promote local services. While the early years' partnership's

website provided information about a range of services, not all parents we spoke with knew about this.

Some families benefited from early help and support when difficulties arose. Health visitors and community nursery nurses provided flexible parenting support to families in their own homes. Pregnant women could access more structured parenting programmes to help them develop practical parenting skills and learn about the importance of early attachment behaviour with their newborn baby. Well attended Parents Early Education Partnership (PEEP) sessions were available to all families, although the lack of capacity within some health visiting teams to deliver this programme meant parents sometimes missed out. Vulnerable parents in Buckie who might not otherwise access services benefited from targeted PEEP sessions. Parents attending the ESCAPE programme with their older children gained greater insight into their child's needs. Parents we met told us they had gained confidence in their parenting abilities as a result of attending parenting programmes. They valued the social contact with other parents. Groups to support fathers or male carers were recognised as a gap.

Well-established partnership working with third sector organisations was providing a range of effective resources to support parents. This was mainly through one-to-one work or small group programmes in local communities. Waiting lists meant that some parents were unable to get help when they needed it and some services were only available to families living in certain parts of Moray. A few services provided practical help with morning and bedtime routines, however, overall, families had very limited access to support when they often needed this, such as evenings or at weekends.

From our review of vulnerable children's records, of the 46 families where this was relevant, we found that around half of those families receiving services were more confident and resilient and better able to meet their own needs as a result of the services provided, and around three-quarters indicated at least some improvement. Families were regarded as important contributors to ensuring positive outcomes for their children with the majority of parents having regular, meaningful contact with staff. Some parents found it difficult to accept support from services, despite attempts by staff to work with them in more creative ways. This diminished the impact of the help they received and for some families, their circumstances did not improve. For a smaller but significant number of families, support was not offered at an early enough stage and their circumstances deteriorated before help was provided.

Refugee families living in Moray received additional help and support to aid their understanding of the systems and processes within school and what this meant for them and their children. Information had been translated into user-friendly formats and drop-in sessions such as Tea and Talk provided opportunities to further aid their understanding. An evaluation on the impact of this work had yet to be undertaken.

Vulnerable pregnant women benefited from flexible, intensive support provided by the parental substance misuse early years and pregnancy service. Some pregnant women would have benefited from earlier assessment of their needs. Parents experiencing addiction or mental health issues were helped by the co-ordinated

efforts of staff working in adult and children's services. Women's Aid provided sensitive and responsive support to women and children who had experienced domestic abuse.

Despite helpful one-to-one support from staff, some families, particularly those living in more rural and remote areas, remained socially isolated and lacked the added benefit gained through group programmes and support groups, or opportunities to meet with other parents. Limited and high-cost public transport links were an ongoing and significant barrier to some families accessing services. Families would benefit more if a comprehensive needs assessment and parenting strategy were in place which enabled partners to better match the range of provision to families' needs.

Families of children with disabilities were supported well by a range of specialist services such as activity play schemes, respite provisions and direct one to one support. Their needs were effectively co-ordinated through the Moray Interagency Development Assessment and Support service. However, parents found the transition from child to adult services was not always managed well, creating periods of stress and uncertainty. The impact on families of children with additional needs of **self-directed support** was variable. While some families benefited from greater choice and more flexible options, others were less satisfied with the support they received, the additional costs incurred due to living in more rural areas and the difficulties experienced in sourcing high quality home care services.



## 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 adequate. Staff were positive about the impact of the **Getting it Right for Every Child** approach but this was not yet fully embedded in practice. Most midwives, health visitors and school staff recognised when children needed additional support. Multi-agency groups such as the community safety hub and support for learning meetings were facilitating the recognition of additional need. However, staff did not always recognise patterns of escalating concern or intervene early enough to prevent a child's circumstances from deteriorating. Staff did not always adhere to revised guidance on information sharing. Statutory and third sector services provided some very effective early additional help to families, however these were not consistently available or flexible enough to meet needs. Barriers to delivering services to families living in more remote and rural parts of Moray remained a particular challenge.

Most staff recognised when children and families needed extra help and support. Midwives were effectively identifying and supporting vulnerable pregnant women at an early stage. They could access support directly from specialist midwives, for example when pregnant women were affected by substance misuse or perinatal mental health difficulties. The universal health visiting pathway had very recently been implemented, enabling health visitors to have earlier and more frequent contact with parents and their young children. Staff in nurseries and schools were alert to signs that a child or young person may benefit from additional help. They used the wellbeing indicators to identify what additional help and support may be needed. The multi-agency community safety hub, attended by fire and rescue, police, housing, health and youth justice services, was effectively identifying concerns and coordinating responses to individual children and young people. However, our review of vulnerable children's records found that in a small but significant number of cases, staff did not respond quickly enough to concerns about children's safety and wellbeing, and opportunities for early intervention, particularly for children experiencing neglectful parenting were missed.

Most staff who responded to our survey agreed that the **Getting it Right for Every Child** approach had made it easier to help children, young people and families at an earlier stage. Staff we spoke with were positive about the training they had received, and the recently introduced new child's plan provided a shared language, process and framework. However, the **Getting it Right for Every Child** approach was not yet fully embedded in practice and processes were not always well understood by all staff, in particular those working in adult services. Some staff undertaking the

role of named person were convening child's planning meetings, bringing together staff and families to assess needs and agree a child's plan. However, practice was inconsistent, with some staff continuing to request an inter-agency referral discussion, relying on social workers to arrange and co-ordinate meetings.

Information sharing guidance was in place and the GIRFEC in Moray Pathway had been very recently implemented. However, information-sharing practice was variable and, at times, dependent on established relationships rather than adherence to the guidance. Some staff within adult services were unclear about the role of named persons and would use existing contacts to share information or raise concerns. As a result, information was not always shared with the right person, or in some cases, shared quickly enough.

