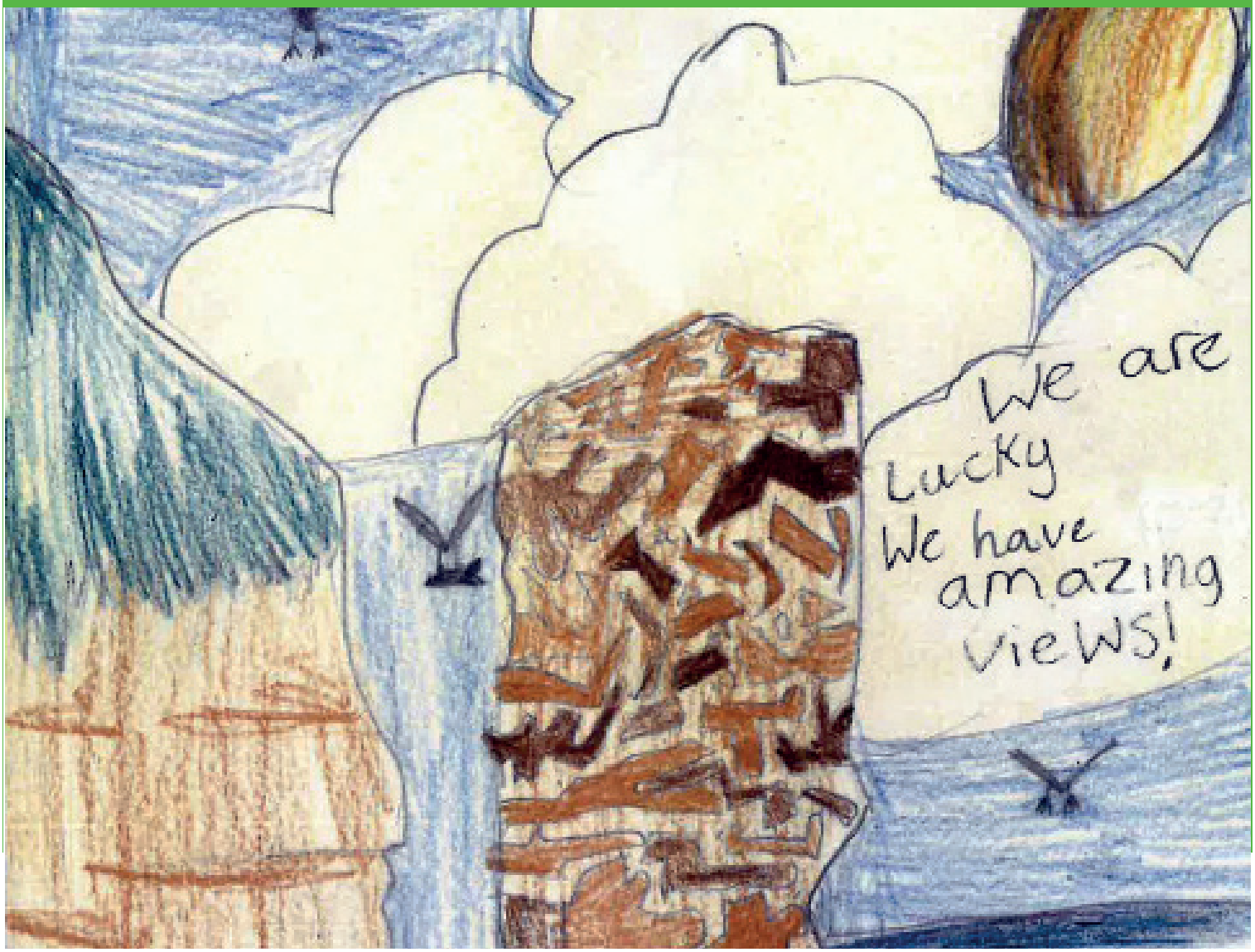
care inspectorate

Report of a joint inspection of services for children and young people in need of care and protection in Orkney

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

February 2020



Education Scotland Foghlam Alba

Healthcare Improvement Scotland

HMICS Improving Policing Across Scotland

HAPPY TO TRANSLATE

Contents

The cover picture for this report is the competition winning design drawn by a young person in Orkney

Orkney

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 that community planning partnerships are making to the lives of children and young people:

- in need of care and protection
- for whom community planning partnerships have corporate parenting responsibilities.

The inspections take account of the full range of work with children and young people in need of care and protection and their families within a community planning partnership area.

