

Services for children and young people in West Lothian

August 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 West Lothian Council, NHS Lothian, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families, including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment that 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 **West Lothian Community Planning Partnership** area took place between 6 March and 28 April 2017. 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 105 of the most vulnerable children and young people. We met with 181 children and young people, and 65 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 West Lothian Council, NHS Lothian or the West Lothian Health and Social Care Partnership. 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.

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

West Lothian is located between Edinburgh and Glasgow in Scotland's central belt. It covers an area of 165 square miles, two-thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development. Livingston houses the administrative centre for the local authority and is the most populated town within the region.

The 2015 population for West Lothian was 178,550, accounting for 3.3% of Scotland's total population. The rate of increase in population from 1991 to 2011 is, at 21.55%, the highest of all Scottish local authority areas. West Lothian has the highest percentage of children under 15 years in Scotland at 18.9%, and the lowest percentage of over 65s at 13.6%. The population of children aged under 16 years is projected to increase by 13.3% by 2035. The most recent child poverty statistics, from December 2015, show that 22.8% of West Lothian children are living in poverty. Youth unemployment stands at 3.6%, which is slightly higher than the Scotland rate of 3.5%. The proportion of children in families dependent on out of work benefits or child tax credit is higher than the Scottish average. 6.9% of young people aged 18-24 years were unemployed as at 31st March 2014 compared to 5.5% for Scotland for the same period.

The West Lothian Community Planning Partnership is a partnership of 15 organisations from the public, voluntary, private and community sectors including: West Lothian Council; the Association of Community Councils; JobCentre Plus; Scottish Fire and Rescue Service; Police Scotland; NHS Lothian and West Lothian College. Partners are responsible for more than £1bn annual spending in West Lothian and have agreed an ambitious vision for the area that sets out fresh challenges for the future.

The community planning partnership had agreed a new **single outcome agreement** for 2013-2023, Plan for Place. Its core theme is tackling inequalities and it describes eight local outcomes mapped to the six national priorities. It is supported by a range of enabling plans and strategies. The West Lothian Integration Joint Board (IJB) was established in September 2015 however children's social work and child health services were not delegated to the IJB and remain the responsibility of West Lothian Council and NHS Lothian Health and Social Care Partnership. A joint approach to health and social care integration has been established between the NHS Lothian Chief Executive and the Chief Executives of the four councils (City of Edinburgh, East Lothian, Midlothian and West Lothian) within the NHS Lothian area.

Priorities are delivered through strategic groups aligned to the community planning partnership board, namely; the West Lothian chief officers' group, children and families strategic planning group, safer communities strategic planning group, integration strategic planning group and the public protection committee. These routinely report on progress through a comprehensive performance framework.

4. How well are the lives of children, young people and families 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 very good. The partnership had placed considerable importance on rigorous performance reporting, setting stretching targets to drive improvement. Partners could demonstrate a range of improving trends through their approaches to early intervention and prevention. These included falling teenage pregnancy rates, a reduction in anti-social behaviour, a drop in the number of deliberate fires, and improvements in child dental health. Challenges remained to reduce childhood obesity and increase breastfeeding rates. Educational attainment was improving for most children, though looked after children and young people lagged behind. We found a broadly positive and improving picture in a number of important performance measures with notable evidence of success in increasing stability for looked after children. The newly formed public protection committee was leading important work to improve services to protect children, with a focus on addressing domestic abuse. The transition to the new arrangements had resulted in a lack of public reporting in 2015/16. The committee planned to report with an increased focus on outcomes for vulnerable children in 2017.

How well are trends improving through prevention and early intervention?

Community planning partners were firmly committed to tackling poverty and closing outcome gaps. A broad range of early intervention and prevention measures were working to improve the health and wellbeing of families, with a focus on children in their early years. A number of initiatives utilised the Early Years and Early Intervention Change Fund, resulting in improvements in parenting skills, home conditions, and levels of family functioning. Parenting classes made a significant contribution to positive outcomes for children and families. Over 1,000 parents had attended accredited parenting programmes in 2015/16, with around 70% who continued to attend for further sessions.

School holiday lunch and activity provision reached more than 300 children and young people in 2016/17. Based in seven targeted schools, this was a significant investment delivered in partnership with community groups. Feedback from families and schools confirmed it was helping to reduce the loss of learning experienced by poorer children during the summer holidays. There was strong evidence of effective early intervention and prevention successfully reducing youth offending. The previous Youth Justice Development Plan 2012-2015 saw the full implementation of the **Whole System Approach** in West Lothian. Performance reporting demonstrated positive outcomes for children and young people with 92%, aged eight

to 15, not requiring re-referral within 12 months. A fall in anti-social behaviour and the number of deliberate fires coupled with a downward trend in accidental fires had contributed to making communities safer.

The Whole Family Support service was successfully keeping children at home who were at risk of needing to be accommodated. In 2014-15, 66% of children and young people who engaged with the service had been maintained at home. By the following year, this figure had increased to 84%. In 2016/17, 98% of children and young people referred to the Attendance Improvement Management System experienced improvements in their school attendance as a result of early intervention, without recourse to statutory intervention.

The Prevention and Intervention Money Advice Project (PIMAP) was established in 2015 in collaboration with the Citizens Advice Bureau and the **Early Years Collaborative**. The project offered a service whereby midwives could refer women for advice on their finances in order to tackle the potential impact of poverty at an early stage. Since it was established, PIMAP had engaged with 714 people, achieving a £1.08m financial gain as a result of intervention. In 2015/16, the West Lothian **Advice Shop** worked with over 3,000 customers on a wide range of income maximisation issues. It reported that it had helped customers gain over £1.7m in extra benefits in this period. Partners had established a Citizens Advice Bureau outreach service in five GP practices across West Lothian in order to provide advice on benefit and debt related issues. During 2016-17, the service assisted 246 people, most of whom were helped to obtain benefits to which they were entitled. The service reported a financial gain of £223,447 for customers in this period.

How well are outcomes improving for children and young people?

Trends relating to health were generally positive. There was a positive downward trend in numbers of women smoking in pregnancy. The rate of maternal drug use in West Lothian had been above the national average, but encouragingly, the number of babies born affected by mothers' drug use during pregnancy had fallen recently, from 82 in 2015 to 52 in 2016. Figures demonstrated improving trends in immunisation rates. The proportion of children in P1 with improved dental health showed a positive trend up to 2014 however there had been a 3.0-3.5 percentage point decline between 2014 and 2016. Alcohol related admissions for young people aged 15-19 had reduced over the last three years. Teenage pregnancy rates had shown a steady decline since 2005 and were now lower than the average rate for Scotland.

Less positively and in line with national performance, rates of breastfeeding had decreased. In addition, the percentage of children of a healthy weight in P1 had fallen between 2013/14 and 2014/15 and remained just below the target of 80%. This figure reflected an increase in children estimated to be obese, which had increased from 21% to 23% in 2014/15, above a target of 18%.

In schools, attendance at primary and secondary levels was around the national average and had remained so over the last three years. In terms of attainment, the proportion of young people achieving awards at SCQF levels four, five and six had

improved consistently since 2012 and was now above both the virtual comparator and national average figures. The percentage of school leavers achieving a positive destination had demonstrated continuous improvement over the last nine years, currently standing at just over 93%. Exclusion rates above the national average, particularly in relation to looked after children, were an issue that partners were beginning to address.

Children and young people had access to a wide range of opportunities to participate in structured activities or learning programmes. Many were externally accredited, or led to a certified learning qualification. The Active Schools programme provided a positive and increasing range of sport and leisure opportunities. In 2015/16, 7,710 pupils from P1 to S6 participated (29% of the school roll) - a figure up 2% on previous years. Partners had made sound progress in achieving equality of provision and uptake across primary and secondary schools. The number of Duke of Edinburgh awards achieved over the past four years at Bronze, Silver and Gold levels had grown, with considerable increases at all levels between 2013/14 and 2016/17. There were high numbers of young people achieving recognition for volunteering and for achievement in sports, music and culture. Pupils attending schools in more deprived areas were less likely to gain these awards. However, a number of planned actions to improve access and participation were in place.

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

At the time of the inspection, there were 434 looked after children and young people in West Lothian which equated to 10.4 per 1,000 aged 0-17 years of the population. This rate had been stable since 2012 and lower than the Scottish average of 14.0 per 1,000 population. Outcomes for looked after children and young people were generally positive. Placement stability had improved year on year since 2010 to better than the national average. Timescales for achieving permanency planning had also improved. Reducing the numbers of children and young people placed in out-of-authority fostering or residential placements was a priority for partners. Positively, this figure had fallen in the past two years. In 2015, 100% of looked after and accommodated children reported they felt safer as a result of intervention or support, considerably higher than the target rate of 80%.

All looked after children and young people were offered a comprehensive health assessment within four weeks of becoming looked after. The looked after nursing service had made a positive start in capturing data that would allow partners to demonstrate how the health of looked after children and young people was improving. This included recording levels of dentist registration, immunisation, self-reporting of smoking, substance use, sexual activity, and mental health screening. This information was drawn from health assessments carried out for all looked after children, including those at home.