The transfer of responsibility between those undertaking the role of named persons in health and education was managed well. Practices to transfer responsibility from lead professional to those taking on the role of named person when there was no longer a need for a multi-agency plan were more variable. Information sharing across agencies did not always take place in a timely manner. Police Scotland had recently introduced a new process to improve the timely and appropriate sharing of police child concern reports with relevant staff. Overall, this had significantly improved timescales however, delays were still evident in a few cases and some reports were found to lack relevant detail. Administrative processes within health and education services were not always efficient at ensuring the person working with the child and family received this information quickly enough. Education staff viewed their electronic system as burdensome, believing that it did not support information sharing. Managers in health had responded to requests from health visitors for additional administrative support but this had not yet been provided to all who needed it.

Staff working across the statutory and third sector offered a wide range of effective universal, targeted and specialist support services to children and families. The parental substance misuse service for pregnancy and early years provided flexible, intensive support to pregnant women and families with young children. A range of mainly third sector services provided effective and flexible help to children and families in response to specific areas of need, for example domestic abuse and parental substance misuse. Programmes to help perpetrators of domestic abuse address their behaviours were yet to be established. Within schools, home school link workers were undertaking positive work to improve transitions between primary and secondary school and to support children with disrupted learning. A police early intervention officer worked closely with schools to identify and intervene with young people who may be involved in early stage anti-social behaviour.

However, there were barriers preventing some families accessing support at an early enough stage. There were long waiting lists to access CAMH services. Encouragingly, the pan-Grampian CAMH services had been redesigned to focus on the most vulnerable children and young people, while also providing a consultative and supervisory role to other agencies. Funding had very recently been secured to recruit two primary care mental health workers to work with staff in schools and support children and young people with emotional wellbeing issues. High cost and limited public transport links created barriers for many families, in particular those

living in remote and rural areas, to accessing services. Third sector providers were restricted to providing services within certain geographical areas, limiting support options for some families. Less than half of staff who responded to our survey (44%) agreed that access to services was equally distributed across the area. Partners had sought creative approaches to reach families living in more isolated communities. The Outreach Mobile Information Bus provided an information and outreach service to those living in remote communities. The Early Years Public Social Partnership had piloted a programme of assertive outreach, and while the independent evaluation of the pilot was largely positive, the learning from this had yet to be further developed.

Despite the range of positive supports provided to families, there was no clear strategic approach to the delivery of early intervention services to children and families. Schools had yet to establish a consistent approach to enable identification of, and support to, young carers. A parenting support framework, based on a staged intervention approach had been developed by partners. However, there were gaps in current provision of parenting support, notably help to families in evenings and at weekends and support for fathers and male carers. While a range of early intervention programmes promoting attachment and nurture approaches were in place to support families with younger children, approaches adopted in schools were much more variable and dependent on individual staff. The lack of a parenting strategy meant that partners were unable to determine the extent to which provision was fully meeting the needs of all families living in Moray.

### **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.

**Assessment of risks and needs was weak. There were important weaknesses in the initial response of services when there were concerns about the safety or wellbeing of children and young people. Guidance was in place to direct staff in sharing information, recording and decision making when children were at risk of harm. However, this was not always followed by staff. In the cases we read, there were some good examples of services responding well to immediate and significant concerns. However initial assessments, particularly for children experiencing neglectful parenting or emotional harm, were not sufficiently robust. As a result, decisive action was not always taken quickly enough to keep children safe. While the majority of lead professionals' records contained a chronology of significant events, just over half were fit for purpose. Progress in understanding what makes a meaningful chronology and how they should be used to help inform assessment and planning had been slow. The quality of assessment of risk and need beyond the initial stages was generally more positive with the majority of assessments we reviewed achieving a standard of good or better. Supervision and quality assurance processes required to be strengthened to enable more effective**

**support and challenge and ensure that practice consistently reached agreed standards.**

### **Initial responses to concerns about safety and wellbeing**

When staff recognised that a child or young person was at risk of harm, they understood the need to share information across services. From our review of vulnerable children's records, we found that in more cases than not, children were kept safe as a result of staff recognising and responding appropriately when children were at immediate risk of significant harm. When necessary, alternative accommodation was provided to help keep children safe. Young people who posed a risk to themselves or others were provided with helpful supports and a measured response to reduce risk. However, we assessed the initial response to child protection concerns as weak in a quarter of relevant records reviewed. Children experiencing neglectful parenting or emotional harm were living in situations detrimental to their safety and wellbeing for too long before decisive action was being taken. Incidents were assessed on an individual basis without sufficient consideration given to the accumulation of concerns over time and potential or likely risks to the child. The circumstances of some children only improved when their situation reached crisis and more decisive action was taken.

Processes were in place to help staff provide an appropriate and consistent response to child safety and wellbeing concerns. Despite this, there was a concerning degree of variability and inconsistency within and between services about how concerns were shared, discussed and assessed. Recently implemented changes such as restructuring within the social work service and the introduction of the revised referral pathway had exacerbated the problem. Staff experienced difficulties in being able to contact the newly established social work triage team to share child protection concerns. They consequently developed ways to work around this based on previously established contacts. In some cases, social workers had difficulties obtaining information from police officers to help inform risk assessments. Evidence of how decisions were reached following concerns being raised about a child's safety was not well recorded.