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 July 2019, the Care Inspectorate published a revised 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 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 that meet their needs and improve outcomes.

Our inspection teams

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland, and Education Scotland. We benefit from the involvement of associate assessors; experienced managers from other local authority areas in Scotland who provide support to the inspection team.

Teams include young inspection volunteers, who are young people with direct experience of care or child protection services. They 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 staff from the community planning partnership area that we are inspecting. We train them to support us in reviewing practice through reading children's records. This supports the work of joint inspections and increases future capacity to deliver continuous improvement through joint self-evaluation.

How we conducted this inspection

The joint inspection of services for children and young people in the Orkney community planning partnership area took place between 26 August 2019 and 4 October 2019. It covered the range of partners in the area that have a role in providing services for children, young people and families.

- We met with 17 children and young people and 28 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 17 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 112 responses.
- We talked to a wide range of staff who work directly with children, young people and families.
- We observed one meeting and one event.
- We reviewed practice through reading records held by services for a sample of 38 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 majority of children and young people in need of care and protection and their families benefited from genuine and enduring relationships with a key member of staff or carer.

2. The majority of care leavers were well supported in their transition to adulthood by staff providing aftercare and others helping them with accommodation, further education and employability.

3. Together, children's panel members, the children's reporter and social workers went out of their way to make the experience of attending a children's hearing as child centred as possible and to provide continuity for those attending review hearings on mainland Scotland.

Priority areas for improvement

1. Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.

2. Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.

3. Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.

4. Strengthening key child protection processes, fully implementing the **Getting it right for every child** (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.

5. Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

Orkney Islands in context

Geography and demography

The Orkney Islands are located off the north coast of Scotland with a resident population at the time of the 2011 census of 22,190, including 3,988 0-17-year-olds. Orkney accounts for 0.41% of Scotland's total population, although this is currently growing through inward migration at a rate above that of other parts of the Highlands and Islands. Most of the increase is on Mainland, the largest island, where around 70% of the population live, many within the two towns of Kirkwall and Stromness. The remainder live in the many villages or smaller settlements located on the 20 inhabited islands, out of the 70 that make up the archipelago. The outer islands show, in general, a gradual decrease in population with a higher proportion of those leaving being younger people.

Social and economic

Apart from tourism, the main industries on the islands are manufacturing, farming, fishing, and the energy sector, including oil and renewable energy. The council is one of the biggest employers, alongside the NHS, with a third of jobs on the islands in public administration, education and health sectors. Unemployment rates in Orkney are lower than across the Highlands and Islands as well as Scotland as a whole.

However, in 2017, median weekly wage levels were the third lowest in Scotland, while the cost of living was high. There is not enough affordable housing to meet demand and there are high levels of fuel poverty. The availability and quality of connections to broadband and mobile phone services varies greatly across the islands; this is particularly important for communities seeking to retain and attract young people.

Although no data zones in Orkney lie within the 20% most deprived in Scotland, in 2016, 14% of children living in Orkney were living in poverty, after housing costs were deducted. Nevertheless, Orkney has frequently topped quality of life surveys of the best area in the United Kingdom to bring up children, based on criteria such as low primary school class size, high school-spending per pupil, low population density, low traffic levels and low crime rates.

The partnership

The Orkney partnership is the overarching community planning partnership with responsibility for improving outcomes for the people of Orkney. The partnership is responsible for developing, approving and delivering the Orkney community plan (incorporating the **local outcome improvement plan**) and overseeing related strategic plans including the **children's services plan**.

The Orkney children and young people's partnership is responsible for producing, implementing and reporting on the progress of the Orkney's children's services plan.

The chief officers group is responsible for public protection. The Orkney **public protection committee** (incorporating the former child protection committee) reports to the chief officers group.

Table 1: Children in need of care and protection: key strategic groups and plans in Orkney.

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Strategic groups	Strategic plans
Orkney (community planning) partnership	Orkney community plan 2019-2022 incorporating the local outcome improvement plan (LOIP)
Orkney health and care partnership (OHAC)	Orkney strategic plan 2019-2022
Orkney children and young people's partnership (OCYPP)	Orkney children's services plan 2017-2020 and annual progress reports 2017-2018 and 2018-2019
Chief officers group (COG) and Orkney public protection committee	Most recently published child protection committee annual report 2016-2017 and plan 2017-2018
Corporate parenting board (to be established)	Corporate parenting plan 2019-2024

The five inspection questions

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

Key messages

1. There was a lack of clear and specific local guidance to direct staff in taking action about child protection concerns, and no shared understanding about when to intervene where children were at risk of physical neglect. Not all staff who needed to respond to child protection concerns had appropriate training.