School attendance of looked after children had shown continuing improvement since 2013/14, growing from 88% to 93% in 2014/15. The rate of exclusions for looked after children had fallen to 228 per 1,000 pupils in 2014/15 after increasing between 2010/11 to 2012/13. The level was now below that recorded in 2010/11, an

encouraging trend. However, partners had struggled to improve the educational attainment of looked after children since 2014 with performance below that of the **virtual comparator**.

Outcomes for care leavers were mixed. The number being referred to the criminal and youth justice service within 12 months of leaving care was low and falling. The number of those previously looked after and aged under 22 years, who went on to receive a custodial sentence was also falling. However, the percentage of young people eligible for aftercare services in education, training and employment, at 28%, was the lowest recorded for four years. In addition, too many care leavers were presenting as homeless with 45% experiencing one or more periods of homelessness in 2015/16.

In April 2016, the **child protection committee** had been merged into the West Lothian public protection committee. While the child protection committee had reported in 2014/15 on the work undertaken by the committee to improve the quality of services to protect children, it had not published a more recent report. The public protection committee was preparing to publish a report later in 2017 on their work to protect children with an increased focus on measuring outcomes.

The public protection committee was involved in efforts to address domestic abuse, which had resulted in positive performance outcomes. The rate of domestic abuse incidents was 123 per 10,000 of the population, which constituted a slight decrease over the past three years. Detection rates for domestic abuse were on target, reaching 82% in 2015/16. The percentage of women reporting that they felt safer as a result of an intervention by the domestic and sexual assault team (DASAT) reached 99% in 2015/16, continuing a positive trend since 2011/12. Similarly, the percentage of children feeling better as a result of using DASAT's children's service was 100%. Partners were continuing to develop promising new performance measures for future reporting that would enable them to better measure the impact of their work to reduce domestic abuse. These include: the percentage of women survivors of domestic abuse who present as homeless; average length of stay in a women's refuge; and the percentage of domestic abuse perpetrators completing a community payback order without further incidents being reported to the police.

Impact on children and young people

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

The impact of services on the wellbeing of children and young people growing up in West Lothian was good. Children received very effective help and support to feel safe, and to keep themselves safe in their schools and communities. Most vulnerable children were kept safe as a result of the help and care they received. Some who had experienced neglectful parenting or domestic abuse had to wait too long before they got the help they needed and a few young people looked after away from home remained vulnerable to

sexual exploitation. Children benefited from approaches to nurture that were well embedded across nurseries and schools. Children who were looked after away from home thrived as a result of the warm and nurturing care they received. Across age ranges, children benefited from a broad range of opportunities to be active, to achieve and to be responsible. The health of babies and young children was monitored carefully and promoted by staff in health and early years services. Children experiencing mental health or emotional wellbeing difficulties had their needs assessed more quickly as a result of a screening process. However, some children had to wait too long before they could access help. The wellbeing of most children looked after away from home improved as a result of the help they received. The experiences of care leavers and children looked after at home were more variable.

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

An impressive range of programmes and resources was in place to help children and young people of all ages keep themselves safe at home, in school and in their local communities. Children felt safe in school and could identify a trusted adult if they needed to talk about worries or concerns. Most children felt that bullying was effectively managed by staff in schools. Police Scotland youth volunteers helped young people to feel safer in their own communities however a small number of children did not feel safe enough to play outside in their communities. Junior road safety officers encouraged children to keep themselves safe as part of a wider road safety initiative. Children and their parents and carers were helped to understand the opportunities and risks associated with social media and online communications through a range of curricular activities and promotional events such as the week of action promoting Safer Internet Day. Targeted support was helping some vulnerable young people develop skills to promote resilience and keep themselves safe. For example, those attending the Fireskills programme learned about the safety aspects of fire, and the domestic abuse and sexual assault team were helping young women to recognise exploitative situations and unhealthy relationships.

Most vulnerable children were kept safe as a result of staff working jointly to share information and act quickly to protect them. Some children who had experienced continual exposure to neglectful parenting or domestic abuse had to wait too long before they got the help they needed to improve their situation. Children no longer able to remain at home benefited from the protective environments provided by kinship and foster carers and residential care placements. Effective use of legal orders and safe contact arrangements strengthened their security. Staff were working hard to better understand and address risks of child sexual exploitation though this remained an area for development. We say more about services' awareness of the risks of CSE later in this report.

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

Children and young people were being helped to optimise their health through a range of preventative approaches. Midwives and health visitors ensured that health and developmental needs of babies and young children were identified at an early

stage. Children and their parents or carers were encouraged to adopt healthy choices through their involvement in a wide range of health promotion activities. Together, they were learning about healthy eating and cooking at school and in parenting groups. Partners recognised that further efforts would be required to improve health outcomes for those primary school children at risk of being overweight or obese.

Children with complex health needs were assessed and reviewed by a range of specialist staff based at the **Beatlie Campus**. This co-ordinated approach worked well for younger children. However, some older children experienced a gap in services as they made the transition from children's to adult services, leading to periods of uncertainty for them and their parents. Many vulnerable children benefited from the practical help and support their parents received to support their attendance at health appointments. However, the health needs of some children who were looked after at home were not sufficiently well monitored or reviewed. Kinship and foster carers ensured an increased focus on the health needs of children becoming looked after. Some young people in residential and secure care were making healthier lifestyle choices with encouragement from their support workers.

Older children and young people who were looked after and accommodated spoke positively of the help they received from the looked after children's nurse and the throughcare nurse. The Chill Out Zone provided a safe environment for young people aged 18-25 years. It provided access to advice and support with a range of health issues, such as sexual health or mental health. Support for children and young people experiencing emotional wellbeing or mental health issues presented a mixed picture. For some, more effective screening of their needs enabled them to access helpful therapeutic support at an earlier stage. For others, their emotional wellbeing needs were not well recognised or they had to wait too long to access services. Partners were aware that the child and adolescent mental health services targets were not being met and had implemented a robust recovery plan which showed signs of improving performance.

How well are children and young people helped to achieve?

Overall, children and young people were achieving well in West Lothian. Younger children and their parents were benefiting from opportunities to learn together through, for example, play and **Bookbug** sessions. Children and young people with additional support needs were being supported well to move seamlessly between nursery and school as a result of clear processes being in place.

Educational outcomes for young people in the senior phase were improving. More children were achieving SQA awards and other courses accredited through the Scottish Credit and Qualifications framework. An increasing number of young people leaving school were achieving a positive post-school destination. Those who faced barriers to employment and training received effective support from a range of partners including, for example, the Youth Inclusion Project. The experiences of looked after children were more variable. They did not benefit from the same level of improvement as their peers and more help was needed to enable them to achieve their potential.

Young people at risk of being marginalised received beneficial support. A weekly young carers group helped those with caring responsibilities become less isolated and more involved in social and leisure activities. Well developed and effective work to support young people identifying as lesbian, gay, bisexual, transgendered or intersex (LGBTI) resulted in the achievement of national awards. Increasing numbers of young people were gaining high levels of accreditation in the Duke of Edinburgh's Award. There were important variations in the levels of participation among schools in West Lothian. Rates of exclusion in West Lothian secondary schools were higher than the national average and much higher in a few schools. Young people we met, who were at risk of being excluded, were now being better supported following the establishment of an inclusion and wellbeing service which helping them to remain engaged in learning.

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

Parents and carers were encouraged to provide emotionally warm, stable and secure environments in which their children could thrive. Babies and younger children benefited from the emotional and practical help their parents received to better understand their needs and to develop more consistent care. Supports such as the Psychology of Parenting Project, baby massage and mellow parenting were strengthening important early attachment and parent and child relationships. Nurture approaches were well established in nurseries and schools. Through nurture groups and 'bubble time', children were helped to explore their worries or feelings and understand those of others. Those who needed additional help were supported well as they moved from nursery to primary and from primary to secondary school.

Many vulnerable children and young people were helped as a result of intensive support provided to their parents. Most enjoyed more consistent care as a result of the changes their parents made. However, some children, including those looked after at home, continued to experience unsettled lifestyles and difficult family relationships.

Almost all children who were looked after away from home experienced warm, encouraging and supportive relationships with their carers and support workers. Predictable consistent daily routines and appropriate boundaries were helping build a sense of security and stability in their lives. They were helped to maintain important relationships with family members. A few children experienced multiple placement moves, disrupting their lives and sense of stability.

Effective practical, financial and emotional support enabled some care leavers to move successfully to independent living. Those young people who remained in kinship care and foster placements after 16 years of age, benefited greatly from continuity of support and a stable home base. Some looked after children and care leavers would have benefited from more focused help to deal with earlier losses in their lives or their experiences of childhood neglect and trauma. For some, this was continuing to impact on their mental health and wellbeing and relationships with family and friends.

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

Children and young people benefited from a wide range of opportunities to be active in school and in their local communities. Younger children enjoyed developmental play activities within nurseries and community groups. School aged children enjoyed weekly access to two hours of physical education. Sixty schools were signed up to the Sport Scotland school sport award initiative and the Active Schools programme, which successfully engaged children in a range of activities. Some young people had developed volunteering roles including through Fireskills and Police Scotland Youth Volunteers. The Youth Action Tooled Up project engaged young people in gardening and outdoor activities, encouraging them to be active in the local community.

