



**care**  
inspectorate

# Report of a joint inspection of services for children and young people in need of care and protection in the City of Edinburgh

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and HMICS

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**The cover picture for this report is the competition winning design drawn by a young person in the City of Edinburgh**

# City of Edinburgh

## Key facts



# Introduction

## Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people in need of care and protection across Scotland. When we say 'children and young people' in this report, we mean young 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 differences community planning partnerships are making to:

- the lives of children and young people in need of care and protection
- the lives of the children and young people for whom community planning partnerships have **corporate parenting** responsibilities.

The inspections take account of the full range of work with children, young people in need of care and protection and their 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 City of Edinburgh council, NHS Lothian, Police Scotland and a range of partners from the third and private sectors.

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 people who work in 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.

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15% up to 49%; 'the majority' means 50% up to 74%; 'most' means 75% up to 89%; and 'almost all' means 90% or more.

## Our five inspection questions

These inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

## Our quality improvement framework

In August 2018, the Care Inspectorate published a quality framework for children and young people in need of care and protection, which was developed in partnership with stakeholders. It aims to support community planning partnerships review and evaluate their own work. Inspection teams use this same framework to reach evaluations of the quality and effectiveness of services provided by partnerships.

Inspectors collect and review evidence against all 22 quality indicators in the framework of the indicators in the framework and use this understanding to answer the five inspection questions in this report. In addition to answering the inspection questions, we use a six-point scale (see **appendix 2**) to provide a formal evaluation of three quality indicators that concern the impact of partners' work on the lives of children, young people and their families and the outcomes partners are achieving.

These are:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 - Impact on children and young people.
- 2.2 - Impact on families.

We also provide an overall evaluation for leadership, which comprises a suite of four quality indicators (9.1 to 9.4 inclusive). We do this because we recognise the importance of effective leadership in ensuring children, young people and families experience consistently high-quality services which meet their needs and improve outcomes.

## Our inspection teams

Our inspection teams are made up of inspectors from the Care Inspectorate, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland and clinical experts from Healthcare Improvement Scotland.

Teams include young inspection volunteers, who are young people with direct experience of care or 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. Local file readers are also involved. These are individuals from the community planning partnership area that we are inspecting who support us in reviewing practice through reading case records. Not only does this support the inspection, but it also supports the partnership area in joint self-evaluation, following inspection.

## How we conducted this inspection

The joint inspection of services for children and young people in the Edinburgh children's partnership area took place between 14 January and 22 February 2019 and covered the range of partners in the area that have a role in providing services for children, young people and families.

- We met with 107 children and young people and 44 parents and carers to hear about their experiences of services.

- We offered children and young people, parents and carers, the opportunity to complete a survey telling us their views of services and received 129 responses.
- We reviewed a wide range of documents and joint self-evaluation materials provided by the partnership.
- We spoke to staff with leadership and management responsibilities.
- We carried out a staff survey and received 2,798 responses.
- We talked to large numbers of staff who work directly with children, young people and families.
- We reviewed practice through reading records held by services for a sample of 115 of the most vulnerable children and young people.

We are very grateful to everyone who talked to us as part of this inspection.

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 in need of care and protection.

# Summary – strengths and priority areas for improvement

## Strengths

1. The partnership was recognising and responding well when children and young people are at immediate risk of significant harm.
2. The use of strengths-based approaches has led to increased wellbeing for children and young people and is helping to increase families' resilience.
3. More children are now being looked after in community settings as a result of planned initiatives to strengthen kinship care and keep children at home.
4. Multi-disciplinary throughcare and aftercare services were successfully providing support to young people, with promotion of their independence.

## Priority areas for improvement

1. The strategic arrangements for corporate parenting were not clear and the full impact on improving outcomes was yet to be realised.
2. Children and young people had opportunities to share their views; the partnership was aware they had yet to fully utilise the data they were gaining through these activities.
3. The partnership was not yet comprehensively evaluating the effectiveness of all services by using quality assurance information, data and feedback to inform future priorities or inform the best use of their collective resources.

# City of Edinburgh in context

## Geography and demography

Edinburgh is the capital city of Scotland and is situated on the Firth of Forth against the backdrop of the Pentland Hills. Edinburgh is the seat of the Scottish Government and the Scottish Parliament. It has long been a centre for education, religion and the arts. Edinburgh is the second largest financial centre in the UK and has a well established tourist economy. It is the second most popular tourist destination in the UK.

The population is 513,210 which is the second largest of the 32 local authority areas and covers 263 square kilometres. The population of Edinburgh is rising at a higher rate than most cities in the UK and has increased by 9% since 2008 while overall Scotland's population has increased by 5%.

The child population of Edinburgh grew by 12.7% between 2007 and 2017. The under 16 population is predicted to increase by 8% by 2026 however, the equivalent figure for Scotland as a whole is a 2% increase by 2026. This presents Edinburgh with a significantly higher increase in the 0-15 population.

## Social and economic

In terms of poverty, Edinburgh is divided into 597 data zones and 59 (10%) of these are among the most deprived in Scotland. 9% of the overall population is income deprived while 8% of the overall population is considered employment deprived.

## The partnership

The Edinburgh Partnership is the overarching community planning partnership arrangement that has responsibility for delivering improved outcomes for the community. The partnership is responsible for developing, approving and delivering the community plan (local outcome improvement plan) locality improvement plans and related strategic plans such as the children's services plan, the community learning and development plan and the criminal justice outcome improvement plan.

The Edinburgh children's partnership forms part of the strategic planning framework for the city and contributes to the Edinburgh Partnership's vision that 'Edinburgh is a thriving, connected and inspired and fair city, where all forms of poverty and inequality are reduced'. The Edinburgh children's partnership oversees the progress the partnership makes against five objectives, which are outlined in the children's services plan to improve outcomes for children and young people.

Responsibility for implementing and delivering on the children's services plan lies with the multi-agency children's services management groups; one in each of Edinburgh's four locality areas.



The **chief officers group** has responsibility for public protection. The child protection committee reports to the chief officers group along with the full range of public protection committees and strategic groups.