2. Inter-agency referral discussions were not being carried out consistently to ensure that children and young people at risk of significant harm received a timely, proportionate and appropriate response.

3. Health staff did not have a named person they could go to discuss child protection concerns. There was no suitably qualified and experienced nurse to participate in inter-agency referral discussions or provide case supervision to midwives, health visitors and school nurses involved in child protection work.

Inter-agency child protection procedures

While leaders recognised the importance of procedures, they had under-estimated the significance of inter-agency child protection procedures in providing clarity about practice expectations and reducing variation in the quality of work. Before the establishment of the Orkney public protection committee, the child protection committee had decided that rather than updating inter-agency child protection procedures published in 2011, staff should work to the 2014 National Guidance on Child Protection with some additional protocols. However, the few protocols published since then did not provide enough clarity for staff about roles and responsibilities in carrying out key child protection processes. The quality and effectiveness of child protection work was dependent on the knowledge, skills and experience of individual staff and had become highly inconsistent. Staff new to the area lacked sufficient guidance to support and direct their work.

Recognising child protection concerns

Almost all respondents to our staff survey reported confidence in their own ability to recognise and report child protection concerns but they were not confident in the effectiveness of local child protection arrangements. Staff across services told us they were unsure about their responsibilities for sharing information when they had child protection or child wellbeing concerns. They were largely unaware of a briefing note issued by the **chief officers group** to support the continued sharing of

information when there were child or public protection concerns following introduction of the **General Data Protection Regulations (GDPR)** in May 2018. Recording what information was shared, and when and with whom was not well embedded in practice. Police, health and education staff told us that they were not confident that child concerns were always treated seriously when they made a referral to the social work service. They did not always get feedback on what had happened after they referred a concern.

Midwives spent extra time getting to know pregnant women well, identifying concerns and taking action to address these at an early stage. Local midwives were able to draw on the expertise of the specialist team of midwives based at Aberdeen maternity hospital. These arrangements had led to a recent increase in the number of vulnerable pregnant women able to give birth safely in the local hospital. In a few of the most complex cases, for example where there were concerns about substance misuse or mental illness, vulnerable pregnant women still had to travel to the maternity hospital in Aberdeen for antenatal care and to give birth. This involved them and other family members living, sometimes for extended periods of time, in designated flats attached to the hospital. The experiences of these women and their families had not informed plans to reduce any adverse impact associated with these arrangements. Protocols and procedures were not available to support midwives and social workers working jointly with vulnerable pregnant women in Orkney or to strengthen arrangements between Orkney and the specialist midwife and hospital social work teams in Aberdeen.

Our review of children's records identified delays in social workers completing assessments of vulnerable pregnant women and a lack of clarity among managers about when to convene a pre-birth child protection case conference. Social work staff did not get the advice and guidance they needed to help them develop robust child protection plans before the birth.

Addictions and mental health staff conducted home visits, rather than offering appointments in a clinical setting. This provided opportunities for them to observe the impact of parental difficulties on the safety and wellbeing of children and young people in the household. More systematic monitoring of child wellbeing through these arrangements could further strengthen what was a helpful approach to support keeping children safe.

Multi-agency chronologies of significant events in a child's life were not used effectively to identify patterns of accumulating harm or to understand significant events from birth or before a child or young person came to live on the islands. In the latter cases, social work chronologies usually started from the date of the first child concern arising in Orkney. In the records we reviewed, we evaluated only four of 35 chronologies as good or better. Health visitors and their managers were using an electronic archive system that was not designed for recording case notes and supervision or compiling chronologies of significant events in a child's life.

Staff did not always recognise neglect as a child protection concern and without procedures to refer to, there was no shared understanding of when to intervene. Staff living and working in Orkney, particularly in the smaller island communities, needed more support to manage their anxieties about possible repercussions for them and their family of raising concerns about neglect.

Initial response to child protection concerns

We found a high degree of variation in the quality of initial responses when children and young people were at risk of significant harm. While seven of 22 cases were evaluated as good or better, in a further five the response was weak or unsatisfactory. Decisions about convening inter-agency referral discussions, making referrals to the children's reporter or convening an initial child protection case conference were not being made consistently. In some cases, children experienced physical neglect for too long before a decision was made to provide them with alternative care arrangements.