Children and young people looked after away from home were given support, encouragement and opportunities to develop their interests and talents. The Torcroft Football Initiative enabled care experienced young people to engage with young people in the local community and other looked after young people across Scotland in a football league and summer tournament. Provision of gym memberships, Xcite cards and creative use of the **Active and Achieving Fund** played a significant role in facilitating increased opportunities for children and young people, particularly those with a limited income, to develop confidence and pursue their individual interests. Some vulnerable children would have benefited from more opportunities to be active had greater attention been given to this in their individual child's plan.

How well are children and young people respected?

Most children and young people were ably supported to understand and exercise their rights. They were helped to express their views and feelings in a variety of ways. Staff paid careful attention to the behaviours and interactions of babies and younger children to help them understand their feelings. Pupil councils were active in most schools and were achieving meaningful engagement. Almost all young people we met felt they were listened to and respected however, a small number were less confident that they had influenced change within their school.

Viewpoint, an online questionnaire, helped vulnerable children and young people to express their views and contribute to their assessments. The views of looked after children about their contact with family members were respected by staff. Some children affected by domestic abuse were helped by court contact rights officers to share their views, concerns and needs with other adults in the courts. Young people looked after in residential and secure care benefited from independent advocacy provided by Who Cares? Scotland. However, we found in our review of records, a significant number of vulnerable children and young people had not been offered any form of independent advocacy.

Children with communication difficulties were being helped to express their views in a range of ways, such as using Talking Mats, voice activated technology or sign language. The translation of reports into braille helped some visually impaired children and young people to better understand their circumstances. A few children

with communication difficulties would have benefited from more creative and persistent approaches to capturing their views.

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

Many children and young people were encouraged to take on levels of responsibility in line with their age and level of maturity. Vulnerable children were helped to develop their self-care skills by parents, carers and support staff. Within schools and in the local community, children and young people were encouraged and supported to develop their leadership skills. Some were providing peer support to encourage other children to achieve high aspirations. Those involved in pupil councils had the opportunity to represent their schools in the Youth Congress and Scottish Youth Parliament. Others developed leadership skills through opportunities to become Police Scotland Youth Volunteers or young carer champions.

Through a range of creative activities and initiatives, vulnerable children and young people were helped to develop a sense of responsibility and to better understand the impact of behaviours. The Graffiti Art project, Torcroft Football Initiative and the Fire Skills programme helped them make more positive choices and modify some of their behaviours. Increasingly, young people were being successfully diverted from prosecution through early and effective intervention services.

Most young people in receipt of aftercare services were being effectively supported to take responsibility for their own tenancies. The My Home programme within schools was helping some young people develop the life skills they needed at an early stage in their journey to independent living. Some care leavers would have benefited from more practical and emotional support to help them to achieve a successful move to independence.

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

A range of services, such as the Youth Inclusion Project, West Lothian family support service and the Chill Out Zone, was positively promoting the inclusion of children and young people who may otherwise have had limited access to help. Young people identifying as LGBTI benefited from opportunities to meet with peers to share their experiences, worries or concerns. They could participate in any of the six groups established across secondary schools. Some young people had helped raise awareness among teachers and school staff about LGBTI issues, and were involved in the co-production of guidance for use in schools across the authority.

Children attending the **Burnhouse Campus** were helped to re-engage with school through a range of tailored supports. The inclusion and wellbeing service enabled children with additional needs to attend mainstream schools. Flexible timetabling and effective communication between home and school was helping remove obstacles to inclusion and promote increased integration. Safe, nurturing care by carers and support staff was enabling children who were no longer able to remain at home to develop a sense of belonging and inclusion. Sensitively managed contact arrangements were helping them to maintain important relationships with their birth

parents, siblings and extended family. Limited housing options for care leavers restricted the extent to which some young people felt included in their local communities.

Impact on families

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

Impact on families was good. The availability of an extensive range of parenting programmes was a key strength. Families taking part in programmes were highly positive about their experiences. As a result, family resilience and wellbeing had improved. Nonetheless, the provision of parenting programmes was focused in the central parts of West Lothian, which made it difficult for some families to access services if they lived in outlying areas. Effective partnership working, reinforced by the shared ethos and common language of Getting it Right for Every Child, was having a positive impact on families. Parents and carers of children with a disability were benefiting from an increasing range of service options, as self-directed support became more available and familiar.

Vulnerable groups, including families affected by domestic abuse, addiction and homelessness, were benefiting from highly effective services. Services such as whole family support were well planned, implemented and evaluated. While frontline staff made extensive efforts to engage with families who were reluctant to work with services, these were not always successful. Kinship carers were well supported and some made effective use of the parenting programmes on offer. However, some kinship carers, particularly those looking after children with more complex needs, were unaware of what support was available, including the provision of respite.

Parents were benefiting from a wide range of parenting programmes on offer. The extent and range of this activity meant that these programmes were making a significant contribution to positive outcomes for families, with more than 1,000 parents attending accredited parenting programmes during 2015/16. Reports from groups demonstrated improved child behaviour outcomes, reduction of parenting pressures and improved parental mood. However, access to these groups was unevenly spread across West Lothian. Some families felt excluded from programmes or faced challenges in travelling from outlying areas.

For families of children with a disability, a number of organisations offered help in finding out about appropriate activities, groups and clubs including Signpost, which provided a one-stop shop for information. Families with children who had additional and complex support needs received effective support from staff at the Beatlie Campus. However, some kinship carers with responsibility for looking after children with complex needs were unaware of what groups were available to them in the community. The implementation of **self-directed support** (SDS) had expanded the

range of service options for a growing number of families. The child disability service, in promoting SDS, aimed to ensure that all four SDS options were offered to children with disabilities, their parents or carers. Over time, a more even spread across the four options had developed, resulting in a growing proportion of families taking on more control over the resources available to meet the needs of their children.

Vulnerable groups including women and children who had experienced domestic abuse received active and effective support through a range of services including those for therapy and recovery. Partnership work between social workers and the NHS Addictions service had been effective in helping parents overcome addictions leading to more stable family life and improved family resilience.

The whole family support service was having a strong and positive impact on those taking part. An evaluation of benefits included a reduction in crime and antisocial behaviour, increased educational attainment, reduction of social work involvement and incidents of domestic abuse. Almost all women and children, who received a service from the domestic and sexual assault team, reported that they felt safer as a result of the support and intervention. **Living in Safe Accommodation** provided housing and employability support for victims of domestic abuse, helping women and children to be rehoused, or preventing homelessness. The services provided had a positive impact on the mental health and wellbeing of service users. Families reported improvements in confidence and relationships, increased resilience, improved attendance at nurseries and schools and improvements in physical health.

The whole family support service offered early, proportionate and targeted support to families with enduring, complex needs. The strong partnership approach was proving to be effective in preventing problems from escalating, improving families' engagement with services, strengthening parenting skills and sustaining home school links. Partners were actively planning to increase the range of family learning opportunities available in West Lothian schools and had recently held a successful conference to share information on practice and approaches. Kinship carers made a valuable contribution to the wellbeing of children, and benefited from the payment of allowances, which relieved some of the financial concerns that can emerge when looking after the children of relatives. However, some kinship carers were not always clear about the range of support available, such as respite or short breaks and options regarding self-directed support.

Our review of children's records showed overall that resilience was improving among more vulnerable families. There were positive examples of staff working intensively, supporting families to improve parenting skills and providing parenting programmes and practical help to improve long-term outcomes. However, this was not evident for all families. While staff had made concerted efforts to engage with families that were previously reluctant to work with services, they were not always successful as parental confidence and resilience for some families had not improved sufficiently. Families with older children did not always get the support they needed and some families did not get the help they needed for long enough.

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

Providing help and support at an early stage

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

The extent to which services provided help and support at an early stage was good. In most circumstances, staff were skilled in recognising when children, young people and families were in need of additional help and support. For a few young people however, staff had not recognised the relevance of available information or patterns of behaviour that highlighted a potential risk of sexual exploitation. A high percentage of staff who responded to our survey, viewed Getting It Right for Every Child principles as having made it easier to get help at an early stage. In most cases, information was being shared effectively by staff, including by those that worked mainly with adults, and clear guidance and protocols were helping to guide partners. The partnership had invested significant resources to improve the delivery of services at an earlier stage in health services, around domestic abuse and for children with disabilities. Despite this, the assessment of need and provision of services for some children with disabilities took too long. Families with younger children were well supported by early intervention services. There was a range of helpful joint approaches and services that provided flexible interventions to children and families. However, these were not always delivered equitably across West Lothian.

Getting it Right for Every Child was well embedded in practice across the partnership, and this enhanced joint working. The effectiveness of early intervention for the majority of vulnerable children was rated as good or very good within our review of children's records. Multi-agency screening groups were successfully identifying children and young people in need of additional help and support. Midwives were identifying pregnant women and families who needed help at an early stage and were referring them to other services as appropriate. Health visitors knew families well and were efficient in recognising when families need assistance. The vulnerable pregnancy assessment and support service and Sure Start were providing earlier identification of risk and vulnerability for parents in the antenatal period and provided intensive support.