**Table 1: Children in need of care and protection: key strategic groups and plans in the City of Edinburgh.**

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Groups	Strategic plans
<ul style="list-style-type: none"> <li>• Edinburgh children’s partnership</li> <li>• Chief officers group for public protection</li> <li>• Corporate parenting</li> <li>• Child protection committee</li> </ul>	<ul style="list-style-type: none"> <li>• Children and young people’s services plan 2017-20</li> <li>• Corporate parenting plan 2018-20</li> <li>• Child protection committee annual report 2017/18 and business improvement plan 2018/19</li> </ul>

# The five inspection questions

## 1. How good is the partnership at recognising and responding when children and young people need protection?

### Key messages

1. The partnership's recognition of children and young people at immediate risk of significant harm was strong.
2. Good inter-agency communication was supporting quality planning and intervention.
3. Staff were well motivated and felt valued; a learning culture was preparing practitioners to confidently fulfil their roles.
4. The child protection committee demonstrated a commitment to continuous improvement was overseeing a range of self-evaluation activity.

### Recognising when children need protection

The initial recognition of when children and young people needed protection was a strength of the partnership. Early interventions, clear referral pathways and practice models were collectively effective. Investment in additional health visitors and the implementation of **Getting it Right for Every Child** (GIRFEC) were helping to identify need and risk earlier. The introduction of a health visiting pathway and more health visitors had helped strengthen early identification of risk for babies and infants.

Integrated working was effectively supporting staff to recognise and respond to a range of risks to children and young people. A multi-agency approach was firmly embedded in the culture of the partnership. Communication between the police concern hub and social care direct was helping partners to respond to risks quickly. Single-agency screening and communication between the police and social care direct was robust and effective. National guidance tools were used as required and included procedures for escalating concerns.

The number of child protection concerns reported to the police had reduced by more than a third in the previous twelve months. A focus on children affected by domestic abuse had resulted in more children in this category being identified and getting help through a comprehensive range of responses with an emphasis on prevention. The Safe and Together model focused on the safety and wellbeing of the child and non-abusing adult and engaged with perpetrators with a view to reducing violence and coercive control against women and children. An example of a local response to domestic abuse was a targeted initiative in the south west locality. Police responded to every domestic abuse incident where there were children in the household and a supportive visit to the

family was triggered. This enabled early identification of any children at risk from domestic abuse and informed subsequent intervention and support activity.

## **Responding when children need protection**

Strong collaborative strategies and an open and receptive approach to partnership working were helping to keep children and young people safe. All agencies were committed to the **interagency referral discussion** (IRD) process, which was robust, resulting in effective risk assessment and appropriate planning to address the risk to children and young people. Consistency of staff had helped to develop a culture of trust and confidence and had resulted in consensus-based decision making. This meant that risk assessment and appropriate planning to address the risks to children and young people were more likely to be effective.

With a few exceptions, forensic medicals were carried out timeously contributing positively to the identification of harm. The PrePare service was helping protect unborn babies at risk of harm or neglect where there was a history of maternal substance use.

Almost all the children and young people in our sample were being kept safe through early recognition of risks and appropriate initial safety plans. There were a few examples where harm was not recognised early enough and action could have been taken sooner particularly when risks had accumulated over time. However, all had subsequently got the help they needed.

## **Information sharing**

Recognising when children were at risk and responding to these risks were strengthened by effective information sharing processes. Information sharing was enhanced by the electronic recording system, eIRD. This facilitated timely communication between all the relevant agencies and informed single-agency activity. An IRD hub within health was recording all relevant information on an information management system. There were some minor impediments in exchanging information as staff's knowledge of the implications of **General Data Protection Regulations** (GDPR) grew.

Police link officers were well established in schools and provided a valuable link for named persons. The link officers were well placed to recognise children and young people who were at risk or in need of protective measures. Concerns were recorded on the police vulnerable persons database and were subsequently subject of established screening and assessment processes. Information sharing processes for young people missing and at risk of child sexual exploitation were effectively addressing risks and had resulted in increased safety.

## Risk management responses

Despite an overall rise in referrals for children at risk of harm, fewer were proceeding to an initial child protection case conference. This indicated that the partnership was providing a proportionate response that managed the risk to children. There was an emerging confidence among staff that strengths-based practice and a positive use of GIRFEC plans were positively impacting on the decrease in numbers of children placed on the register. Managers told us they were confident of this positive impact through their knowledge of interagency referral discussion (IRD) reviews. However, a systematic analysis that could provide firm evidence giving confidence and assurance had not been undertaken which would have given us fuller assurance.

An IRD review group oversaw all open IRDs on a weekly basis and no case was closed without its approval. The review process was providing reassurance that the right cases were proceeding to case conference. This was enabling the child protection committee to feel confident about the reduction in the number of case conferences.

Almost all the records we read contained an assessment of needs or risk and a child's plan. These were providing direction to the staff managing the risks associated with the child's safety. Appropriate partnership working was evident in most plans and almost all were reviewed at an appropriate interval for the child's needs. Most of them were evaluated as good or above.

The multi-agency commitment to managing risks associated with young people missing and at risk of sexual exploitation was a strength of the partnership. The risk of child sexual exploitation was a focus of a daily multi-agency conference call between members of the vulnerable young people's group who also met weekly to discuss and develop multi-agency plans in respect of those most at risk of child sexual exploitation. This was a successful project that deployed Barnardo's staff to conduct return interviews with young people missing from two residential care homes in the area that had yielded benefits in terms of trusting relationships, better communication and subsequent disclosures. The vulnerable young people's group is planning to expand the return interviews service to include more residential units. Young people were also benefitting from sexual health support. Planning to address the risks to those young people was helped significantly by the daily sharing of information and the relationships staff built with young people.

**The vulnerable young people's group is an example of good practice within the partnership. Staff had been supported to proactively respond to a significant need and had built a collaborative model that has daily oversight of risks and concerns. Staff have engaged well with young people and built trusting relationships and were managing risk more confidently. These factors have helped young women in particular to stay in their residential placements, reducing the need for secure accommodation.**

## Use of legal measures

Staff and leaders were confident that emergency legal measures were being used appropriately. Reading records confirmed measures were being used actively and appropriately in most cases. In

terms of immediate responses to secure a child's safety, we found a pragmatic, solution-focused approach. This provided a degree of flexibility that helped joint working and took single-agency responsibilities into account.