Managers made a number of changes to the administration and recording of inter-agency referral discussions during 2019. However, without an inter-agency referral discussion procedure supported by training for appropriate staff and without proper oversight by the public protection committee, the process had not achieved the improvements aimed for. Recording of inter-agency referral discussions was not of an acceptable standard. Social work managers were seeking to implement the **Signs of safety** approach as a way of cementing better engagement with parents, but we found significant confusion among staff about its implementation and the interface with the Getting it right for every child approach in promoting safety and wellbeing.

The out of hours social work service operated on a rota by singleton social workers from their own homes. Some staff on the rota had no experience of child protection work but were working without clear procedures or appropriate training. Practice was further compromised as social workers did not have reliable mobile phone connections or remote access to PARIS, the social work client information system, to enable them to establish what was previously known about a child or young person and to carry out and record an initial risk assessment. The social work response to child protection concerns out of hours was necessarily focused on containing situations until the next working day. Very limited help was available to support young people, families and carers in a crisis out of hours. When a child protection concern arose on the outer islands, resident staff such as the GP, district nurse and head teacher were called upon to provide help although procedures were not available to better support them in managing such situations.

Designated police and social workers were appropriately trained to conduct joint investigative interviews. Using mobile video equipment located in Kirkwall, these could be undertaken in the most suitable location for the child. Feedback from joint reviews and quality assurance of interview recordings would help interviewers reflect on their practice.

Current arrangements by the Orkney health and care partnership were not working effectively to provide a single point of contact for NHS Orkney staff to discuss child protection concerns. Timely decisions were not made by health staff to carry out comprehensive medical examinations in response to concerns about neglect. Partners recognised that the absence of a suitably qualified and experienced member of staff to fulfil the role of lead nurse for child protection presented risks, particularly when there was no paediatrician resident in Orkney. A trauma-informed joint review of arrangements for forensic medical examinations for children and young people had not been undertaken when funding from the Scottish Government for local provision became available in 2018. Consultation was needed on the views and experiences of children and young people having to travel on scheduled flights to the children's hospital in Aberdeen as part of child protection investigations.

Practice in responding to the small number of young people that posed a risk to others was inconsistent. We evaluated the initial assessments of risk and immediate plans to mitigate these as adequate or below in six out of ten cases. When young people were reported missing to the police, including those who were looked after, there was no shared approach to 'return home' interviews that should aim to assess any risks with a view to preventing repeat incidents. More positively, child sexual exploitation awareness raising had been undertaken by police including involvement from Barnardo's and Rape Crisis. Highlands and Islands division of Police Scotland had introduced Operation Portrait, a bespoke intranet site supporting officers working in rural and remote locations to recognise and respond appropriately to child protection concerns. Police told us that this had supported improvements in their recognition of child sexual exploitation and an increase in reporting child concerns from Orkney to the screening hub in Inverness. Nevertheless, links between young people going missing and risks associated with online safety, child sexual exploitation and child trafficking were not considered fully by staff.

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. There were weaknesses in the operation of important mechanisms, such as case conferences and core groups designed to implement child protection plans and monitor progress to ensure children remain safe and well over time.

.

2. Leaders had recognised the need to implement fully the necessary systems and processes to support the Getting it right for every child approach that should be underpinning joint working to improving children's wellbeing.

3. Children and young people affected by domestic abuse were getting a very valuable service through Women's Aid children's workers.

4. There was a need for better therapeutic help for children and young people recovering from experiences of abuse and neglect, and intensive family support and help with parenting for the most vulnerable families.

Implementation of Getting it right for every child

Early action taken to implement the Getting it right for every child approach had not been sustained. Local procedures had not been updated since 2012 and the **national practice model and risk assessment framework** was not embedded in local practice across children's services. We found an inconsistent approach to chronologies, assessments and child's plans in the children's records we read. Staff were using different formats and templates within and across services. Key documents were

stored in different places on the social work client information system. We evaluated 22 of the 35 risk assessments we read as less than good and 23 of 34 child's plans to reduce risks as less than good.

Chairing arrangements for child protection case conferences and looked after child reviews were not independent of operational decision making. While partners had acknowledged that current arrangements were problematic, they had yet to take action to make improvements. Health and education staff did not consistently participate in core group meetings. This meant that aspects of the child or young person's wellbeing and protective factors were not always considered fully.