For a small number of young people living in residential houses and in kinship care arrangements, staff had not recognised the relevance of existing information and patterns of behaviour that indicated that a child may be at risk of sexual exploitation. While identified risk was responded to appropriately on an individual basis, the potential warning signs that there may be wider child sexual exploitation issues, including any potential links between perpetrators, had not been explored fully.

Children with additional needs were helpfully supported by having a single point of contact in the Child Development Centre, co-located with the Beatlie Campus, where children and young people attended for the assessment and coordination of their care. Some social policy staff were unaware of services for children with disabilities in outlying communities, and we noted that delays in staff carrying out assessments for children affected by disabilities were having an adverse impact on children and families. Young people at risk of offending were identified early and, through a range of supports, were given the help and guidance they needed to prevent escalation into the criminal justice system.

Guidance and systems were in place to enable staff to share information effectively and they made good use of this in their work with children young people and families. Staff working with adults understood the impact of adults' behaviour on children and shared information appropriately with children's services. The early and effective intervention multi-agency screening group shared information about young people involved in offending or anti-social behaviour and used it well to plan and review interventions.

The domestic abuse and sexual assault team (DASAT) provided a unique and effective framework of integrated services to respond to victims of domestic abuse and sexual assault and to their children. This included the timely provision of services from the projects Living in Safe Accommodation, Housing and Employability and West Lothian **CEDAR**. The Listen2Me! service provided a platform for children and young people, who were survivors of domestic abuse, to influence decision making around justice issues.

The **West Lothian Youth Inclusion Project** was involved at an early stage in young people's lives through collaboration with partners in a variety of screening and planning groups. This included the early and effective intervention group, which targeted young people at risk of increased offending behaviour. The What Next? programme provided early intervention for those young people who were looked after and likely to leave school without a positive destination. Young people with poor school attendance were supported to re-engage in learning.

There was strong partnership working between statutory and third sector services, which was helping support families well. Partners recognised that demand was beginning to outstrip availability for some services run by the third sector and were developing plans to address this. The range of services demonstrated a commitment to early intervention and included services for domestic abuse, parenting, and children with additional needs. Some services, such as the young mothers' service and whole family support, were providing flexible and tailored help to families and prevented an increase in difficulties for the families they engaged with. The inclusion and wellbeing service and nurture approach in primary and secondary schools had helped to meet additional support needs for children.

Partners had made considerable progress in implementing self-directed support for eligible individuals and families and the provision of a range of newsletters and guidance, combined with staff contact, had provided helpful advice. This had not

been perceived positively by all parents and some delays in assessments and determining budgets had not helped them to make informed choices. In a few cases, the need for respite provision outweighed availability, particularly for overnight breaks, which had impacted on families.

Assessing and responding to risks and needs

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

Assessing and responding to risks and needs was adequate. Overall, the response to concerns about the immediate risk of harm, abuse or neglect was prompt and resulted in the child's safety being assured. However, quality assurance systems were not being implemented sufficiently well to support consistently high standards in key elements of practice. Staff demonstrated a commitment to share relevant information when concerns were raised about children's safety or wellbeing. While guidance and procedures helped staff to collaborate well during inter-agency referral discussions (IRD), some staff were not clear on when and how these discussions should be initiated. This resulted in IRDs not taking place in all cases and in a lack of clear recording in children's records of the outcome of discussions. Staff made effective use of pre-birth conferences to assess risk to unborn babies. Appropriate alternative accommodation was secured for children who needed it. Partners were generally responding well to concerns that a child may pose a risk to others. Chronologies were completed for all cases we reviewed however, the majority of these were not being used effectively to inform assessments and develop children's plans. Almost all children had an assessment of risks and needs in their records and the majority were rated as good or above.

Initial responses to concerns about safety and wellbeing

In the majority of records we reviewed, agencies responded promptly to concerns that a child or young person faced immediate risk of harm, abuse or neglect. Staff were generally alert to signs of significant harm and recognising accumulated risks. In some cases, there was evidence of slow, indecisive responses to growing concerns regarding children who had experienced neglect over time. Inter-agency referral discussions (IRDs) to share child protection concerns and make joint decisions about investigations had been introduced with appropriate involvement of police, social work and health. These were often prompt and effective but some staff were uncertain as to how and when these should be initiated. This resulted in IRDs not taking place consistently and, at times, did not include all relevant agencies. Plans to introduce a shared electronic system were expected to improve this. Partners recognised that a joint quality assurance process was needed in order to improve the IRD process.

Staff were alert to concerns about the wellbeing of children and young people. In most cases we reviewed, the response children and families had received was

helpful. Several multi-agency processes were used to respond to the high volume of concerns. In most instances, concerns were promptly signposted for interventions or services. Improvements in assessing the wellbeing of children with complex needs included enhanced inter-agency monitoring through screening groups, including the Mental Health, Mental Wellbeing screening group, to identify emerging risks. The Young Almond Project provided a prompt and effective response for young women at risk of exploitation or engaging in risk taking behaviours, including substance abuse.

Referrals for children and young people affected by domestic abuse were increasing. This was supported by a variety of well-developed and connected approaches to domestic abuse including innovative court support. The domestic and sexual assault team (DASAT) was central to these measures working well. Women and children who had experienced domestic abuse were benefiting from practical and emotional support provided by Women's Aid, DASAT and other agencies. In a small number of cases, the welfare of children and young people would have been more assured had there been better recognition of the complexities and cumulative impact of domestic abuse.

Pre-birth concerns were identified effectively and multi-agency discussions were initiated to assess risks and plan responses. Services were prompt in convening initial child protection case conferences. This contributed to clear decision making and the child's safety and wellbeing being secured from the outset. Strong relationships underpinned communication about risk and wellbeing and it was evident that staff were confident in making contact with other professionals when they had a concern. Partners recognised that there was a need to further embed in practice, agreed arrangements to monitor and assess the needs of young people who went missing frequently.

Frontline staff and managers worked to a comprehensive set of procedures and guidelines when responding to child sexual exploitation (CSE) and undertook mandatory as well as other training opportunities. As a result of our review of children's records we identified a few young people for whom the risk of CSE had not been identified promptly or responded to jointly.

In almost a quarter of the children's records we reviewed, there were concerns that the child had posed a risk to others. The response of partners, in just under half of these cases, was good or very good. This was enhanced by robust collaborative service provision. Partners' response for a few young people was slow and lacked collaborative assessment. In most cases, when needed, appropriate alternative accommodation was secured for children and young people to reduce potential risks.

The quality and use of chronologies

Chronologies were evident in all the records we reviewed but two thirds were not fit for purpose. They lacked the detail necessary to identify patterns of risk or need, thereby limiting their contribution to meaningful assessment and case management. Internal audits highlighted similar findings and these led to the introduction of new guidance, good practice examples and an increased appreciation of the impact of

staff workloads on the quality of chronologies. We did not find enough quality assurance when we read case files and that lack of quality assurance may be contributing to the absence of intended improvements in practice.

Many chronologies were largely made up of a list of agency actions and processes. There was little or no information about significant events in the child's life, such as the death of a relative or the birth of a sibling. Some chronologies included an unnecessary amount of information on other family members to the extent that significant events relating to the subject child were obscured within unrelated detail.

Chronologies contained within records other than that of the lead professional were generally of a better standard. Community child health services were using chronologies to inform inter-agency referral discussions. Police and other partners were monitoring repeat concerns and any patterns that emerged were subject to an escalation policy to determine if an initial referral discussion was required.

The quality of assessments

Almost all children and young people had an assessment of risks and needs however; the standard of these was variable. While the majority was rated as good or very good, almost a third were adequate and a few were weak. Staff had received appropriate training to contribute to assessments and had access to the required guidance and tools necessary to undertake them. Effective procedures were in place to assess the risk posed by young people to others. Partners had trained some staff teams in a number of specialist assessment tools, including AIM2, which assesses the potential risk posed by young people who display harmful sexual behaviour, and ASSET, which is used to predict reconviction. Partners had introduced the care and risk management process for young people under 18 involved in offending behaviour, which had enhanced the quality of assessments. Staff worked well with young people to include them within assessments and a multi-agency approach had strengthened the process.

The assessment of children with additional support needs was coordinated efficiently in their localities. Some children did not have a comprehensive and detailed enough assessment for disability and some members of social policy staff were unaware of all the supports available to children and their families. The out-of-hours team worked well with partners to contribute to assessments and seconding their staff to children's residential houses had strengthened their insight into the challenges for young people in these settings.

A more dynamic and robust multi-agency approach to assessing risk, where concerns were identified, would better inform timely decision making when assessing child sexual exploitation. Decisions for children affected by parental substance misuse were informed by joint assessments carried out by the social work addictions team, practice team social workers and early years staff as required. A number of staff including 38 champions had been given Safe and Together training to drive the approach. This enhanced the assessment process for children and families with experience of domestic abuse and contributed to early decision-making. Social workers were using the approach and language of Safe and Together when engaging with families affected by domestic abuse and families reported increased

engagement with the process and felt more supported as a result. The whole family support service provided a comprehensive risk and needs assessment in collaboration with the families they were supporting.