## **Engagement with children, young people and families**

The use of children, young people and families' views to subsequently inform and shape child protection services was not consistent across the partnership. All children between 5 -18 years in need of protection were automatically referred to WhoCares? Scotland independent advocacy services. In the records we read, independent advocacy had been offered to less than half of children or parents at case conference stage but other forms of advocacy had been offered more widely. In most of the records, staff were good or very good at involving the child and supporting them to understand their rights.

## **Staff confidence and competence in protecting children**

An open, reflective learning culture was evident in the partnership and staff were motivated and felt supported in their roles. Investment in single- and multi-agency learning and development opportunities had resulted in a good level of understanding of child protection processes. Almost all staff were confident about decision making in relation to the identification and response to child protection concerns. The majority agreed they had the tools and guidance to contribute to assessing risk. Almost all the records we read had an assessment of risk, which confirmed what staff told us.

## **Quality assurance**

Single- and multi-agency quality assurance activity was providing an emerging base of evidence for continuous improvement and learning. On a monthly basis the manager of Social Care Direct, the first response team, were looking at sampled referrals that had not a required social work service. This was to ensure that the right decisions had been made and children and young people were getting the help they needed.

Quality assurance of interagency referral discussion (IRD) processes was provided by the review group, which was responsible for approving the closure of all open IRDs. There was significant commitment from senior managers to quality assure decisions and actions at the identification of risk stage. Thematic issues that emerged from the IRD review process were reported through the quality assurance sub group of the **child protection committee**. These were addressed at quarterly learning and development workshops to help staff develop their competence and confidence further specifically in relation to child protection practice.

However, there were limited quality assurance measures in respect of those cases that did not reach the threshold of an IRD. The child protection committee was taking positive steps to address this. Managers habitually lead multi-agency case discussion sessions that enabled them to gain a greater oversight of cases. Both the City of Edinburgh council and NHS Lothian had robust supervision policies in place. In 38% of the records we read, social work staff had the opportunity to discuss their work with their manager and less than half had been reviewed regularly for quality assurance purposes.

NHS Lothian staff were reviewing the records of children aged under five as part of supervision meetings.

Throughout the inspection, we heard about restorative and case management practice models which were supported by leaders. These enabled multi-agency case discussion and had a positive benefit for frontline staff and leaders alike. These were instigated primarily by social work staff in the local authority and included a range of agencies from the partnership. We refer to this throughout the report and it is an example of what we call a learning culture and is seen as good practice.

## 2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?

### Key messages

1. A wide range of multi-agency targeted and universal interventions were having a positive impact on children and young people's wellbeing.
2. Staff across the partnership were working well together to implement individual plans for children.
3. Staff needed more understanding of the unique contribution that independent advocacy can make for children in need of protection and care.
4. The partnership was not routinely analysing the effectiveness of services in improving outcomes for children and young people.

### Assessment and planning to reduce risk and meet needs

Most children and young people who had experienced abuse and neglect were being helped by the partnership to stay safe, healthy and well and recover from their experiences. The quality of assessments, planning and the use of interventions were helping children, young people and families to develop strength and resilience.

Staff made informed judgements about the risk to and needs of individual children and young people, which was demonstrated in comprehensive assessments and plans. We looked at a sample of these records and found the majority were evaluated as good or better. In most cases, chronologies were highlighting risks, assessing need and planning for children and young people.

The majority of plans that we saw were good or very good at directing staff to co-ordinate appropriate help for children and young people. Partners had been improving consistency in the quality of assessments and plans through staff learning and development activities. Learning was further strengthened by feedback from reporters, panel members and reviewing officers. The appropriate

application of legal measures, including decisions about when to refer children and young people for consideration of compulsory measures, was apparent from records. This was reinforced in our discussions with frontline staff, the children's reporter and children's hearing panel members.

### **Positive change and sustained improvement**

Overall, children, young people and families considered their wellbeing was improving because of the help they received from services. Our review of records confirmed that most children and families were experiencing some improvement in their lives as the result of the services they received.

Vulnerable families were benefiting from universally available parenting programmes. These helped parents develop their confidence, capacity and resilience to meet their children's needs. Within local communities, services were providing positive activities for young people to reduce their risk of offending. For example, the Jack Kane Centre and Broomhouse Centre were providing a range of supports for young people in or at the edge of care. They were also helping vulnerable young people who were not receiving a service from statutory agencies.

A further range of commissioned third sector services were supporting children in need of care and protection and their families. Examples included Safe Families, where local volunteers were creating social support networks for families in need. The Circle projects were providing valuable help for families with young children affected by parental substance misuse.

**The wellbeing of vulnerable children and young people was optimised through the availability and timely delivery of targeted strengths-based interventions. An emerging restorative approach was compatible with these interventions and was developing a positive culture. We viewed this approach and the developing culture as strengths and as an example of a good practice approach that was showing positive results. These interventions were helping children in need of both care and protection.**

Some of these services were building a restorative, strengths-based approach that was impacting positively on children, families and staff alike. Services had worked hard to embed a solution-focused approach. For example, the family group decision making service supported families to identify and implement their own solutions to difficulties. Lifelong Links was helping some children and young people to find family members and engage with them to increase their support networks.

Multi-systemic therapy was providing intensive family-based intervention. The service was helping to reduce family breakdowns, risk-taking behaviours and increase engagement with education for young people aged 11-17 years. A small, targeted number of young people at risk of being accommodated or experiencing placement breakdown were receiving enhanced support from the EH1 service.

Where specialist provision for mental health was available, this was generally having a positive impact on children and young people. A range of voluntary sector agencies, Edinburgh Connect, Place 2B, school counsellors and school nurses were providing a helpful response to lower-level mental health and emotional wellbeing concerns. The child and adolescent sexual trauma service provided a specialist service to children and young people who had experienced abuse and trauma and to young

unaccompanied asylum seekers. We heard from staff and families alike that waiting times for child and adolescent mental health services (CAMHS) could be lengthy, which could mean not all children or young people got the help they needed when they needed it. Alongside this, the uptake of services was variable. In response, partners had invested significantly in a redesign of CAMHS in order to strengthen mental health services.

Foster and kinship carers were helping many children and young people to recover from adverse experiences by providing stability, security and by building trusting and supportive relationships. Creative packages of support were helping to improve the lives of some children and families by helping them to stay at home or with their kinship carers. Building on a small number of positive examples, the partnership was beginning to gain confidence in the use of **self-directed support** (SDS).