Family support and help with parenting

Richmondhill House in Aberdeen had been used to provide a residential assessment of parents and at-risk newborn babies. As this service was no longer available, partners had begun to use a local resource but had the potential to further develop residential community-based provision within Orkney. While volunteers from Homestart supported mothers to develop confidence and skills in parenting very young children, partners recognised the more pressing need to develop intensive family support and parenting assessments locally to keep a small number of babies safe on discharge from hospital. However, plans to meet this need were not yet in place.

There had been a recent increase in staff to deliver family support and home school liaison using **pupil equity funding (PEF).** Staff were trained to deliver specific parenting programmes and interventions recognised for their effectiveness, but current workloads left them with limited capacity to undertake planned pieces of work. **Multi-agency risk assessment conferences (MARAC)** helpfully supported a partnership approach to protecting the victims of domestic abuse. Women's Aid children's workers delivered a successful group-work programme to support those aged 3 to 19 years affected by domestic abuse. Even if a parent was not involved with the service, children and young people could access this help.

Most services for children and young people were based in and around Kirkwall. Children, young people and families found it hard to access them when they lived elsewhere due to related costs and travel time, especially those living on the outer isles. Staff worked creatively to try and address these challenges by delivering services from other council premises, or in families' own homes. Some schools had embraced a nurturing approach to improving the wellbeing of children and young people and provided a calm and respectful ethos. Nevertheless, at times, children, young people and their families were left without the support they needed.

Helping children and young people to recover from trauma, abuse and neglect

There was a need to better coordinate services to meet the mental health and emotional wellbeing needs of children and young people, including those needing help to recover from abuse and neglect. The provision of counselling in schools provided by Relationship Scotland and more recently, drop-in clinics run by the school nurse team in both Mainland secondary schools were helping children and young people with mild to moderate anxiety associated with a wide range of issues such as exams, relationships or bereavement. The training provided to members of the school nurse team specifically was equipping them with skills to provide help to children and young people experiencing mild to

moderate anxiety. **Child and adolescent mental health services (CAMHS)** were located within a multi-disciplinary community mental health team. A review of this service, commissioned by NHS Orkney in 2017, had identified an urgent need to increase the capacity of local mental health services for children and young people. Although efforts had been made to ensure a continuity of service, we found CAMHS to be operating with lower capacity than other island authorities.

Overall, there was a significant shortfall in the availability of therapeutic interventions to help children and young people recover from abuse and neglect, although partners had begun to address this through training for a range of local practitioners. In a few cases, these children's and young people's needs were further complicated by substance misuse or self-harming. While a range of addiction services were offered by third sector organisations, there was no local addiction service for young people provided by NHS Orkney. Trauma-informed practice led by the family placement team was starting to positively influence approaches taken by staff and foster carers. There was some, though limited, emergency provision locally to help young people whose level of emotional distress had reached crisis point. Follow-up support for young people returning to Orkney having received specialist therapeutic help in residential placements and secure accommodation on mainland Scotland was limited.

Engagement with children and young people in need of protection and their families

During this inspection, we found examples of positive engagement with children and young people where staff were maintaining regular contact, listening and taking account of children's views, providing helpful multi-agency support and collaborating effectively to implement child protection plans. However, this was not the case consistently. In around half of the cases we reviewed, the extent to which children and young people had been sufficiently involved was not of a good standard. There had been a gap in the provision of independent advocacy locally for children and young people in need of care and protection while the new advocacy provider developed its service.

The involvement of parents and carers was significantly better in the majority of cases we reviewed. Advocacy Orkney was providing a valued service to some parents of children and young people in need of protection. Contact arrangements were generally well managed for parents of children and young people no longer in their care. Maintaining contact between brothers and sisters living apart was not as consistent.

Staff supervision and support

Managers were readily available to give advice and support to social workers and were providing regular supervision to their staff. However, decisions taken about children and families in the course of supervision were not recorded in children's case records, making it difficult at times to track actions taken and the reasons for them. Health visitors and school nurses responsible for child protection cases did not receive individual case supervision. Education records we read demonstrated the positive impact of staff in improving wellbeing in pre-school provision and some schools. A few senior education staff expressed the need for additional support and guidance to help them contribute more effectively to joint working with children and young people in need of care and protection.

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

Key messages

1. The majority of looked after children and young people were benefitting from consistent relationships with carers or staff, but a sizeable minority had poorer experiences, including placement disruptions and frequent changes of staff, which made it harder to build trust and confidence.