The quality of assessments provided to children's hearings and to initial child protection case conferences was more variable. While many were comprehensive and supported early decision-making, some lacked the detail and analysis required to provide quality information. In a few cases, this had resulted in compulsory supervision orders being continued unnecessarily. Some assessments would have benefited from a greater level of collaboration between partners. Waiting lists remained for some specialist assessments including parenting assessments, family placement assessments and assessments by child and adolescent mental health services. Partners were working together to address this and making positive progress.

Planning for individual children and young people

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

Planning for individual children and young people was good. Almost all children and young people had a plan to manage risk and meet needs. The majority were of an adequate standard. They set out desired high-level outcomes for the child, but were not sufficiently specific or measureable. Reviews for children and young people looked after away from home were taking place at appropriate intervals. Partners had taken steps to strengthen the reviewing process for children and young people looked after at home. Investment in processes and a commitment to collaborative working were contributing to effective planning. Timely decision making and fewer placement moves enabled children and young people to be cared for within stable and secure environments. While the majority of care experienced young people were being supported in their choice to either continue in care or live independently, an increasing number of care leavers experienced repeated episodes of homelessness. This issue, along with access to adult health services, highlighted opportunities for continued improvement in terms of strengthening transition planning. Practice in implementing and reviewing individual children's plans was better than the quality of the plans themselves.

The quality of children and young people's individual plans

Partners had developed a child's plan template for use across services including the third sector. Staff welcomed recent changes to the template, viewing it as adaptable and a clear improvement on what had been previously been in place. The majority of respondents to our staff survey had been trained to prepare a child's plan with the majority agreeing they had the necessary guidance and tools to help them.

While almost all children and young people whose records we read had a plan to manage risk and to meet their individual needs, the quality of plans was too variable. We rated just over half as good or better in addressing risks however, we considered

the majority of plans to meet children's needs to be adequate, where strengths just outweighed weaknesses. Again, while the majority of plans identified high-level outcomes, these were not detailed enough to identify unmet needs across all relevant wellbeing indicators. Children's reporters commented that implementation of Getting it Right for Every Child had contributed to improvements in the overall quality of reports. They described the content as having become more relevant, child-centred and analytical.

While most plans set out the desired outcomes for children and young people, the majority were not sufficiently **SMART**. A number of children and young people still had multiple single-agency plans, although partners had made some progress in working towards developing a single child's plan. Our review of children's records highlighted deficits in quality assurance processes. Most records had not been reviewed regularly by a manager or staff with quality assurance responsibilities. Conversely, most staff had opportunities to discuss their work with a supervisor or manager.

The quality and effectiveness of planning and reviewing

Plans for children and young people who were looked after away from home were being reviewed at intervals appropriate to their needs and circumstances. Partners had recognised a need to improve the standard of reviewing for children and young people looked after at home. With a view to improving planning and reducing inconsistencies, partners had agreed that reviews for all children looked after at home were to be undertaken by independent reviewing officers beginning in July 2017.

In almost three-quarters of the vulnerable children's records we reviewed, partnership working was at an appropriate level. Staff from relevant services were involved, including from adult services and the third sector. Staff described planning and reviewing processes as working well and viewed communication and collaborative working as effective. Head teachers viewed planning as having improved because of clear processes, better co-ordination and a joint understanding of assessment and planning. However, we noted instances where health staff had not been adequately involved in planning meetings for young people moving between child and adult health services. In some cases, they had not been invited to contribute. In others, competing demands were given as reasons for a lack of involvement.

The whole family support service engaged vulnerable families in formulating robust, comprehensive plans with the child at the centre. Contingency planning was a key feature of the family group conferencing element of the service. The process to manage young people's risk was working effectively in terms of assessing and managing the risks posed by young people displaying potentially harmful behaviour.

In most records we read, the views of children, young people, parents and carers had been included and recorded in plans and during key meetings. Encouragingly, partners had sought feedback on child's plans from looked after and care

experienced young people. Children and families involved within child protection processes were also being consulted in order to evidence outcomes and improve practice. In most of these cases, when young people felt unable to advocate on their own behalf, support was available through Who Cares? Scotland and the children's rights officer.

Most of the children and young people within our sample had their needs assessed and were provided with services without delay. While staff reported some delays in families accessing funding, a 70% uptake of self-directed support was having a positive impact in terms of engaging and involving children, young people and families' decisions about their care.

The quality assurance and self-evaluation subcommittee of the public protection committee had responsibility for auditing child protection practice, which had included the auditing of child protection plans. Performance reporting confirmed that progress was generally on target. A helpful process was in place whereby committee members met with the core group to reflect on progress and consider whether positive, sustained outcomes could be evidenced. Child protection concerns or practice challenges were raised through the child protection lead officer who then liaised directly with relevant managers. There was less confidence among reviewing officers to raise challenges or concerns within reviews for looked after children as no specific system or protocol was in place. Clearer measures and direction for staff was required to improve joint planning for children and young people moving between lead professional and named person arrangements as gaps in the regularity of reviewing was evident for some children.

Securing stable and nurturing environments

Effective joint planning was enabling the majority of children and young people to be cared for safely and securely. For the children and young people whose records we read, who were identified as requiring permanent substitute family care, planning was generally progressing well. Overall, permanency planning had improved, particularly for younger children. Delays had reduced and links with legal services had been strengthened. For a few children, progress was less evident and their long-term stability was less assured.

A child-focused approach within adoption services was underpinned by a clear and coherent permanence policy and well received procedural guidance for staff. Practice assessments, reports and decision-making processes were informed by coherent, evidence-based analysis of the circumstances of individual children. A joint approach to early assessment and planning had contributed to a renewed focus on achieving permanence for children at the earliest possible stage and had reduced the number of placement moves.

Families engaging with the whole family support service were helped to identify and use extended family networks in order to prevent a child or young person becoming accommodated. Staff were confident that multi-agency screening groups were improving plans and making better use of the resources provided by third sector partners. A range of tenancy options and supports were assisting young people to

continue in care or prepare for independent living. However, the number of care leavers experiencing repeated episodes of homelessness had increased and there were examples of young people being placed in bed and breakfast accommodation. A transitional tenancy scheme had been developed to address the issue but was not yet in a position to demonstrate impact. As a consequence of a new housing allocation policy, care leavers were awarded a set level of housing need points and were being prioritised through an exceptional circumstances process. This gave more priority to this vulnerable group than they had before, in order to ensure young people accessed suitable accommodation. In terms of ensuring equity of access, this issue, considered alongside pathways into adult health services, highlighted a need to strengthen transition planning.

Planning and improving services

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

Joint planning to improve services was good. Integrated children's service planning was firmly embedded within the wider context of community planning. Partners had a comprehensive and cohesive strategy in place for joint planning directed through their current Integrated Children's Services Plan and well aligned supporting plans and strategies with SMART objectives. Getting It Right for Every Child principles were well embedded within strategic plans. Shared resources were targeted to achieve the greatest impact on service development and delivery through prioritising prevention and early intervention approaches. The public protection committee had provided effective leadership on a range of issues including work to improve outcomes for young people involved with youth justice services and on domestic abuse. However, while the committee produced a 2014/15 report on the measures taken to improve outcomes for children, it recognised that the transition to the new arrangements had resulted in a lack of public reporting in 2015/16. The committee planned to report on its work to improve services to protect children in 2017. Strong links between the public protection committee, the quality assurance subcommittee and other strategic planning groups contributed to the process of jointly identifying and responding to potential or emerging risks to vulnerable children and young people. Nonetheless, the impact of current policy and practice at both a strategic and operational level in relation to child sexual exploitation (CSE) required to be reviewed. Despite efforts to raise awareness of the risks, not all staff were suitably equipped with the skills to identify and respond to suspected or actual CSE matters effectively and confidently.

Integrated children's services planning

Strategic planning arrangements were robust with clear, transparent connections between structures, processes and governance of key strategic groups. Planning

partners worked well together to jointly plan and deliver preventative and early intervention services.

The Integrated Children's Services Plan (2012-2018) provided a comprehensive and cohesive strategy for the integration of services for children and young people. Explicit links with Getting It Right for Every Child principles were embedded. A comprehensive review reported on the progress made against key actions. The newly produced draft Children's Services Plan (2017-2020) outlined the strategic priorities for children and young people. This followed an approach to planning that was based on outcomes and took full account of the new requirements of the Children and Young People (Scotland) Act 2014. Partners had begun a public consultation on the draft report to hear what children, young people, families and staff thought of the priorities identified and approach taken.

The plan reflected a strong relationship between universal, targeted and specialist services. This included a firmly embedded nurture approach in primary schools that was becoming increasingly established within secondary schools. The approach had contributed to significant improvements in school ethos, values and culture. Further examples of effective integrated planning included partners work on delivering early and effective intervention; the whole family support service and innovative, integrated services in relation to violence against women and children. The violence against women subcommittee was very well connected and embedded within strategic planning.

A wide range of relevant performance indicators and targets was used to demonstrate progress towards achieving short, medium and long-term outcomes. Performance information was used well to identify trends, evaluate the impact of prevention and early intervention programmes and to direct funding decisions. For example, partners recognised that a more consistent and persistent approach was needed to support and improve positive destinations and prevent young people leaving care from becoming homeless.