The co-location of health, police and social work staff in the joint child protection unit (JCPU) was promoting better communication and stronger joint working. In many cases inter-agency referral discussions (IRDs) were convened promptly, risks considered and action taken to mitigate immediate risk. However, limited information was recorded in children's records to track the decisions and outcome of these meetings. The multi-agency IRD guidance had been updated and the process for recording IRDs revised to ensure greater transparency of decisions, actions and outcomes agreed. Out with normal working hours, practice around IRDs was more variable. Police and social work staff did not routinely involve health colleagues in discussions and the new recording process had yet to be implemented. Staff used the same term of inter-agency referral discussion to describe different processes. It was the mechanism by which staff shared information and agreed the immediate response to child protection referrals, but was also used by staff to plan a multi-agency response to less urgent concerns, such as for an unborn baby. This approach did not always help set appropriate timescales to match the level of risk. There was no mechanism in place to jointly quality assure the IRD process.

## The quality and use of chronologies

Almost all lead professional records we read contained a chronology of which just over half were fit for purpose. Some chronologies were too long and others were missing significant events. Chronologies were rarely used by staff to identify escalating concerns or patterns of accumulating risk and some staff were unsure what information should be included in a chronology. There was an absence of a shared understanding of the need and benefit of developing an integrated chronology. Training and guidance on the use of chronologies was being developed, and staff we met told us they would welcome this.

The quality of recording was variable and did not always reflect fully the information shared or the joint decisions agreed. In some situations, because staff knew each other well, they shared information verbally and did not always record this. Alongside poorly developed chronologies, this practice hampered high quality assessment of risk and needs being developed and produced by staff.

## The quality of assessments

Beyond the initial stages of assessment, the quality of assessment of risk and need was more positive. We evaluated the quality of 65% of assessments of risk and 68% of needs assessments as good or above. The introduction of the National Practice Model and the National Risk Assessment toolkit was supporting the development of higher quality risk and needs assessments. In most cases, staff involved parents and young people in their assessments. The quality of assessment for children requiring permanent substitute family care had improved. Parenting capacity assessments were helping to inform decision making, although these were of variable quality. While the quality of kinship care assessments was improving, they remained lengthy, contributing to delays in completion. Comprehensive assessments could be further enhanced through the more consistent use of supplementary or specialist assessment tools, such as Getting Our Priorities Right or neglect frameworks. We found that limited analysis of background information contributed to weak initial assessments. Some staff were overly optimistic about parents' capacity to change or sustain short-term improvements. Most staff who completed our survey agreed that they had received training and were provided with guidance and tools to carry out assessments of risks and needs, although some staff we met said that they would benefit from further risk assessment training.

Thresholds of concern were not always agreed by staff in different agencies. A significant number of referrals from social workers to the children's reporter did not proceed to a children's hearing and a higher than average number of referrals to the reporter were received from education services. Long-standing disagreements between the social work service and the children's reporter administration in relation to sufficiency of evidence to merit compulsory measures remain unresolved.

Midwives and health visitors appropriately recognised when a vulnerable pregnant woman may be in need of support well in advance of the birth of her baby. However, processes to facilitate sharing of information and initial joint assessment did not take place at an early enough stage. Delayed assessments at times led to an unnecessary rush to secure a safe environment for some newborn babies.

The demand for comprehensive health assessments of children experiencing neglect or cumulative harm was lower than comparator authorities and children looked after at home did not routinely undergo the required level of assessment as set out in **CEL 16**. Recently introduced processes should ensure earlier notification to health staff of all children and young people who become looked after.

## Planning for individual children and young people

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

Planning for individual children and young people was adequate. There was too much variability in the quality of individual children's plans. There was a plan in place for almost all vulnerable children and young people. While around half of all plans were assessed as good or better, a significant number did not achieve this standard, with one in five plans being weak. Most plans set out desired outcomes for children, however the majority were not sufficiently SMART. Review meetings for looked after children and those subject to a child protection plan were strengthened by the involvement of a reviewing officer who was not involved in the operational management of the case. However, there was no agreed approach to reviewing the circumstances of children whose names had been removed from the child protection register to ensure improvements had been sustained. Transition planning worked well for some children with additional or complex needs, but was more variable for care leavers. The implementation of self-directed support promoted choice and control for some, but limited options for others. Effective monitoring arrangements had reduced delays in securing permanent substitute family care for children who required this. There was no systematic approach to quality assurance, involving reviewing officers and supervisors, to support greater consistency in the quality and effectiveness of planning for children.

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

Most staff who responded to our survey agreed that they had received training and had the necessary tools and guidance to develop children's plans. However, some staff we met during the course of this inspection felt that more training was needed to help them develop outcome focused children's plans. Our review of vulnerable children's records found that almost all children and young people who needed a plan to reduce risk and meet needs had one in place. We assessed the quality of child's plans to manage risk as good or better in just over half of cases read, with a further quarter assessed as being just good enough, and one in five being weak. Plans to meet needs were also variable, with just under half being good or very good and a sizeable proportion (40%) assessed as adequate. While most plans set out desired outcomes for children, these tended to be generic in nature. Three-quarters of plans were not yet sufficiently SMART (specific, measurable, achievable, relevant and time bound) and insufficient attention was paid to all the wellbeing indicators. In a few cases, children who were part of large sibling groups did not have sufficiently

individualised plans. The Getting it Right for Every Child implementation group had recognised the need to improve the quality of plans and had very recently introduced a new version of the plan to facilitate greater focus on outcomes and consideration of all wellbeing indicators. A more systematic approach to quality assurance, involving reviewing officers and supervisors would support improvement towards greater consistency in children's plans.

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

In the majority of cases we read, children's circumstances and their plans were reviewed at intervals appropriate to their needs. Making progress through joint planning, reviewing and decision-making was good or very good in 64% of cases. In most cases, there was an appropriate level of collaborative working to implement the child's plan, although health staff did not always fully contribute to this. Children, young people and parents were involved well in key decision-making meetings. Many had enjoyed regular, meaningful contact with key staff. While children's views about their circumstances were sought, these were not always recorded well. Some children benefited greatly from the support of independent advocates to represent their views; however this was not available to all children and young people. Viewpoint had been introduced as an online tool used to gather the views of children and young people using services, however its use was inconsistent.