2. There was more work to be done to embed a collaborative approach across services, to find ways of meeting children and young people's needs while remaining in Orkney and to provide family-based care wherever possible.

3. Systems were not always working effectively to ensure the health needs of looked after children and young people were assessed and met. Health staff were not always actively involved in important decisions for looked after children and young people.

Consistency of relationships with staff and the impact of the help provided

There was clear evidence that when looked after children and young people had the opportunity to develop consistent and enduring relationships with their carers or with key members of staff, this impacted positively on their wellbeing. We found positive examples in foster, residential and respite care; in third sector organisations, at school, and with health visitors, social workers and family support staff. We could see from our review of children's records that almost two-thirds of children and young people had benefitted from consistent support from a key person over the past two years. This left one-third whose experiences of relationships had not been as positive, with examples of poor communication, frequent changes of staff and placement disruptions that had impacted negatively on building trust and confidence. From our case sample, we could see that the majority of children and young people had experienced some improvement as a result of the help they received.

Referrals to the children's reporter

Over the past five years, there had been a significant increase in the numbers of referrals to the children's reporter on non-offence grounds. Most referrals resulted in the children's reporter deciding that there was no requirement to arrange a children's hearing. Partners needed to work better together to ensure that children and young people were only referred to the children's reporter when all efforts to achieve the necessary change on a voluntary basis had been exhausted.

Children's panel members had considered carefully how to reduce the stresses involved for children and young people in attending children's hearings. Panel members had gone into schools to gain insight on how education had changed over the years since they were pupils. The reporter and social workers encouraged those children and young people attending a children's hearing for the first time to visit the premises beforehand.

Preventing children and young people from becoming looked after and accommodated away from home

Partners recognised the need to work intensively with children and young people on the edge of care to prevent them becoming looked after and accommodated away from home. They were not yet systematically identifying such children and young people and working collaboratively to keep them attending school and in the care of their families. While the social work service had plans to expand its capacity to intervene more effectively to prevent the need for children to be accommodated away from home, a more joined up approach with health and education services would increase the likelihood of success.

Care placements for looked after and accommodated children and young people

At 31 July 2018, 31 children and young people from Orkney were looked after, 21 of whom were looked after and accommodated. Statistical data reported to the Scottish Government that suggests Orkney accommodates proportionately more children and young people in residential care than other areas may be misleading due to the small numbers involved. Nonetheless, partners told us they recognised that they needed to be in a position to meet more children's needs locally, developing more family-based care and reducing the use of off-islands placements. Managers accepted they have considerable work to do to achieve this shift.

Only half of respondents to our staff survey agreed or strongly agreed that looked after children and young people were living in the right environment to experience the care and support they needed. The use of kinship care in Orkney was comparatively low, compared to other types of care. Case records we reviewed did not record the steps taken to identify extended family members when children and young people needed to be looked after away from home. There were lengthy delays in carrying out kinship care assessments. While managers spoke of intentions to improve the service for kinship carers, support was currently not well developed. There needed to be more transparent criteria for the provision of practical and financial support and the offer of help to kinship carers managing challenging contact arrangements.

The Care Inspectorate inspected fostering and adoption services in August 2019, and awarded evaluations that were lower than at the previous inspection, two years earlier. There had been significant staffing issues in the fostering and adoption team that had impacted negatively on recruitment, assessment, and the quality of training and support to carers. Child protection training for foster carers had not been kept up to date. Risk assessments undertaken prior to placing children and young people with foster carers were not of an acceptable standard.

Social workers had been involved with the **Centre for Excellence for Children's Care and Protection in Scotland (CELCIS)** in applying the **permanence and care excellence programme (PACE)**. Nonetheless, practice in permanency planning was not robust. In the majority of cases where a permanency plan had been agreed, children experienced avoidable delays in securing them with adoptive parents or permanent foster carers. As they got older, the chances of finding a family reduced and the risk of placement disruption increased. Errors were made in basic administrative processes invalidating legal processes that had then to be started over again.

The Care Inspectorate's annual inspection of Rendall Road children's home in May 2019 had also evaluated the quality of care and support experienced by young people as poorer than the previous year due to the adverse impact of unstable staffing arrangements.