Services were not distributed equitably across West Lothian. Partners charged with planning children's services were making progress in addressing this. Work was in progress to undertake a comprehensive strategic needs assessment for children and families through the programme of work to realign children's services.

Child protection committee business planning

The public protection committee, established in April 2016, had replaced all pre-existing strategic governance arrangements for child protection, adult support and protection and offender management. Clear lines of accountability and well-established governance arrangements were in place between the committee and chief officers. The child protection/corporate parenting quality assurance and self-evaluation (QASE) subcommittee effectively supported working groups tasked with strengthening child protection processes and practice. Well-established multi-agency self-evaluation arrangements underpinned a culture of evaluating the effectiveness of child protection processes to support continuous improvement. Child protection performance management processes were monitored through the

QASE subcommittee and reported to the public protection committee. A wide range of performance data was routinely gathered, analysed and evaluated against key indicators to measure impact and to identify improving trends and outcomes. However, there was a general absence of relevant external comparative data to benchmark whether performance was favourable against comparator or other community planning partnership areas.

The public protection committee acknowledged that the focus given to establishing a new committee model had resulted in a lack of public reporting between 2015 and 2016. The committee was in the final stages of drafting a report on the quality of services to protect children. The committee recognised that there was a need to take forward a more effective communication strategy to both engage with and inform stakeholders on the work of the committee.

Senior representatives from police, health and social work services met regularly to review all inter-agency referral discussions. While this had provided opportunities to address potential concerns arising in a timely manner, there was no formal multi-agency governance or specific quality assurance arrangements in place for reviewing the effectiveness of inter-agency referral discussions.

Child Sexual Exploitation (CSE)

The public protection committee was responsible for leading and implementing a CSE approach, work plan and training to support staff in protecting children and young people. The committee's strategy for tackling CSE linked into the national policy agenda that included prevention, disruption and recovery and was directed through a joint action plan. This plan, developed in 2015, needed to be revised and updated to reflect current activity, priorities and progress.

During the process of reviewing children's records, we identified that, for a few young people, staff had not adequately identified or responded to CSE issues. This related primarily to young people living in residential houses and in kinship care arrangements. While staff responded to identified risks and concerning behaviour on an issue-by-issue basis, they did not always recognise these as potentially being as a result of child sexual exploitation. Therefore, for a few young people, the potential warning signs that there may be wider child sexual exploitation issues, had not been explored fully. In some instances, despite information on concerning patterns of behaviour being held within children's records, the significance had not been recognised or acted upon using local inter-agency child protection procedures. The public protection committee recognised it would need to review strategy and operational practice. This would include reviewing the CSE strategy in order to ensure it was prominent enough within the child protection strategy. The committee also planned to review staff training; the council's residential provision; the current risk assessment process and the quality of inter-agency referral discussions.

CSE briefings, events and information leaflets for parents, communities and businesses had been developed and delivered, including information provided to taxi companies on the warning signs of CSE. Child sexual exploitation awareness, linked to the Curriculum for Excellence and Relationships, Sexual Health and

Parenthood, was being embedded within schools. There was evidence of effective practice and impact information in relation to CSE undertaken by the domestic and sexual assault team, the Young Almond Project and the Chill Out Zone where young people were being equipped with the knowledge and skills to identify healthy and unhealthy relationships, awareness of sexual exploitation and online safety. Improved approaches to engage foster carers to increase their awareness and skills in respect of child protection and identifying CSE was an area recognised by the committee as requiring further development.

Managing and mitigating risks

Clear linkages between partnership groups including the safer communities strategic planning group, integration strategic planning group and the public protection committee, helped to ensure partners were sufficiently well-informed about potential or emerging risks to vulnerable children and young people. For example, partners had in place shared risk management approaches and multi-agency protocols to respond to missing children and young people, human trafficking and asylum seeking children. Information gathered and shared through the police risk and concern hub provided a more robust picture of potential and emerging risk at both an individual and community level to inform joint risk assessment, risk management and safety planning. For example, partners worked jointly to develop strategies and progress actions within the serious and organised crime action plan to minimise risk. Community planning partners were proactive in jointly identifying emerging and potential risks to the safety or wellbeing of children and young people affected by domestic abuse through effective strategies and action to minimise harm.

Chief officers were well linked into national strategic groups and had a strategic overview of national issues and emerging risks. The audit of community planning report (2014) recommended that the community planning partnership developed a risk register to help them identify and manage the risks associated with delivering the single outcome agreement. The audit governance committee was taking on responsibility for addressing this action to develop a draft risk register. At a council-wide level, robust arrangements were in place for managing corporate governance and risk across services.

Participation of children, young people, families and other stakeholders

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

The extent of participation by children, young people, families and other stakeholders was very good. Community planning partners were fully committed to and involved in the development of policy, planning and service development. Partners consulted with representative groups who ensured the views of children and young people were listened to and included within service planning decisions. Large-scale surveys were used to gather the views of children, young people, parents and carers, and the findings were used to inform policies. Third sector representation on strategic planning groups had been strengthened and representatives felt fully engaged.

Services made good use of approaches to successfully engage children and young people, families and communities. Children's rights were well promoted and understood by leaders and policy makers across services. The corporate parenting strategic group, in collaboration with the children's rights worker, had made sound progress in promoting the rights of looked after children. In a wider rights context, the UNICEF UK Rights Respecting Schools programme was embedded across the partnership, placing a children's rights ethos at the heart of school culture. There was no systematic approach to recording or evaluating the impact of children's engagement in the development of policy or services in order to maximise the benefits of the considerable work that was being done. Partners recognised that this was an area for further development.

Involvement in policy, planning and service development

Community planning partners were highly committed to ensuring children, young people, families and other stakeholders had opportunities to influence policy, planning and service development. Strategic documents produced by partners included clear, strong statements about engagement and participation of all stakeholders. Third sector representation on strategic planning groups had been strengthened and they were well integrated and engaged within community planning partnerships. A wide range of stakeholders were fully engaged in developing joint policies, strategies and plans. For example, the third sector was leading on the play strategy and worked closely with health improvement, education, Sure Start and young people and parents to ensure a consistent approach to developing and delivering the strategy.

Partners were developing a children's participation and engagement strategy in order to build on existing good practice in engagement and participation and to enhance the voice of children and young people in children's services plans. Care experienced children and young people had been involved in a range of engagement activity to ensure their views were heard at a strategic level through Having Your Say forums and Viewpoint. The corporate parenting strategic group aimed to ensure that care experienced children and young people were at the heart of decision-making, however this was at too early a stage to demonstrate impact.

Communication and consultation

Services were taking positive action to ensure that consultation and engagement was a key part of processes to shape services. Many services had well-established systems in place to gather feedback. Staff considered engagement and participation as part of 'daily business' and employed useful techniques and approaches to successfully engage with children, young people, families and communities. Meaningful participation within communities, through local community and family centres, was helping services to hear the views of some harder to reach families. Health visitors regularly spoke with families to hear their views about their communities, policies and services that had an impact on them. Early years forums provided opportunities for discussion about local issues, groups and services in the community. These were ably supported by statutory and voluntary organisations.

Local volunteers were involved in developing supports to the community. These included activities such as a community clear up, fund raising for youth groups and developing initiatives like Foody Friday where families could drop in to sample fresh produce. A public social partnership was developed to co-produce a project around holiday activities for disabled children and children with additional support needs. As a result of a review, Getting it Right for Autism, new social opportunities for children with autism were being developed.

Members of the local Youth Congress and of the Scottish Youth Parliament were working purposefully to make sure that the views of children and young people were heard. Local school issues and ideas were being raised through pupil councils and to the Scottish Young Parliament where appropriate. The Youth Congress was involved in representing the voices of children and young people in the development of the West Lothian Play Strategy. They also contributed to a 2016 campaign on youth mental health where they consulted through the congress and had 2,068 responses from stakeholders, which informed the development of the strategy.

Pupil and parent councils and surveys routinely sought the views of children and their parents and carers through education services. While there were many examples of successful communication and consultation, some groups had mixed opinions about the effectiveness and consistency of consultation. For example, some foster carers and parents of disabled children were unclear about how to get their views across and some felt that they had not been consulted about changes in services.

Promoting the rights of children and young people

A clear commitment to the rights of children was reflected in the draft Children's Services Plan (2017-2020) and in the draft Corporate Parenting Plan (2017-2018), as well as through the diverse and active role undertaken by the children's rights worker. The children's rights worker played an important role in championing the rights of children and young people to senior managers and policy makers. In addition to supporting individual looked after children, the role had been extended to support children around contact arrangements where there had been domestic abuse, to make sure that the child's views were heard. This resulted in sheriffs increasingly requesting reports from the court contact rights officer in relation to residence and contact cases in order to shape their decisions.

While sound progress had been made in promoting children's rights, it was evident that independent advocacy had only been offered to a small number of vulnerable children whose records we read. Young people who were looked after were helped to develop creative ways to have their voices heard. A video about their care experiences was shown to elected members and senior officers. Other young people produced **emojis**, which were being piloted to help children express themselves more fully during children's hearings.