While staff and families told us about the positive impact of the range of specialist services on children and families' wellbeing, not all agencies were consistently making the best use of performance or outcomes data that could demonstrate this. An extensive range of perceptual data gathered from children, young people and families to demonstrate the improvements attributed to these interventions wasn't yet being used to help evaluate services.

### **Trusting relationships with key professionals**

Many children and young people were experiencing trusting and respectful relationships with their workers and most felt their worker cared about what happened to them. It was evident across the partnership that staff were committed to working alongside vulnerable children and families. Staff were helping them to build on strengths and make positive changes in their lives. Of note was a change in response by the police who were recognising the need to break down barriers and build different relationships within communities.

Children and young people's views were included in the majority of plans we read in our sample. Most children, young people and parent's views had been respected in key planning and decision-making processes. Most parents and children understood why services were working with them. Most said they understood the decisions that were made either with them or on their behalf. Feedback directly from children and young people confirmed that most were generally satisfied that they had been involved in agreeing their plan. However, this was not consistently experienced by all those we spoke with.

### **Engagement with children, young people and families**

Despite some important individual examples of planned engagement, the extent to which an embedded approach to stakeholder involvement in planning and service development could be demonstrated was limited. The Champions Board and the Young People in Care Council were supported by the partnership to elicit the views of children and young people. Partners recognised the need to increase participation and to use children and young people's views further in the development of services.

An independent advocacy service was available to all children on the child protection register and many looked after children. However, children and young people who were looked after at home



did not have access to independent advocacy. Around half of the children and young people who responded to our survey said that they had heard of advocacy and fewer had used the service. Our case sample found evidence of advocacy services being provided in only 17% of eligible cases. There was some confusion about referral processes among groups of staff that we spoke to and the overarching corporate commitment to advocacy services was not yet fully apparent.

## **Collaborative working**

Overall, partnership working was a strength and this was giving staff the confidence to be open, honest and appropriately challenge others. Staff told us peer support from practitioners in different agencies helped them to share responsibility and to reach a shared understanding of when to provide children and families with help. This was particularly important for those frontline managers and practitioners who were responding to complex child protection concerns.

Vulnerable children, young people and families were benefiting from the support of a competent and confident workforce. Across services practitioners were working alongside families to optimise their wellbeing. Staff were helped and guided by managers and peers to reflect on their practice and develop their skills and experience. A broad range of multi-agency training was available and many staff told us this had contributed to their professional development. A small number told us they struggled to prioritise attendance at these events due to other work pressures.

GIRFEC was well embedded and provided the tools and a shared language to enable practitioners to work together with vulnerable families. Reviews were generally held at appropriate intervals and in most of the records we reviewed the quality of these in driving forward progress was evaluated as good or above.

### 3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

#### Key messages

1. The partnership has effectively improved the balance of care towards more children and young people being looked after in family settings in the community.
2. Family group decision making and arrangements for kinship care were helping looked after children and young people to live at home and in their communities.
3. For a small but significant group of looked after children who were at risk of offending, services were having a positive impact.
4. Not all looked after children were getting the support they needed with their education or with their emotional and mental health.
5. Corporate parenting arrangements were not yet fully established and were limiting children and young people's influence on service improvement.

#### The balance of care

Fewer children and young people were being looked after or accommodated than at any time in the last 10 years. Considerable progress had been made since 2013 in improving the balance of care arrangements for children and young people, shifting investment from expensive interventions to early support with the aim of reducing the need for accommodating looked after children and improving outcomes.

There were lower numbers of looked after children in residential care, a notable reduction of children and young people in secure care, and an increase in supported kinship care families.

There had been a significant reduction in the number of children and young people who were adopted in preceding years. These figures reflect work to support families and increase kinship placements for babies. PrePare, family group decision making and multi-systemic therapy had contributed to keeping babies safe at home and reducing the need for them to move from their parents' care. Half of all children in foster families were placed out of area, albeit in easily commutable distance of the city. By extending the recruitment of foster carers to just beyond the city boundaries the family-based care team had been able to increase the number of children and young people living in family placements. A few children or young people needed emergency placements and had multiple placement moves.

#### Care planning and review

Progress was being made towards maximising the wellbeing of children and young people who were looked after, through good care planning and review. Practice was impacting positively on children

and young people's lives and keeping more children at home or in kinship care. Partners were also working hard to help those children and young people living in foster care or residential homes benefit from stable care arrangements.

The quality of assessments for looked after children, the conduct of reviews and the implementation of plans was largely a positive picture. Specialist assessments for vulnerable young people were being undertaken when needed and were being used to inform individual plans.

The records we read presented a positive picture of the plans for children and young people in care. Partnership working was consistently effective and plans were being implemented well to help children and young people experience caring and stable environments. We saw little impact of any delays in the provision of services for children or parents, which indicated they were getting help when they needed it. For the children or young people in our sample that had been assessed as needing a permanent substitute for family care, plans were progressing well.

In our survey we asked children and young people about their individual plans and the responses were mixed. Most young people over the age of 15 said they had been involved in agreeing their plan and the majority generally felt it reflected their wishes. Some 8-15 years olds said they didn't know what was in their plan and gave mixed responses about whether they had been able to contribute.

The majority of plans were being reviewed at a frequency that met the child's needs and the quality was evaluated as good or very good in three-quarters of the cases. The frequency of reviews for looked after and accommodated children were within timescales however, timeliness of reviews for children looked after at home had dropped over the past year. The partnership is in the first phase of the **permanence and care excellence (PACE) programme**. This will help improve outcomes by timely decision making about where a child or young person will live on a permanent basis. While it is too early to assess the impact of these changes, effective foundations have been laid.

## **Closing the gap in education**

Looked after children were more likely to be excluded and have lower levels of achievement at the end of schooling. Closing the gap for looked after children is a challenge for the partnership and some pupils were not receiving all the support to meet their individual needs. The partnership had responded by implementing specific strategic actions to address this. Attainment levels were below those of their peers in both primary and secondary schools and children and young people from the most deprived areas. Some measures that were being used to monitor and track attendance rates were showing improvement and these were being reported monthly. Initiatives to improve the understanding of the impact of adverse childhood experiences (ACEs) had been introduced recently in some schools. While this had been welcomed, it is too early to see any impact of these initiatives.