A solution-focused approach to joint planning had recently been introduced through child's planning meetings. There were early signs that this approach was enabling a greater focus on outcomes and more effective planning for children who needed additional help and support. Practices among staff undertaking the role of the named person were variable, with some staff continuing to rely on social workers to take the lead in coordinating a child's planning meeting. Reviewing officers independent of operational decision making were bringing increased objectivity and appropriate challenge to child protection case conferences and looked after reviews.

Following a learning review in 2015, the child protection case conference guidance had been updated. Our review of vulnerable children's records found that a few children whose names were on the child protection register had been de-registered too quickly, before staff could be confident that short-term improvements in family circumstances were being sustained. There was no agreed standard on the monitoring arrangements for children following de-registration. This had led to variation in the provision of ongoing support to families. A few children's cases were closed to social work services too quickly following de-registration. Some children and young people in long-term stable placements did not have their plans reviewed as regularly or frequently as they should have. As a result, the day-to-day needs of children were not always reviewed and the ability of staff to recognise potential difficulties in placements before they escalated to a crisis situation was restricted.

The quality of transition planning for children and young people was variable. For some children and young people with complex needs, plans to support transition to adult services were established at an early stage and joint working arrangements were helpfully supporting this. Managers recognised that this was not the case for all children and had developed an improvement plan to address this. The placement services group ensured that resources appropriately met the identified needs of

children and young people with complex needs through monitoring and review. Partners planned to streamline processes to devolve resource decisions to locality management groups to encourage greater focus on preventative work. Imaginative use of self-directed support enhanced the lives of some children and young people with complex needs, however implementation was variable and not all children and young people with additional needs were benefiting from this.

### **Securing stable and nurturing environments**

Effective planning was helping to secure a stable and nurturing environment for the majority of looked after children and young people. Foster carers received valuable guidance from the placement team link worker and the third sector organisation Children 1<sup>st</sup> provided support to kinship carers. The number of children and young people placed in residential rather than family settings was higher than the national average. Partners were undertaking a review of all placement services to better understand this. The permanency monitoring and development group was effectively supporting improvements in permanency planning arrangements. There had been a reduction in the number of placements moves experienced by looked after children and young people. The group alerted managers to potential drift in cases. Out of the 19 children in our sample who were identified as needing permanent substitute family care, plans were progressing well in almost all cases.

As part of an overarching strategy to reduce the number of looked after children and young people placed out with the Moray area, the placement services group were undertaking a review of all children in external placements. Cala, the new residential children's house had very recently opened. While there had been some initial difficulties in achieving stability within the new staffing group and settled routines and safe boundaries for residents, staff were working hard to improve the circumstances for those vulnerable young people. Partners were developing a protocol to ensure that young people at risk of, or returning from, out-of-area placements were supported in education, home and the community. Although still at an early stage, there had been some success in reducing the number of young people placed away from their local communities.

Some looked after young people benefited from very positive relationships with their throughcare and aftercare workers, who were supporting them through college or work experience programmes. Not all care experienced young people benefited from the same level of joined up support from child and adult services. Some lacked the practical help and emotional support needed to adapt successfully to independent living. Limited housing options, for example a lack of supported lodgings, remained a significant challenge, with some young people being required to register as homeless before alternative accommodation could be provided.

### **Planning and improving services**

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



how well partners identify and manage risks to vulnerable groups of children and young people.

**Joint planning to improve services was weak. The recently expired 2013-16 Moray Children and Young People's Services Plan and the one-year 2016-17 plan were not sufficiently SMART or jointly resourced, and lacked a sound evidence base to ensure that services and resources were matched to children's needs. The use of performance information was under developed. Consequently, partners were unable to report on the difference that children's services planning was making to the lives of children and young people. Partners recognised the need to improve joint planning and were taking steps to begin this process. The child protection committee had not yet progressed outcome-focused joint self-evaluation which would demonstrate where improvements needed to be made. Despite the findings from learning reviews and previous inspection recommendations, the pace of change was too slow to have made any impact on improving outcomes. Risk management was undertaken by single agencies. While some joint work had been undertaken in relation to sexting and child sexual exploitation, an overall joint strategic approach to managing and mitigate risks was yet to be developed.**

### **Integrated children's services planning**

Through the single outcome agreement (SOA) Moray 2026 – A Plan for the Future, the community planning partnership had identified 'Ambitious and confident young people' as one of their five priority areas. The Children and Young People's Partnership (CYPP) had responsibility for taking forward this priority, supported by the work of eight thematic subgroups. Partners had produced a one-year Children and Young People's Services Plan 2016-17 while they prepared for the submission of a new three-year plan scheduled for April 2017.

The previous Children's and Young Peoples Service Plan 2013-16 set out the high-level ambitions for children and young people growing up in Moray, with each thematic subgroup responsible for the development and implementation of delivery plans. However, plans were not sufficiently specific, time bound or measurable and as a result, partners were unable demonstrate what difference had been made to the wellbeing of children and young people.

The absence of a joint strategic needs assessment to inform the plans meant that partners were unsure if they had the right balance of universal, targeted and specialist services in place. We found that children and families experienced inconsistencies in access to, and availability of, services. Where services were achieving positive outcomes for children, such as nurturing approaches adopted by some schools, area-wide implementation was patchy. Insufficient attention was given to how partners would work together to address the needs of children experiencing poverty and disadvantage. The use of data to measure performance and progress towards outcomes was not sufficiently well developed or co-ordinated. A partnership action plan was beginning to link the work of the CYPP to the SOA targets, however these did not link well to the existing thematic delivery plans. A

framework to jointly resource and commission services from the wide range of third sector provision was yet to be developed.