Partners acknowledged that improved use of information, gathered through engagement and participation approaches within individual services, would better inform children's services strategic planning. Leaders acknowledged that there was

a lack of analysis of the impact of children's engagement in the development of policy or services and recognised that this was an area for further development. Schools were proactively promoting the rights of children and were supporting a number of approaches. Pupil council members demonstrated a good understanding of rights and responsibilities however, looked after children were not well represented on pupil councils. The partnership had a positive and proactive approach to tackling homophobic bullying. Young people were actively involved in setting up LGBTI groups in six secondary schools and they had consulted widely across the school community to ask what they could do to support the LGBTI community. This had resulted in some practical changes such as fuller inclusion in personal and social education for children; on-going training for teachers; and ensuring that appropriate facilities were available for transgender young people.

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

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

Leadership of improvement and change was very good. Leaders across the partnership knew their area well and were ambitious and committed to achieving excellent outcomes for children, young people and families. Partners demonstrated a coherent shared vision, articulated well by elected members and delivered through effective strategic planning groups. The partnership displayed capacity and willingness to effect major change in the structure and redesign of services for children and families. There was a strong focus on directing resources towards prevention and early intervention and partners had introduced a wide range of successful initiatives. The Getting it Right for Every Child approach was well-established at strategic and operational level. The partnership had a robust approach to self-evaluation. Leaders used performance information to develop well-informed and suitably resourced plans to address the impact of demographic changes within a challenging financial climate to meet future need and demand. A culture of comprehensive strategic needs assessment and analysis effectively supported service-planning processes. Partners recognised the need to ensure that quality assurance processes are robust enough to provide accurate evidence of the effectiveness of operational practice. There was strong evidence of positive results in improving the wellbeing of children and young people. The partnership had made progress with the single outcome agreement objective of tackling inequalities, through initiatives such as the anti-poverty strategy and the regeneration framework, which were targeting resources to meet need in areas of deprivation.

The community planning partnership's vision to tackle inequalities and give children and young people in West Lothian the best possible start in life was expressed clearly by leaders and embraced by staff from across partner agencies. Partners demonstrated a strong commitment to tackle the causes of poverty and reduce the impact of inequality in the lives of children, young people and their families. Partners had established a practice of undertaking comprehensive strategic needs assessment and analysis to provide a sound understanding of the needs of communities and support the development of strategic plans. Key strategic documents and public reports showed clear vision for services for children and families and there were clear links between these and the single outcome agreement. Leaders used social media creatively and distributed newsletters and an informative bulletin to sustain the vision and report on progress in achieving key priorities.

Partners demonstrated a clear commitment to corporate parenting underpinned by a long-standing process of promoting the participation of children and young people. While partners had achieved improving trends in some key outcomes for looked after children, they recognised improvement was required in raising attainment and in improving outcomes for care leavers. Significant progress had been made in engaging the wider range of partners with corporate parenting responsibilities under the Children and Young People (Scotland) Act 2014. For example, the partnership established a corporate parenting strategic group with wide representation from statutory and third sector agencies including children's rights and advocacy services. The group provided sound leadership on analysing performance and identifying areas for improvement. Partners consulted widely when developing the new Corporate Parenting Report and Plan 2017-2018, outlining key priorities that were firmly aligned with an updated Children's Services Plan 2017-2020.

Staff at all levels and across all services were able to articulate the shared vision for services and were maintaining meaningful engagement with children and their families in order to continue to improve outcomes. The new children's services plan provided clear direction on strategy for integrating children's services through six revised work streams and integration was at a mature stage.

Leaders had made clear progress in embedding the culture, systems and practices of Getting it Right for Every Child across services. A targeted multi-agency steering group had been tasked with leading the Getting it Right change management process across education, NHS Lothian, social work services and police. Staff were clear and confident about their respective responsibilities and had embedded core principles in their work with children and young people. However, partners recognised that there was a need for continued strong leadership in order to deliver on practice developments including achieving a single child's plan, multi-agency comprehensive assessments and integrated chronologies.

Community planning partners worked well together to plan, develop and deliver services to improve outcomes for communities with a focus on tackling inequalities and reducing the outcome gap for looked after children and young people. A strong partnership approach to strategic planning had resulted in the implementation of effective early intervention and prevention approaches and programmes. These included the whole family support service and the domestic abuse and sexual assault team (DASAT) which was co-located with police, courts, SCRA, social work, housing and health. DASAT had successfully supported women and children who were experiencing or had experienced domestic abuse, sexual assault and other forms of violence. Partners challenged traditional ways of delivering services, for example, in the approach taken to extend youth justice services for those up to 21 years (and beyond in certain circumstances) which was delaying progression into formal adult systems for the most vulnerable.

The refreshed single outcome agreement for 2013-2023 had been merged with the previous community plan, Towards 2020. It was supported by a range of enabling plans and strategies that had contributed to improved outcomes for communities and helped to reduce areas of overlap. West Lothian's anti-poverty strategy, Better Off, was beginning to address the particular needs and circumstances of different

communities through the realignment of partnership resources and additional investment. Examples included the development of welfare initiatives and partnership projects to increase uptake of benefits and target the most vulnerable families such as the Prevention and Intervention Money Advice Project, which was a partnership project between the Advice Shop and the registration service. The council had invested £148m to build 1,000 new council homes, including in areas suffering disadvantage, in order to impact on inequalities in housing. The West Lothian Apprentice programme and the council's job fund and graduate programme had supported over 380 young people into employment since 2012. This had not yet benefited care leavers. There was a plan to extend Partnership Centres into each ward area and this, combined with on-going investment in debt management and money and energy advice services, had helped to improve household income for some families.

The Health and Social Care Partnership had a range of well-established performance management systems and internal mechanisms in place to monitor the quality of service provision and improvement activity. These included a comprehensive programme of self-evaluation that incorporated analysis and reporting at corporate, service and team level, using the West Lothian Assessment Model (WLAM) and monthly Covalent performance reporting. A review panel, led by a chief officer, scrutinised the performance of services and initiated improvement action for those that were underperforming. The maturity of self-evaluation processes allowed partners to identify areas for improvement and they were able to realign resources effectively in order to target areas of need with well-informed plans. In partnership with Quality Scotland, partners had developed an ambitious strategy to monitor and drive improvement that was underpinned by clear governance and reporting. While this confirmed the council's commitment to continuous improvement and actively contributed to the corporate plan's eight priorities, partners recognised that further progress would be required in undertaking benchmarking activities by strengthening existing links with partners.

Deficits existed however, in undertaking regular, structured and effective quality assurance processes at operational management level. These had resulted in reduced quality in the recording within children's records, variability in the quality of assessments and a lack of consistency in the quality of children's plans.

The majority of staff acknowledged that there were positive examples of joint working and shared approaches in service delivery that their managers supported and encouraged. Partners provided a number of programmes and opportunities for staff to learn and develop, and were effectively developing leadership capacity. Leaders had established a learning culture across services and had considered the findings from scrutiny reports and research to improve practice.

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

We are confident that outcomes for many children, young people and families living in West Lothian have improved as a result of committed leadership, an ambitious shared vision and effective community planning arrangements. We found staff to be highly committed across all agencies and working collaboratively to improve outcomes. Overall, partners demonstrated a sound knowledge of the impact of services based on robust performance monitoring processes, enhanced by comprehensive strategic needs analysis. Considerable investment in resourcing early intervention and prevention services was delivering positive improvements in the lives of children and young people including those who are vulnerable. Partners are highly committed to identifying and addressing areas for improvement. The partnership has clear ability and capacity to continue to maintain high performance in the planning and delivery of services based on robust governance structures.

An extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities. This was particularly evident in the variety of parenting programmes and family support services being provided. The whole family support service and the domestic abuse and sexual assault team were making a particularly notable impact. The commitment to continuous improvement and strong operational and managerial partnership working puts partners in a strong position to address the deficits we found in some aspects of quality assurance, assessment and planning.

In the course of our inspection, we identified a number of particular strengths which were making a positive difference for children and young people in the West Lothian Community Partnership area. We found:

- a coherent shared vision to tackle inequalities, supported by a range of approaches and a commitment by partners to realign resources in order to achieve this
- robust performance monitoring, management and reporting processes
- effective community planning arrangements, supported by strong leadership and robust governance across strategic groups
- innovative and effective early intervention and prevention programmes and services
- meaningful consultation, collaboration and inclusion of children and young people in policy and service development.

We are very confident that partners in West Lothian will be able to make the necessary improvements in the light of our inspection findings. In doing so, the Community Planning Partnership should ensure that:

- quality assurance processes lead to sustained improvement in the quality of assessments, children's plans and integrated chronologies
- staff understand and implement the processes for initiating, undertaking and recording inter-agency referral discussions and that a single quality assurance process is agreed and applied

- child sexual exploitation policy is reviewed and updated and practice is improved to ensure that vulnerable young people are kept safe
- sustained improvements are made to educational attainment of looked after children and outcomes for care leavers.