## **Improvements in wellbeing**

The partnership's work to embed relationship- and strengths-based practice had impacted positively on looked after children's wellbeing. There was a purposeful commitment to evidence-based interventions to help children and young people make the changes they needed.

A small but significant group of young people were benefitting from multi-agency approaches to identify, manage and respond to risks of harm and offending. Staff commitment and increasing confidence in managing risk were helping to reduce the need for secure care.

Staff and carers told us they felt mental health services were reduced or hard to access. However, Edinburgh Connect was providing regular consultancy for residential services and foster carers and had unused capacity. Where CAMHS were supporting children, carers reported on this very positively alongside services provided for a lower level of need that looked after children could access. NHS Lothian have funded a specialist looked after children's nursing service that was offering all children and young people a mental health screening appointment and referral to CAMHS if appropriate. Most looked after children who had been offered this had taken it up.

Some individual agencies were beginning to measure the improvements their services made for looked after children and young people. Limited processes to analyse outcomes information collectively meant that the overall impact had yet to be confirmed.

Universally delivered parenting programmes and other supports were helping keep children and young people at home or in kinship care alternatives. Parents and carers reported very positively on the support they received and said it was helping them support and improve their children's wellbeing.

Looked after children and young people were benefitting from free leisure activities. They had access to a dedicated online Edinburgh Fringe Festival booking system which provided them with free tickets for events.

### **Consistent relationships with trusted adults**

The importance of building and sustaining positive relationships with children, young people and families was recognised by staff. They understood the benefits of relationship-based practice with children and young people and felt encouraged and supported to work in this way. We heard that looked after children and young people benefited from key relationships, although some carers told us that children and young people had experienced frequent changes of social worker.

Foster carers were receiving support from family-based care staff and access to training that was helping them provide care to children and young people. While some kinship carers perceived an unequal access to training, others were benefitting from well-established support groups.

### **Listening to the views of children and young people**

Children, young people, parents and carers were well informed about the reasons for services being involved with them. Positive steps had been taken to include individuals in decision making about their lives. However, less involvement was apparent in contributing to service review and development.

Independent advocacy was not available to children looked after at home and the availability to other looked after children was sometimes limited. This meant they did not consistently get the opportunity to express or have their views heard by an independent person rather than their lead professional.

The partnership had made a meaningful commitment to the ongoing development of the **champions board**. Two young people had recently been recruited as participation officers within the local authority to support the champions board and were in the process of setting their priorities for the next 18 months. The expectation of these roles was high and it was too early to assess the impact yet. The partnership had committed to using an online tool to gather children and young people's views. There had been some delays in launching this so progress was understandably limited.

### **Corporate parenting responsibilities**

While looked after children were benefitting from the efforts of partners to improve outcomes, more could be achieved by strengthening the corporate parenting arrangements. The **corporate parenting** partnership had plans to help looked after children access emotional and mental health help at school and saw this as an ongoing priority. Alongside a commitment to more general educational improvement for looked after children, it was too early to tell the impact of the promising ideas and commitments we heard.

The partnership recognised the importance of the champions board and increasing meaningful engagement with children and young people. Gaining the views and input of care experienced children and young people was not yet being fully maximised but was evolving. Partners were accepting that there were opportunities to expand upon how corporate parents listened to the views of children, young people and families and had identified this as a priority themselves.

## **4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?**

### **Key messages**

1. Multi-disciplinary throughcare and aftercare services were successfully supporting young people to achieve independence.
2. Young people valued the continuity of contact with trusted professionals.
3. The transition for young people with additional needs moving into adult services was not fully effective for everyone.

### **Steps towards living independently**

The partnership was working hard to help care experienced young people succeed in their transition to adulthood. Young people were being given the support they needed with health, education and employment to help plan towards their futures. Young people with experience of foster care spoke positively about the help they received and felt that they were being equipped with the skills to live independently.

The multi-disciplinary throughcare and aftercare team was making a key contribution to helping young people gain independence. Bi-monthly meetings took place between the throughcare and aftercare team and social work practice teams, which were facilitating the transition process for young people. Leaders had invested in a multi-agency young person's hub – a one-stop shop where a range of services were co-located in the city centre – which was valued by those who used it. The availability and accessibility of the hub for the majority of young people and the commitment of staff was a significant strength.

We heard positive feedback from young people about the throughcare and aftercare service. Young people said they experienced caring, strong and trusting relationships and they were given help to stay motivated in times of crisis. Help with budgeting, access to funding for further education, planning for further education and access to leisure facilities were all helping to improve their transition to young adulthood. The number of young people who had left care and maintained contact with their social worker was above the national average.

Despite the high quality of the services that many young people were receiving, there were some gaps in the level of provision available. Throughcare and aftercare workers had been identified for each locality and were building up knowledge of resources. This was helping young people who found it difficult to reach the city centre within office hours. However, not all young people or staff were sufficiently aware of them or what they could offer. Advocacy was inconsistent and some young people did not know they could use this service.

The provision of appropriate permanent accommodation for care leavers was a particular challenge for the partnership. Availability had been reduced drastically by other demands on the rented housing market that were beyond the partners' control. Although an affordable housing programme was underway, the shortage meant that the difficulties in accessing accommodation for care leavers were likely to continue.

A monthly housing panel had been established to widen accommodation options for care leavers by looking at individual cases. The panel had improved information sharing and collaborative working and had taken positive action to prevent marginalisation and homelessness for individual looked after young people.

Overall rates of youth homelessness were lower than the national average and there had been a decrease in the numbers of youth homelessness applications made over the last year in the city. However, a case-by-case evaluation and analysis of the needs and outcomes for those who became homeless had not yet been undertaken.

## **Continuing care**

The council had responded to the implementation of **continuing care** with a five-year phased plan. There was some encouraging practice emerging and the majority of eligible young people were staying on in a placement of their choice. A few young people told us individually that they felt uncertain about their placements. We also heard that some review planning meetings were being postponed due to continuing care payments and contractual arrangements not being resolved.

The majority of young people over 16 who responded to our survey said they were positive about their current care arrangements. They were less likely to be confident about their future care; a view that was shared by some staff. Lead professionals indicated concern about the level of care available for these young people. Individual plans for care leavers were less likely to have been reviewed or overseen by managers than those for all looked after children. The roles and responsibilities of corporate parents in relation to continuing care, including future funding commitments, were not fully implemented.