Positively, the CYPP had recognised the need to improve its approach to children's services planning. The external commissioning of a strategic needs assessment, while encouraging, was still at an early stage with findings unlikely to be available in time to inform the 2017-20 children's services plan.

Some sound beginnings had been made in planning at locality level. A growing body of information was available through the use of the **Planning for Real** methodology. Community profiles were providing demographic and socio-economic data about small communities, towns and villages and were being used to develop community action plans for different localities. Very recently, locality management groups had been re-established across the eight area school groups. They were seen by senior managers as having a key role in the planning, delivery and evaluation of integrated services at local level and supporting the implementation of Getting it Right for Every Child. It was too early to assess the impact of this approach.

Getting it Right for Every Child was identified by the CYPP as a priority. Over the past two years, the Getting it Right for Every Child implementation group had focused on staff training, raising awareness and developing resources and pathways. Approaches to measure progress and success in implementation, for example through self-evaluation or quality assurance, were yet to be developed. As a result, there were important gaps in key processes, in particular in relation to information sharing, recording and data security. Culture and practice change had yet to be fully embedded.

### **Child protection committee business planning**

The child protection committee was committed to improving the safety of children in Moray. Membership of the committee had recently been reviewed, with the appointment of a new vice-chair agreed and the merits of an independent chair considered. The committee reported publicly on its work, providing an overview of activity during the previous year. The annual report of 2015 included an improvement plan, set out under the headings of the core functions of strategic development, performance management and public information. However, the plan was not sufficiently SMART, with measures focusing on inputs and outputs, rather than outcomes. As a result, the committee was unable to demonstrate how it was keeping children and young people in Moray safer as a result of its work.

Two learning reviews involving practitioners and their managers had been conducted during 2015 to help the child protection committee better understand practice issues. This had been seen as a useful learning approach. Improvement actions were identified and monitored through the committee's improvement plan. However the pace of change and improvement was slow. The reviews highlighted practice issues similar to a review conducted in 2012, such as the need to intervene at an earlier stage and weaknesses in decision making and initial risk assessment. These issues were also findings from our review of vulnerable children's records during this inspection. It is of concern that these same practice issues have persisted, and that

actions implemented following these reviews, such as staff training and amending guidance, had not resulted in practice change and demonstrable improvement.

The child protection committee routinely reviewed a range of relevant management information and made comparisons with other authorities. Data was mostly about the volume and frequency of activity, with a few measures of performance relating to child protection processes. The need for more meaningful measures which demonstrate that children and young people are being protected was recognised and a revision of the framework was underway.

The child protection committee had not taken action to strengthen approaches to joint self-evaluation, as recommended in the previous inspection of services to protect children in 2012. Single-agency audit activity was taking place, however the committee was unable to assure itself, or chief officers, of the effectiveness of joint working practices in improving outcomes for children in need of protection. We found a lack of robust governance arrangements from the child protection committee to chief officers. Chief officers had not been meeting regularly enough to enable them to exercise appropriate governance and challenge to the child protection committee. We say more about this later in this report.

The child protection committee had tasked various groups to take forward aspects of the National Action Plan to Prevent and Tackle Child Sexual Exploitation. This had resulted in some positive early work such as the development of guidance and awareness raising sessions for staff. An initiative to address the growing concern about sexting among young people had resulted in the commissioning of the play *Take it Off* and a DVD, which was being used widely throughout Moray's schools to raise awareness of the issue. While some initial evaluation had been undertaken, the longer-term impact of the initiative was still to be conducted. A co-ordinated and more systematic approach to tackling child sexual exploitation (CSE), including data collation and analysis of young people at risk of, or who have experienced CSE, was yet to be developed.

### **Managing and mitigating risks**

While individual agencies had approaches in place to ensure that risks were being considered and managed, partners were not yet working well together to identify and manage risk at a strategic level. Operationally, emerging risk was being managed well. The lead officer for the child protection committee worked closely with officers within the Moray Community Safety Hub to respond to emerging concerns and risks. Staff worked well together to raise awareness of issues such as the risks associated with substance misuse including the use of new psychoactive substances, and the dangers of knife carrying. The lack of robust governance of the public protection agenda had been identified by the child protection committee as a risk and brought to the attention of the chief officers. A systematic multi-agency approach to enable partners to have a greater confidence that they are effectively managing and mitigating risk was not in place.

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

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

The extent of participation by children, young people, families and other stakeholders was adequate. While partners had made some recent positive progress in engaging children, young people and families in service planning, the pace of change had been slow. There were examples of creative approaches being used to consult with children and families, and partners were beginning to use social media more effectively to consult with a wider range of stakeholders. Individual services and agencies sought views and feedback from those using their services. However, children, young people and their families had not been consulted on key policies or plans such as the Moray Children and Young People's Services Plan. The recent appointment of a participation assistant was beginning to have a positive impact on developing good practice, but this was still at an early stage. Leaders and senior managers were becoming more directly engaged with young people, including looked after children and young carers. An increasing number of vulnerable children across a range of care groups were accessing independent advocacy services. The Rights Respecting Schools programme was being progressed in many schools. However, the lack of a strategic framework to direct and co-ordinate consultation, participation and engagement with stakeholders was limiting meaningful engagement.