8. What happens next?

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

Appendix 1: Good practice examples

In each inspection, we ask partners to nominate some examples of good practice that 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 that we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

West Lothian Youth Justice

The West Lothian Youth Justice approach had been delivered across the partnership, in its current format, since 2010, following an internal organisational change process, when it was decided that there would be merit in integrating the youth justice team with the criminal justice service to make a criminal and youth justice service (C&YJS). The partnership had demonstrated a continued commitment to, and investment in, youth justice services. The ethos of the service was based on early and effective intervention (EEI) and the implementation of the Whole Systems Approach (WSA). Recognition of child development theory, the longer-term impact of adverse experiences in childhood and the fact that young people's issues can continue into adulthood have informed strategic policy and operational practice. All aspects of the WSA had been embedded in practice and were contributing to young people at risk of offending being successfully diverted from formal measures.

By extending the youth and criminal justice service and the WSA (where possible) up to the age of 21, partners had achieved step change in the way justice services were delivered to young people at risk of offending, delaying progression into formal adult systems for the most vulnerable. The approach was designed to address the behaviours of young people who offend in a radically different way, by changing from a reactionary to a preventative approach. Young people were diverted from the youth and criminal justice systems (and the poorer outcomes associated with this) by taking a holistic approach to each young person, based on GIRFEC principles, and ensuring that they had immediate, appropriate and proportionate support at the right time to prevent further offending.

The EEI approach had been established in collaboration with the Scottish Children's Reporter Administration (SCRA) and youth justice referral meetings were established in order to prioritise diversion. Referrals were made to partners attending this multi-agency forum to implement a range of interventions. Young people who were subject to community payback orders were supervised by youth justice social workers, where appropriate, and this could be up to the age of 21. Similarly, the use of diversion from prosecution was maximised to ensure that those under 21 were prioritised. The C&YJS had established a team dedicated to young people who were subject to unpaid work orders, so that opportunities could be developed around employability and positive role modelling.

Positive outcomes had been achieved by this model, with low re-referral rates for 2016-17, when 87% of young people involved with the service did not re-offend. It had also resulted in low use of custody for 16 and 17 year olds with only two

custodial sentences made in two years over 2014-15 and 2015-16. Services had achieved high completion rates for community payback orders. In 2016-17, 92% of those aged under 22 successfully completed a community payback order. A commitment to extending provision to age 21 had led the youth justice service to co-produce a practice paper with the Centre for Youth Justice with a view to influencing practice and policy nationally.

Domestic Abuse and Safe and Together

The West Lothian Domestic Abuse and the Safe and Together approach had moved away from traditional approaches to domestic abuse that focused on incidents, crisis intervention and physical violence, and focused on coordinated early intervention approaches. Safe and Together takes a specific approach to helping child welfare and partner agencies make good decisions for children impacted by the behaviours of domestic abuse perpetrators.

There was strong leadership support. Elected members were engaged and active in progressing issues. The domestic abuse and sexual assault team (DASAT) and partner agencies involved in addressing domestic abuse were linked well into children's services strategic planning groups through senior managers. The domestic abuse strategy was well connected to the wider public protection strategies.

At an operational level, there was strong connectivity, autonomy and provision. It was evident that creativity and innovation were being used to secure funds, bring identified services on board and survive on shorter-term contracts to ensure that service provision remained in position. The DASAT was a holistic multi-agency service, which provided support, assessment, safety planning, interventions, advocacy and therapeutic support. This was effective in minimising impact through co-ordinated well-structured services that had autonomy to provide interventions immediately. Services such as LISA (living in safe accommodation), CEDAR, and the contact rights officer provided timely and effective intervention and support. LISA had enabled greater stability in securing housing provision and reduced time in temporary accommodation. The contact rights officer was minimising risk in contact arrangements through active representation of children and young people in the courts. This was in addition to existing Multi Agency Risk Assessment Conference (**MARAC**) and Multi Agency Tasking and Coordinating Conference (**MATAC**) processes and highlighted a well-connected and coordinated service.

Positive performance outcomes had been achieved. The rate of domestic abuse incidents had reduced over the past three years, however, it remained above the national average. Detection rates for domestic abuse were on target, reaching 82% in 2015/16, an increase of 3% on the 2014/15 figure. The percentage of women reporting that they felt safer as a result of an intervention by DASAT reached 99% in 2015/16 and the percentage of children feeling better as a result of using the children's service was 100%. Partners continued to develop new performance measures for domestic abuse and planned future reporting on outcomes.

Whole family support

The whole family support service was developed in West Lothian as a result of the learning from two established intensive support initiatives: Families Included and Supporting Families. The whole family support service supported families with multiple and complex needs, many of which had been known to services for many years and a significant proportion of which had children assessed as at risk of becoming accommodated out with the family home. Intervening at the earliest opportunity, the service worked with the whole family to build their capacity to address issues and support their children with less reliance on public services.

The partnership was successful in securing Big Lottery funding, which was match funded by West Lothian Council, and the new whole family support service was launched in April 2016. The partnership model comprised a wide range of partners including Barnardo's, Circle, Homestart, West Lothian Youth Action Project, West Lothian drug and alcohol service and Children 1st. An operational management group and strategic governance group provided effective oversight for ensuring that the partnership delivered the agreed outcomes.

Through the development of the WFSS, agencies had introduced new and effective ways to work together to support West Lothian's vulnerable children. Examples included a group for vulnerable girls, co-delivered with West Lothian Youth Action Project and Children 1st. The whole family support service successfully supported placements within Broxburn Family Centre out of school care, for children who were struggling to access and sustain mainstream education. The service supported group work for children with behavioural difficulties and provided training opportunities for staff in mental health.

Many families benefited from increased levels of stability, improved family relationships and increased levels of engagement within local communities. Vulnerable children had improved attendance and timekeeping at school. Families had benefited from improved parenting skills and children were supported to remain within their own families and communities. For example, 86% of children who were at high risk of accommodation at referral were still at home following intensive support and creative partnership working. Improved parenting skills were evident in 90% of families using services and home conditions had improved for 83% of families.

The whole family support service approach was well integrated into children's services and clearly linked to objectives within the children's services plan and the strategy to reshape children's services. Measures were in place to continue to effectively monitor and assess the effectiveness, efficiency and impact of the service linked to key objectives.

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.

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

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

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

Appendix 3: The terms we use in this report

West Lothian Community Planning Partnership is the local community planning partnership for the West Lothian 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 West Lothian.

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

Whole System Approach is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through early intervention and robust community initiatives.

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, focusing on the national outcome "Our children have the best start in life and are ready to succeed".

The **Advice Shop** is a free, impartial and confidential service for the people of West Lothian with a focus to alleviate poverty and promote inclusion through advice, assistance and advocacy.

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

The West Lothian public protection committee, which incorporates 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.

Beatlie Campus comprises Beatlie School, Beatlie School Early Years, West Lothian NHS Trust Child Development Centre and Signpost Information Centre. The school provides education for pupils with profound, severe and complex learning difficulties aged between 3 and 18 years of age.

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

The **Active and Achieving Fund** is money set aside by West Lothian Council to provide funding for looked after children and young people to access a range of leisure and learning opportunities that would not be funded through mainstream budgets.

Burnhouse Campus is a behavioural support service for children in the S1 to S5 age range who require additional support to sustain education or reintegrate into mainstream school.

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

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.

Living in Safe Accommodation is a project that supports women and children to get accommodation and build resilience and attachment.

CEDAR, the Children Experiencing Domestic Abuse Recovery model, is adapted from an innovative Canadian model for children who have experienced domestic abuse, in order to provide the necessary support to aid recovery.

West Lothian Youth Inclusion Project was established in 2004 to provide a consistent resource and support to address the needs of vulnerable young people aged 16-25 and who live in West Lothian.

SMART stands for specific, measurable, achievable, realistic and time-bound.

An **integrated children and young people's 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.

An **emoji** is a small digital image or icon used to express an idea or emotion in electronic communication.

MARAC Multi Agency Risk Assessment Conference (primarily for adult victims of domestic abuse who may or may not have children).

MATAC Multi Agency Tasking and Coordinating Conference (led by Police Scotland).

Appendix 4: The Quality Indicator 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?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improvements in the wellbeing of children and young people	2.1 Impact on children and young people	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children and young people 5.4 Involving individual children, young people and families	6.1 Policies, procedures and legal measures	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	2.2 Impact on families		6.2 Planning and improving services	
	3. Impact on Staff		6.3 Participation of children, young people, families and other stakeholders	
	3.1 Impact on staff		6.4 Performance management and quality assurance	
	4. Impact on Communities		7. Management and support of staff	
	4.1 Impact on communities		7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support	
			8. Partnership and resources	
			8.1 Management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self-evaluation	
10. What is our capacity for improvement?				
Global judgement based on an evaluation of the framework of quality indicators				

To find out more about our inspections go to www.careinspectorate.com.

If you wish to comment about any of our inspections, contact us at enquiries@careinspectorate.com or alternatively you should write in the first instance to the Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

Our complaints procedure is available from our website www.careinspectorate.com or alternatively you can write to our Complaints Team, at the address above or by telephoning 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. More information about the Ombudsman's office can be obtained from the website at 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
Email: 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۔

ਬੈਨੜੀ '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.