Responses to our survey showed that the experience of being consulted about views on service delivery among young people over 16 was not widespread: less than half of young people had been asked for their views about services while even fewer felt that their views had influenced change.

### **Positive destinations**

Partners had recognised a need to improve educational outcomes and positive destinations for looked after young people and the picture for care experienced school leavers was improving. Some initiatives were in place that were helping looked after young people in schools and colleges. Staff had been trained to understand the specific needs of care experienced young people. Schools had introduced a key adult system, which was providing a consistent contact person to support young people's additional needs. Skills Development Scotland careers advisers were supporting looked after young people who were at risk of not having a positive destination once school had finished. A bursary was available for care experienced young people helping them to aspire to further education. Young people with anxiety or mental health issues were being supported to use 'time out' passes in college.

Initial destinations for looked after school leavers were improving however, performance in relation to follow-up destinations had shown less progress. Some case studies were available about the Job-Club, which was helping young people access education, training and employment and meet the requirements of the Job Centre. The Hub for SUCCESS (Support for University and College for Care Experienced in South East Scotland) had been launched to help improve educational outcomes for looked after young people. The introduction of the Job-Club and the Hub for SUCCESS were key initiatives. Although there was some qualitative information available, it was too early to be able to judge their long-term impact.

### **Supporting successful transition**

Agencies and individual staff were working together to support the transitions process for young people with more complex needs and particularly young people with learning disabilities. Self-directed support was being used to support children with differing abilities and their families, although precise numbers or information about their circumstances was limited. Some challenges remained around the practicalities of co-ordinating suitable care provision, due to availability of personal care providers and the complexities of finance arrangements. This had affected the uptake of self-directed support.

Despite efforts, young people with complex needs and their families experienced a series of challenges in moving from children's to adults' services. They experienced delays and the process lacked co-ordination and planning. It was encouraging that the health and social care partnership had recognised the need to improve transition arrangements.

A transition-care planning approach had been introduced by CAMHS to ensure a more young-person centred approach to transitions to adult mental health services. There was a range of complementary services available from other agencies to support the emotional and mental health of vulnerable young adults, including care experienced young people.

Transitions to adult justice services were managed well and the Young People's Service continued to work with young people over the age of 18. This meant they could complete any outstanding court orders without the disruption of changing services. The Young People's Service was working with young people serving sentences in Polmont Young Offenders Institution to support their successful release into the community.

## 5. How good is collaborative leadership?

### Key messages

1. Senior leaders were collaborating to plan and direct service delivery across the partnership. They shared a common purpose and were enabling a learning culture to develop.
2. The strategic impact of corporate parenting was not yet fully developed.
3. Rich sources of data and quality assurance activity were not consistently maximised to identify trends, strengths and areas for development.
4. The commitment of leaders to restorative, strength-based practice was having a positive impact on children, young people, families and staff alike.

### Vision, values and aims

Leaders shared a common purpose and vision for the delivery of services for children in care and in need of protection. They were working collaboratively to plan and direct service delivery across the partnership. Leaders had a clear understanding of national priorities and the need to anticipate the wider planning challenges that could impact on children and young people in the longer term. Leaders were realistic about the challenges presented by budgetary pressures and had a pragmatic approach to maximising resources.

The Edinburgh children's partnership was committed to a set of city-wide objectives and outcomes for children and young people. Strategic plans demonstrated a commitment to the values of keeping children and young people safe and making their lives better through partnership services.



Partnerships were involving the right people to meet the identified objectives and value was being added by proactive collaboration. There were clear lines of accountability in place to the education and children's committee in the council and the NHS children's committee. The third sector was well represented and had opportunities to provide input to strategy and planning.

The child protection committee shared a vision to keep children and young people safe and had a joint approach to delivering their improvement plan. The majority of respondents in the staff survey agreed or strongly agreed that there was a vision, value and aims for children and young people in need of protection across the partnership.

A commitment to delivering the legislative and statutory aspects of corporate parenting was outlined in strategic plans. However, the partnership was in the early stages of delivering its goals and aspirations in a fully collaborative way. This was primarily impacting on the champions board, which was not yet able to maximise the impact of children and young people's engagement.

The partnership was embedding strengths-based and restorative approaches. We heard that the aims and values of these approaches to working with children, young people and families were shared across all levels of leadership. This was impacting positively on staff providing an optimistic and empowering outlook. Resilience and strengths were being developed for families and the potential for long-term change was positive.

### **Leadership of strategy and direction**

The Edinburgh children's partnership had developed five key outcomes following consultation with members of the community. This collaboration was locality focused, enabling the partnership to act swiftly to tackle specific issues when required, for example the development of the vulnerable young people's group and Stronger North, a service in the north of the city for young people at risk of offending. The plan contributed to the objective that "Edinburgh is a thriving, connected and inspired city, where all forms of poverty and inequality are reduced".

The performance framework supporting the children's services plan and monitoring arrangements will be reviewed in March 2020. Leaders were responsive to lessons from national initiatives, practice-based discussions and multi-agency case reviews. Establishing a solution-focused culture was enabling collective ownership and encouraging proactive practice solutions.

An approach to ensuring that the views of children and young people are given a central role in informing future developments has not been fully established. As noted earlier, the appointment of two participation officers in the council was a positive step and they are well placed to support further multi-agency commitment. A positive start has been made with their active involvement with the champions board.

The partnership recognised that a formal joint **strategic needs assessment** was necessary, and plans were in place to take this forward. This would be particularly useful in considering how to

use resources and funds to further support CAMHS provision for children and young people and understand more fully the needs and impact of the lack of social housing on vulnerable young people.

The chief officers group was providing oversight of strategic planning within the public protection arena. They were anticipating future areas of challenge through lessons from quality assurance activity and connectivity to other strategic groups. There was effective support and challenge from the chief officers group and the child protection committee that operated effectively at a strategic level and set direction.

While progress was being made delivering the actions identified in the corporate parenting plan, oversight arrangements were still developing. In our staff survey, only 17% of respondents were confident about the leadership's direction for corporate parenting. As a result, it was less clear how direction was given to staff throughout the partnership. However, it was evident that staff understood the duties of corporate parenting in practice for children in care.