### Involvement in policy, planning and service development

Despite the lack of an overall strategy there had been some recent positive examples of engagement. Some care experienced young people were actively supported through the monthly meeting of the Moray Group to attend local and national events, and had recently contributed to the foster carer's newsletter. The recent appointment of a young person to the post of participant assistant in Who Cares? Scotland had the potential to make a difference. She was working hard to ensure that the views of other care experienced young people in Moray were being heard. There were promising signs that her views were being increasingly sourced by strategic leaders and senior managers, and through her involvement in a wide range of joint policy and planning groups. The development of a champions' board, initially discussed in 2012, was being reconsidered by the corporate parenting board, with the expectation that young people would become members. There were increasing opportunities and events where young people could meet directly with leaders.

Pupil councils were well established and embedded into school decision-making structures. Young people we met told us that the pupil councils were making a difference and that they had influenced changes to aspects of how schools operated. Pupils in one school had been involved in joint work with Moray's health improvement team and Glasgow School of Art, informing the design of posters and promotional materials. Youth cafes across Moray were being strongly informed and

directed by young people's views. Moray College had a range of forums which enabled students to actively participate in service development.

Third sector providers were positive about their involvement in operational and strategic planning for children's services. Of those who responded to our survey, 63% agreed that the views of staff were taken into account when planning services at a strategic level, while 60% agreed that the views of children and young people, parents and families were taken into account. However, partners had yet to develop a strategic approach to meaningful participation of children, young people, families and other stakeholders in the co-production of strategy, policy and service development. While there were pockets of positive and encouraging practice, there was no structure to the approach being followed, or clear correlation with integrated children's services planning or corporate parenting. For example, children and young people had not been involved or consulted on the development of the 2013-16 Children and Young People's Service Plan. The absence of a strategy or framework to direct engagement and consultation on behalf of the community planning partnership and partners was limiting meaningful engagement being routinely embedded into practice.

### **Communication and consultation**

Partners had developed and implemented a range of consultations and communications with stakeholders. Following limited attendance by the public at evening events, a community engagement group developed a social media campaign using Facebook and Twitter. Partners posted short films to increase awareness on a range of subjects including early years, employability and domestic abuse. One film had been viewed 11,000 times. The responses received so far had not yet been analysed. Planning for Real, a nationally recognised model for community planning based on an interactive three-dimensional technology, was effectively engaging children and young people in planning within their local communities. Children from nursery to secondary school age had participated in the consultations for the Dufftown and Aberlour areas.

A number of parents groups and professionals were consulted about availability across the area of services and activities for children under eight years of age to inform the early years strategy and as part of the Early Years Public Social Partnership pilot. The development of community action plans had also been informed by the views of local families. The Moray Parent Forum, made up from members of parent councils, was used well by partners as a way of seeking the views of parents. NHS Grampian had consulted young people and parents who had used the child and adolescent mental health service to help inform its redesign.

### **Promoting the rights of children and young people**

The third sector organisation Children 1<sup>st</sup> had been asked by partners to review the 2013-16 Children and Young People's Services Plan from a children's rights perspective. The Who Cares? Scotland service provided valuable support to children who are looked after, providing independent advocacy for those in residential care, kinship care, looked after at home and care leavers. While

increasing numbers of young people were benefiting from this service, our review of vulnerable children's records found that in just over half of relevant cases across all care groups, independent advocacy had not been offered. In 67% of cases we read, children and young people had been supported to understand and exercise their rights to a level assessed as good or above. Some young people that we met, for example young carers, were less clear of their rights, having not had these fully explained to them. They were unaware of their right to a carer's assessment which could help identify and provide a gateway to services and support for them and their families.

The **Rights Respecting Schools** approach was being positively promoted across Moray. We found positive examples where pupils were able to demonstrate and articulate knowledge and understanding about their rights, and how they had integrated children's rights into their school charter. A group of pupils had developed a DVD about the Getting It Right for Every Child wellbeing indicators to highlight the rights of all children. This had been shared across all Moray schools. Some children and young people who may be at risk of social isolation or disadvantage, for example young people identifying as LGBTI, would benefit from greater opportunities to integrate into their school and communities. More children would benefit from appropriate support to ensure they are aware of their rights and have them supported.

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

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

**Leadership of improvement and change was weak. While individual services had appropriate leadership arrangements in place, collaborative leadership of services for children had been slow to develop. Leaders, senior managers and operational staff shared a vision for children and young people in Moray, underpinned by the principles of Getting it Right for Every Child. However, the vision was under developed and lacked a shared aspiration and joint strategy to deliver excellence in services for children through partnership approaches. Progress on delivery of corporate parenting responsibilities had been slow. There was a clear commitment to early intervention and prevention within individual agencies, with examples of resources being redirected to new initiatives and services. However, collective approaches to jointly improve outcomes for children and young people were not well developed. The absence of needs assessment constrained partners' ability to meaningfully redirect the totality of their resource and invest or disinvest in services in order to deliver improved outcomes. The closeness of long-standing relationships among staff and managers across services, while seen as a key strength in partnership working, had created a culture where leaders and senior managers did not routinely or sufficiently challenge lack of progress. Leaders were not directing change or holding themselves and others to account where progress was slow. There was poor governance of critical areas of business and risk. Performance management arrangements were under-developed and the partnership lacked systematic joint quality assurance and self-evaluation processes.**

The community planning partnership's vision for children to be ambitious and confident was understood by staff, and most of those we met with were clear about the principles of Getting it Right for Every Child and how this related to their work. They were committed to working together to best meet the needs of children and young people. However, beyond this, staff had difficulty articulating service aspirations which included reducing inequalities, addressing the consequences of poverty and promoting greater social inclusion. Key stakeholders, including groups of senior staff and young people themselves, had not been engaged in developing a common vision and were unclear about how priorities had been agreed. While there was some recognition of equalities and inclusion in plans, this was not yet reflected in all procedures and practice. For example there was no strategic approach to overcoming transport barriers for families living in more remote and rural areas and concessionary leisure passes for looked after children had been slow to implement. Less than half of those who responded to our staff survey agreed that their service

was successfully tackling the consequences of child poverty or closing outcome gaps and inequalities in their respective neighbourhoods.