Children and young people with complex and enduring disabilities experienced high-quality residential respite at Aurrida House and the valuable support staff provided to their families helped them to cope. Partners were not fully meeting their **corporate parenting** responsibilities to this group of children and young people. They were subject to planning and review processes within education services. In the absence of co-ordination by health services, parents were left trying to manage arrangements to attend numerous health appointments for looked after and disabled children and young people, including appointments in the children's hospital in Aberdeen.

Providing comprehensive health assessments and health plans for looked after children and young people

Partners had not put systems and processes in place to carry out age-appropriate comprehensive health assessments of the physical and mental health needs of children and young people becoming looked after. There was a lack of understanding that for young people this did not necessarily involve a physical examination but was about working alongside them at their pace to improve aspects of health and wellbeing. Plans had recently been made for the school nurse, supported by local GPs, to start undertaking comprehensive health assessments for school-aged young people. However, this only provided a partial solution; it did not address the current backlog or provide a service for pre-school children. Without such assessments, health staff were unable to contribute meaningfully to the health component of assessments and child's plans.

Health staff did not routinely attend looked after child reviews or submit reports to children's hearings. As corporate parents, partners had no overview of the health needs of children and young people for whom they were responsible. Partners recognised the need to improve access to sport and leisure activities for all care experienced children and young people, building on that available to residents at Rendall Road.

Providing full-time education and plans to raise attainment and promote achievements

Inspectors found positive examples of looked after children and young people making good progress in their learning and receiving suitable support from education staff. A small number of looked after children and young people were not receiving their full education entitlement due to non-attendance, exclusion from school or being offered a part-time timetable. The social and emotional aspects of learning (SEAL) service works with those at risk of exclusion and those in need of alternative education provision however, there was limited local provision of this service for those unable to cope in a mainstream setting. The children's services plan 2017-2020 had identified a significant literacy and numeracy gap between looked after children and their peers and aimed to reduce this over the lifetime of the plan, although it was unclear what data had been used to identify this as, while individual schools tracked their progress, partners did not have an overall picture of the educational attainment and achievements of looked after children and young people.

Assessments of needs and child's plans

In our staff survey, social workers, as lead professionals, expressed a high level of confidence in their knowledge and skills to assess and analyse risks and needs. However, they did not always write assessments down or update these unless they were preparing a report for the children's reporter. Of the written needs assessments that inspectors were able to evaluate, fewer than half (44%) were of a good or better quality. Only a third (33%) of child's plans reached a standard of at least good. There were delays in carrying out parenting capacity assessments, often waiting until after the child or young person had been accommodated away from home rather than completing these at an earlier stage to inform decision making. Insufficient involvement from health and education staff meant that individual child's plans did not always include specific actions to optimise children and young people's health, encourage active lifestyles, raise their attainment and promote achievements. The children's reporter and panel members had recently agreed to provide feedback about their views on the quality of social work reports for children's hearings.

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

Key messages

1. A high proportion of care leavers remained in touch with services, benefiting from continuing positive relationships with staff and carers. While some young people got support that met their needs well, a shared understanding of, and commitment to, corporate parenting responsibilities was not yet in evidence across all relevant agencies. This is needed to ensure that all care leavers benefit equally from support that meets their individual needs.

2. Work was required to remove any barriers to services experienced by care leavers dealing with mental health challenges, including substance misuse, self-harm and thoughts of suicide.

3. The approach to commissioning of services to meet current and projected future needs of care leavers with disabilities was in urgent need of modernisation.

4. The views of care experienced children, young people and care leavers were not yet informing service development, redesign and modernisation.

Positive and trusting relationships

A consistently high proportion of care leavers remained in touch and continued to experience positive and trusting relationships with staff and carers. They were enabled to build a relationship with a social worker with a remit for aftercare before leaving their care placement. This approach was supplemented by residential staff undertaking outreach work from the children's house to maintain links with previous residents. Partners recognised the need to increase capacity due to the growing number of young people entitled to aftercare up to 26 years of age. At the time of the inspection,

competing demands on staff providing aftercare meant they were not always able to respond at times when care leavers needed them most, including out of normal office hours.

Young people reported that returning to live in Orkney presented challenges for care experienced young people under 26 years of age. Their experience was that in such a small community, previous reputations and prejudices were sometimes hard to overcome. When care leavers did return, they were sometimes reluctant to identify themselves to relevant services. Nevertheless, Skills Development Scotland (SDS) was well informed about care leavers in Orkney and could ensure care leavers got the help they needed by gaining their consent to share relevant information with other organisations. It was a significant challenge for a small number of staff to maintain meaningful contact and provide support to those young people living in other parts of Scotland who were entitled to aftercare support but who had decided not to return.