The partnership could evidence the positive results of collaborative initiatives to reduce the risk of children and young people offending. Management information was reported to the justice committee and contained useful intelligence helping anticipate future need through an understanding of trends and outcomes.

## **Leadership of people and partnerships**

Positive working relationships had been secured across the partnership that were contributing to improved outcomes for vulnerable children and young people. Leaders were promoting multi-agency teamwork and had established a culture of professional collaboration at leadership level. This was supported by a series of arrangements for operational and middle managers that generally worked successfully.

Successful collaborative working across the partnership supported by senior leaders had reduced the incidents of missing young people. This showed a determination to overcome barriers between partners and had improved the safety and relationships for the young people involved.

A shared responsibility for improving outcomes was being promoted through practice models involving staff in active case reflection and identifying areas for development. This provided leaders and managers with a confidence in practice and was an enabling model for staff. The partnership was prepared to take proactive and innovative steps to address need, such as the vulnerable young people's group, and ensured that staff had the necessary support.

Feedback in the staff survey reflected that leaders could be more visible and communicate regularly with staff at all levels. Some staff had confidence in their direct line management and felt less connected to senior leadership. We saw that some managers and leaders were directly involved with staff in reviewing work and developing practice.

The child protection committee had an extensive multi-agency training programme although some staff reflected the difficulties in attending training. We heard how staff received support from

colleagues and enjoyed informal support mechanisms. The picture about formal supervision in the social work records we read was less positive. Staff had the opportunity to discuss their work with their line manager in fewer than half the records. There was limited evidence that the records had been reviewed by managers for quality assurance purposes. However, notwithstanding these results, we heard how staff felt supported by their immediate line managers across the partnership.

## **Leadership of improvement and change**

The partnership was engaging in activity that was helping to improve and change the impact of service delivery. Some multi-agency approaches to quality assurance activity enabled partners to improve and develop practice. Others were less systematic and there was further potential to collate results from activity to maximise its impact. It was not always evident how messages from quality assurance activity were widely disseminated so that all staff fully understood the impact of activity in informing change. Less than half of staff who replied to our survey agreed that leaders communicated the rationale and gained support for change and improvement.

A quality assurance sub-group reported to the child protection committee and oversaw a range of multi-agency activity. A reduction in the range of data the child protection committee gathered had enabled them to focus on areas that required action and improvement. This resulted in a streamlined approach, which the child protection committee was monitoring to ensure the right information was being captured. Learning from significant case reviews was having a tangible impact on service delivery and had influenced effective new ways of working for example, ensuring vulnerable young people had an identified person to speak.

The impetus for improvement and change within corporate parenting leadership was less advanced and arrangements were confusing. There was awareness of the issues and a willingness to address them and the corporate parenting plan was progressing. Children, young people and families' feedback was not yet being used consistently to inform service development. Work remained to be done to give their voice more prominence and to make use of available feedback.

The five outcomes outlined in Edinburgh children's partnership plan were being led by a multi-agency group of officers who reported their progress to the children's partnership. Improvement planning was being managed at a locality level where there had been a helpful switch from single-agency to multi-agency audit activity.

Leaders faced significant challenges to provide vulnerable young people and families with children affordable, safe housing due to shortages in all rented sectors in the city and there was an acute awareness of how this impacted on care leavers. Further challenges lay ahead in providing services for children and young people with mental health needs.

# Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership has the capacity to continue to improve and to address the points highlighted in this report.

- Staff are competent, confident and clear in their understanding about the expectations of their roles with children in need of care and protection. Supported by collaborative leaders and a positive approach to learning and development, they can further build on the good practice we have seen.
- The self-evaluation submitted by the partnership as part of this inspection demonstrated its knowledge of areas of improvement and reflected a collaborative response that included staff at all levels.
- The initial response to concern element of the interagency referral discussion process was robust.
- Services are responsive to the needs of children and young people and there is a willingness to try new approaches and look for solutions.

However, while we are confident the partnership has the capacity to continue to improve, to do this they will need to evaluate the impact of services and use evidence more systematically. Using data, feedback and lessons from quality assurance activity in a more joined-up way will help the partnership know consistently what is making a difference and what needs to change. Continuing to embed self-evaluation will help the partnership establish how to deliver improvement in outcomes for children and young people.

## What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. 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: Summary of evaluations

## How good is our leadership?

### Good

#### 9. Leadership and direction

- Vision, values and aims
- Leadership of strategy and direction
- Leadership of people and partnerships
- Leadership of improvement and change

#### Rationale for the evaluation

Senior leaders demonstrated a strong common purpose. They were realistic about the challenges that were presented to them by budgetary pressures and were being pragmatic in their management of resources.

The partnership had arrangements in place that demonstrated collaborative partnership working at a strategic level. Planning mechanisms enabled leaders to oversee and direct services across agencies for children in need of care and protection.

Leaders fostered a learning culture and used reviews and case discussion to help staff and influence practice. A restorative, strength-based approach was impacting positively on families and staff.

Strong collaborative leadership had enabled partners to overcome some barriers and make significant progress on reducing the numbers of young people missing.

The strategic impact of corporate parenting was weaker and leadership arrangements were less clear. However, actions on the corporate parenting plan were being progressed and staff were helping children and young people in care and improving their outcomes. The champions board was not yet making the impact it desired and children and young people's views were not consistently used constructively.

Quality assurance activity was taking place and being used, particularly by the child protection committee, to influence change and improvement. However, partners were not systematically using data, feedback and analysis to measure the impact of services for self-evaluation purposes.

## How well do we meet the needs of stakeholders?

**Very good**

### 2.1 Impact on children and young people

#### Rationale for the evaluation

There were strong indications that the wellbeing of children and young people in need of care and protection was improving as a result of services. Services responded efficiently and effectively to concerns about safety and wellbeing. The interagency referral discussion process was robust and effective responses were in place to keep children safe.

Early identification and intervention in respect of young people most at risk of child sexual exploitation had reduced the number of missing young people. Strategies to deal with youth offending had resulted in significant reduction in youth offending incidents. There was an improving picture in relation to the impact on care leavers.

Children and young people in need of care and protection were benefitting from positive working relationships with staff and carers and felt that they were treated with respect.