Collaborative leadership to plan and direct children's services had not been effective. Partners had focused on the changes required within individual services rather than delivering improved outcomes for children and young people through collaborative working. Robust challenge and joint problem-solving by leaders was not evident, and there had been a lack of attention to developing structures which would support more integrated working. The governance and accountability structures for integrated children's services planning had not driven forward improvements at pace. Responsibility had been devolved to individual groups to implement improvements without sufficient oversight and direction by leaders and the community planning partnership. Leaders recognised the gap in strategic needs assessment to inform planning for services for children, young people and their families. Initial scoping of services and resources, commissioned through the Dartington Social Research Unit and the WAVE Trust had concluded. Contact had been made with the Scottish Government Realigning Children's Services team to support ongoing planning of children's services.

There were positive examples where leaders had directed resources to support initiatives and programmes aimed at prevention and early intervention. For example, recent investment by NHS Grampian in mental health worker posts and a Police Scotland early intervention officer who worked closely with schools to identify and support young people who may be involved in early stage anti-social behaviour. Initiatives such as those to tackle knife crime and new psychoactive substances, and the dedicated social worker post within the parental substance misuse early years and pregnancy service, demonstrated successful approaches to partnership working. However, the majority of initiatives were being delivered by single agencies and a joint approach to focus resources on prevention and early intervention was still to be fully established. Partners acknowledged the value of the findings of the independent evaluation of the Early Years Public Social Partnership project and had committed additional resource to sustain this for a further year. The need to continue this work and evaluate the impact for vulnerable families using the adapted services was recognised. Encouragingly, a group had very recently been formed to develop and oversee a more strategic and co-ordinated approach to prevention and early intervention across Moray.

While leaders had expressed commitment to strengthening their role and actions as corporate parents, progress in removing barriers to better experiences and outcomes for looked after children and young people and care leavers had been slow to deliver results.

We met committed and motivated frontline staff who, in the main, worked well together. Those who responded to our survey agreed that there were positive working relationships amongst practitioners in different services, and that joint working was supported and encouraged by managers. However, the staff we met during the inspection were less confident about this. The joining of education and social work services in 2013 and the more recent restructuring within the social work service had enabled leaders to direct resources to areas where this was most



needed. However, staff did not always feel included or consulted as partners in the change process.

Staff were encouraged to be imaginative and test out new ways of working, and an increasing number of staff had completed the **Early Years Collaborative (EYC)** quality improvement training programme. While there had been successes in small-scale projects delivered through the EYC, these had yet to be upscaled across Moray. Similarly, we found examples of creative, evidence-based ways of working by staff in some areas, which were successfully improving outcomes for children. Unfortunately, these had not been replicated across the whole area.

There had been some success in resolving workforce and recruitment issues within health services. However, vacancies and lack of capacity within education services remained a significant concern, impacting on other key areas of service such as quality improvement and assurance. Eighty per cent of education staff and 75% of health staff who responded to our survey did not feel that their workload was manageable within their normal working hours.

Encouragingly, partners demonstrated willingness to learn from research, national policy drivers and from areas which were performing well. There were promising examples of how learning had been taken forward locally. Examples included support to refugee families newly arriving in Moray and work to retain young people in the local area by increasing employability opportunities and targeted engagement with local employers. Positive work was being done to successfully reduce the number of children and young people in out of area placements through the implementation of a range of strategies. This included significant investment in the establishment of Moray Council's first residential children's house.

Of concern, we found that chief officers had not been exercising fully their responsibilities for governance of the child protection committee. The child protection committee had not been held to account for securing sustainable improvements in the protection of children and young people in Moray. Approaches to jointly evaluate the effectiveness of key child protection processes, which had been an improvement action from the joint inspection of services to protect children and young people in 2012, had not been implemented. Expectations and practice standards for joint working were not always well known or followed by staff and single-agency quality assurance systems and supervision were not sufficiently effective in driving forward improvements. In the absence of joint self-evaluation, partners were unclear if the learning identified through previous social work practice audits and learning reviews conducted by the child protection committee had resulted in improved practice or better outcomes for children and young people. As a result, the child protection committee and chief officers had been unable to assure themselves or the public that children and young people living in Moray were being kept safe. The decision by chief officers to review the governance arrangements for public protection across Grampian was encouraging, however the delay in establishing sufficiently robust arrangements had been significant.

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

Throughout this inspection, staff, managers and leaders told us of their desire to improve and to make Moray the best place in Scotland for children and young people to live. Nonetheless, we did not find a culture where meaningful challenge was recognised as a necessary part of continuous improvement. Frontline staff were experiencing success with many families through the provision of effective help and support. They are delivering tangible results that can be built upon through a more joined up approach by partners. However, variability in the quality and effectiveness of some key processes means that the experiences of some children and young people, including those most vulnerable, are diminished. While children at immediate risk of significant harm are being protected, those experiencing neglectful parenting and cumulative harm are exposed to risk for too long before decisive action is taken. Many assessments and children's plans are of a good standard – a more robust approach to quality assurance and staff supervision would enable a more consistently high standard to be achieved.

Senior managers demonstrated commitment to drive forward improvements in the absence of clear leadership and challenge from their leaders. Without a clear and measurable plan to tackle a small number of manageable priorities, they are unlikely to succeed. The lack of strategic approaches to key areas such as parenting support, corporate parenting, and participation and engagement of young people, diminished their capacity to deliver improvement at pace.