Staff were involving children and young people in review meetings and were seeking and recording their views. An increased use of independent advocacy for children in need of care and protection and awareness of its contribution would further improve performance in this area.

Care leavers had positive, caring relationships with key staff. Young people were positive about the throughcare and aftercare team, with team members perceived as extremely caring and prepared to make every effort to help.

Overall, children and young people felt settled where they were currently living. However, a small percentage of the total population of looked after children and young people had experienced three or more placement moves over the last year. Emergency placements had been available for the small number of children or young people who required them.

More work needed to be done to close the attainment gap for looked after children and young people in school to bring them in line with their peers. Where specialist provision for mental health was available, this was having a positive impact. However, for a few this came too late or was not accessible.

## How well do we meet the needs of stakeholders?

**Good**

### 2.2 Impact on parents

#### Rationale for the evaluation

##### Rationale for the evaluation

Parents and carers generally experienced supportive, trusting relationships with services. Almost all parents and carers who responded to our parent/carer survey agreed that they got on well with staff, were supported by them and that staff listened to them and took their views seriously.

Many parents and carers understood well what staff were expecting of them. Parents and carers were being supported to build their parenting confidence through a range of different approaches and programmes. Practical family support was also readily available, which was contributing to strengthening parental resilience. Specialist services like PrePare, multi-systemic therapy and family group decision making were enabling parents to make important changes to their behaviour and become more confident, competent, resilient parents.

However, parents had limited access to independent advocacy and not all families were receiving effective support. Some parents were not aware of what services were available to them and others had to wait too long before getting help. In file reading for 26% of cases, the extent to which the family's circumstances had improved or were improving as a result of the help provided showed no or minimal improvement (1 in 4). Although the kinship care team provides accessible support that is greatly valued by carers, there are a few kinship carers who feel isolated and unsupported.

## What outcomes have we achieved?

### Adequate

#### 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

##### Rationale for the evaluation

Partners were able to demonstrate particular improvements in the safety and wellbeing of children and young people. However, they were not always analysing information to fully understand trends or inform how children and young people are safer or how their wellbeing was improving. As a result, information was not fully telling the story of what changes had taken place and what they could be attributed to. Importantly, evidence of improved outcomes and their impact for children and young people's lives was not used consistently across the partnership.

There were some very important examples where the partnership was demonstrating improvements. Most notable was the sustained significant reduction in young people going missing from young people's units. The child protection committee had significantly streamlined the data it considered to enable it to promptly identify any emerging trends that required action. Analysing trends in key child protection processes provided partners with assurance about prompt and appropriate action to ensure the safety of children and young people. Numbers of children and young people whose names are on the child protection register had steadily reduced since 2016. Partners were confident in attributing this to GIRFEC working well by intervening at the right time in children's lives, identifying wellbeing concerns and putting the right support in place. However, partners have not clearly presented any information to justify this attribution of cause, which would increase confidence in the impact of practice.

The partnership was able to present a range of data and management information that demonstrated improvement in the balance of care. However, while the data showed trends relating to looked after children and young people in placements, it was not explicitly linked to showing how outcomes had improved. Continuing care data was being used in a similar way and it was unclear whether this was informing future planning.

Youth homelessness information was being used to help identify patterns and gaps and inform future planning. The partnership was using looked after children's educational attainment data, which had helped them identify areas that needed to be improved. Information relating to training and employment outcomes for looked after young people was not yet being used routinely. Feedback from children, young people and families and perceptual data was being gathered but was not being used systematically to demonstrate the impact of services on improving outcomes. More robust target setting and analysis of data to understand causal factors would strengthen performance in this area.



# Appendix 2: The quality indicator framework and the six-point evaluation scale

## Our quality improvement framework

In August 2018, the Care Inspectorate published a quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all of the indicators in the framework and use this to answer the five inspection questions.

The evaluative answers to each question take account of evidence against up to seventeen quality indicators from across the framework. In addition to answering the inspection questions we use the six-point scale below to evaluate three quality indicators and the domain of leadership:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 - Impact on children and young people.
- 2.2 - Impact on families
- 9.1 – 9.4 – Leadership.

## The six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

<b>6 Excellent</b>	Outstanding or sector leading
<b>5 Very Good</b>	Major strengths
<b>4 Good</b>	Important strengths, with some areas for improvement
<b>3 Adequate</b>	Strengths just outweigh weaknesses
<b>2 Weak</b>	Important weaknesses – priority action required
<b>1 Unsatisfactory</b>	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

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

**Child and adolescent mental health services (CAMHS)** are the NHS services that assess and treat children and young people with mental health difficulties. CAMHS includes psychological, psychiatric and specialist social work support, addressing a range of serious mental health issues.

The **champions board** is a forum intended to create a unique space for care experienced young people to meet with key decision makers, service leads and elected members to influence the design and delivery of services that directly affect them, and to hold corporate parents to account.

The **chief officers group** provides strategic oversight of key partnership functions in the protection of children and young people. The chief officers group works to a single public protection strategy and reviews the learning from initial and significant case reviews, self-evaluation and external scrutiny.

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

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

The **continuing care** provisions within the Children and Young People (Scotland) Act 2014 offer looked after young people the right to remain in their care setting (if they are in kinship, foster or residential care) up to their twenty-first birthday.

**Corporate parents** are organisations and individuals who have a legal responsibility for looked after and care experienced children and young people under part 9 of the Children and Young People (Scotland) Act 2014.

The **General Data Protection Regulation (GDPR)** is a series of laws that were approved by the EU Parliament in 2016, coming into effect on 25 May 2018. GDPR is an EU initiative that brings data protection legislation into line with new ways that data is now used. The new regulations are designed to give users greater control over their data, including the ability to export it, withdraw consent and request access to it.

**Getting it Right for Every Child (GIRFEC)** is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help, at the right time, from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

An **interagency referral discussion (IRD)** is the process of joint information sharing, assessment and decision making about child protection concerns. The IRD is not a single event but takes the form of a process or series of discussions.

The **local scrutiny plan** sets out scrutiny risks and responses for each local authority area. This is based upon an annual shared risk assessment, carried out by Audit Scotland and its scrutiny partners.

**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.

A joint **strategic needs assessment** is the means by which local leaders work together to understand and agree the needs of all local people in order to deliver a strategy that sets priorities for collective action.

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