There is an urgent need to strengthen collective strategic direction, challenge and scrutiny of services for children in Moray. Community planning officers were beginning to help change long-established ways of working in the community planning partnership however more now needs to be done to address areas of significant weakness. Leaders have been willing to hear the difficult messages from this inspection and tell us they are keen to accept help to improve. They are taking action to address the key areas of weakness identified in this inspection report. They have created a chief officers' group that will meet monthly to oversee the work of the child protection committee. Partners are taking positive steps to improve their planning, engaging Scottish Government Realigning Children's Services to support this work. However, we believe the partnership will require considerable ongoing support and challenge to address the findings of the inspection.

### Particular strengths

In the course of the inspection, we identified the following strengths that were making a positive difference for children and young people in Moray.

- The range and effectiveness of nurturing support to parents and very young children.
- The willingness of front line staff and senior managers to work collectively to meet the needs of children and young people.

## Areas for improvement

Senior managers and leaders expressed their motivation to address the findings of the inspection. In taking forward the improvements required, the Moray community planning partnership should:

- improve standards of operational practice by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision
- improve the initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing neglectful parenting or cumulative harm
- strengthen collective vision and collaborative leadership to direct the delivery of integrated children's services; it should be underpinned by strategic needs assessment and robust performance information, and demonstrate measurable improvements in outcomes for children, young people and families
- strengthen the governance, leadership and accountability of the child protection committee
- implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection
- strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.

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

The Care Inspectorate will ask the Moray Community Planning Partnership to publish a joint action plan detailing how it intends to make the improvements identified as a result of the inspection.

The Care Inspectorate and other bodies taking part in this inspection will revisit the Moray Community Planning Partnership within six months to review progress in relation to the areas for improvement identified.

**February 2017**

## 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 example.

### Life Coaching Moray

Life Coaching Moray is a partnership pilot initiative designed, developed and implemented by Quarriers, Moray Council's educational psychology service and two Moray secondary schools - Elgin high school and Forres academy. It was made possible by funding awarded to Quarriers by the Ryder Cup.

Partners and young people were consulted on the pilot, and identified that a life coaching concept would be best utilised in Moray as an early intervention initiative, targeted at young people in S1 and S2 who were showing early signs of poor mental wellbeing, such as those experiencing isolation, bullying, anxiety, low self-esteem or beginning to show drops in attendance at school. Promotional materials, including booklets for young people and parents were developed. Educational psychologists worked with guidance staff in schools to identify young people who met the criteria and to gain parental consent. Staff from Quarriers and the educational psychology service met with parents to provide further information as it was recognised that if this initiative was to have lasting impact, it was essential that parents were brought in as partners from the beginning. Parents were then involved at every stage of the life coaching process.

A full-time life coach was appointed and a structured 8-10 week programme and tools to support the sessions were developed. All one-to-one sessions took place within the school. The New Philanthropy Capital wellbeing questionnaire for 11-16 year olds was used to measure wellbeing before and after intervention.

To date, 30 young people have completed the life coaching intervention. The process was refined following evaluation of the first phase. Results from second cohort (June 2016), along with follow up of cohort 1 (six months after completing the programme) are encouraging, with improvements in self-esteem, and measured improvement in relation to wellbeing indicators (included, respected, healthy and active). A third cohort is currently underway.

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

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

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

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

**Moray Community Planning Partnership** is the local community planning partnership for the Moray 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 Moray.

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

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

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

**Getting it Right for Every Child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators, which are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. These provide an agreed way of measuring what a child needs to reach their potential.

[www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

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

**Self-directed support** is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided, and gives them as much control as they want of their individual budget.

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

**Childsmile** is a Scotland-wide initiative to help improve the children's dental health.

**Book Bug** gives four free books to children from birth to primary 1. There are also free Book Bug sessions in libraries with songs, stories and rhymes.

**Seasons for Growth** is an educational programme for children and young people who have experienced significant change or loss.

**Child and adolescent mental health services (CAMHS)** are specialist NHS services, which provide assessment and treatment for children and young people with emotional, behavioural or mental health difficulties.

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

**Rights Respecting School** award is an initiative run by UNICEF UK, which encourages schools to place the UN Convention on the Rights of the Child at the heart of its ethos and curriculum.

All authorities are responsible for maintaining a central register of all children, including unborn babies, who are the subject of an inter-agency child protection plan. This is called the **child protection register**.

**Planning for Real** is a nationally recognised model for community planning based on interactive three dimensional technologies. The process allows residents to register their views on a range of issues, to work together to identify priorities, and in partnership with local agencies, develop an action plan for change.

**Viewpoint** is an interactive electronic tool to engage children and young people and help them express their views and wishes.

**CEL 16** is a letter issued by Scottish Government in 2009 to advise NHS board chief executives of the recommendations arising from the Looked After Children and Young People: We Can and Must Do Better report, and requesting implementation of these recommendations within the accompanying timescales.



## Appendix 4: The quality indicators framework

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

To find out more about our inspections go to [www.careinspectorate.com](http://www.careinspectorate.com).

If you wish to comment about any of our inspections, email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com) or write to us at the Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

Our complaints procedure is available from our website [www.careinspectorate.com](http://www.careinspectorate.com) or you can write to our complaints team at the address above or call us on 0345 600 9527.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about government departments and agencies. You should write to SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330, fax 0800 377 7331 or e-mail: [ask@spsso.org.uk](mailto:ask@spsso.org.uk). More information about the Ombudsman's office can be obtained from the website at [www.spsso.org.uk](http://www.spsso.org.uk).

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

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

**Website: [www.careinspectorate.com](http://www.careinspectorate.com)**  
**Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)**  
**Care Inspectorate Enquiries: 0345 600 9527**

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.