Continuing care

There were noteworthy examples of young people from Orkney benefitting from continuing care in residential placements on mainland Scotland. Partners were at a very early stage in considering the potential benefits for looked after young people of continuing care in the local children's house and local fostering placements. Staff needed training to increase their understanding of legislative changes in continuing care and aftercare and the implications of corporate parenting on their practice. A few staff still held the view that continuing care was conditional upon a young person's good behaviour rather than a legal entitlement. Looked after young people were not well informed about their right to continuing care or aftercare support.

Availability and effectiveness of help and support

Pathway assessments, plans and reviews were routinely completed by social work staff but other relevant partners were not sufficiently well involved in these key processes. Work was needed to help young people become more active participants in determining their own plans.

Staff working with young people who had left care provided practical as well as emotional support. This took the form of food parcels and energy top-ups when care leavers were in need. Staff and young people raised with inspectors the lack of additional support for care leavers to mitigate the impact of poverty. A review of the leaving care grant was overdue and there was a strong view that the fixed amount provided to set up home was unrealistic. The Youth Café was restricted to working with those under 18 years of age. This service had previously provided free advice, opportunities for socialising and a range of activities to divert young people up to 26 years of age from getting involved in drug and alcohol misuse.

Adverse childhood experiences impacted on the ability of some care leavers to cope well with adult relationships and parenting. A few were at risk from alcohol and drug misuse, unsafe sexual behaviour, self-harm and thoughts of suicide. Care leavers identified barriers to getting help to improve their health and wellbeing, including prolonged waiting times, changes in staff, referrals closed after just one appointment or feeling rushed during appointments.

The Connect Project supported young people, including care leavers, to achieve positive and sustained destinations on leaving school. The Orkney Offer had been developed to give all young people options regarding future training and employment however, not all care leavers had been made aware of it and employment options for care leavers were typically limited. Orkney college helpfully offered a single point of contact and additional support to care experienced young people. However, while the percentage of care leavers who were being supported and remaining economically active was high, there was no specific initiative aimed at raising their aspirations or improving their employability. For example, through taking a **family firm approach** to providing modern apprenticeships.

Housing provision

A helpful care leavers protocol was in place between the social work and housing services. Monthly discussions took place to consider the accommodation needs of looked after young people aged 15-26 years. All care leavers received a corporate parenting pass so that they did not have to make a homelessness application.

Short-term accommodation was available to all young people, including care leavers, through the young person's accommodation service Ypeople. This voluntary service managed 13 flats in Kirkwall and Stromness, though the provision in Stromness was under used while there was significant competition for flats in Kirkwall. Residents had personal plans and received help with budgeting, further education and employment, as well as the support of the Ytalk youth counselling service. However, the way in which the service was funded meant that support was unavailable during the day when young people who were not in work or further education most needed it. Contractual restrictions, such as curfews and restrictions on visitors meant that some young people were reluctant to use the service, increasing the likelihood of them becoming homeless. Permanent accommodation for care leavers was limited due to a severe shortage of one-bedroom accommodation.

There was no data to evidence how effective the available support was in helping care experienced young people sustain tenancies or avoid homelessness. Young people and staff told inspectors that further training for independent living and a wider range of supported accommodation options for care leavers was needed.

Transitions for looked after young people with complex and enduring disabilities

A single social work team provided a service to children, young people and adults affected by disabilities. This should afford an opportunity to streamline assessments, work to a single multi-agency child's plan and provide a seamless transition for looked after young people moving on to adult services. However, out-of-date transition procedures, and planning and review processes within education services did not meet the needs of children in receipt of regular overnight respite as effectively as looked after children reviews. Transition planning had not been effective in securing supported housing for the small number of looked after and disabled young people who currently need such provision, leaving families feeling understandably frustrated. The approach to commissioning of services to meet current and projected future need of care leavers with disabilities was in urgent need of modernisation.

Involvement and participation

A focus group of looked after young people living in residential care was asked to contribute to a review of social work services in 2018. There was limited evidence of how this group had influenced any decisions or actions. Young people were especially disappointed that requests to formally change the name of the **children's house** to the street address to reduce any associated stigma had not been followed through, with no reason given, although this has since been resolved.

The views of looked after children and young people and care leavers were not routinely collected and analysed to inform service developments. Across services, care experienced children and young people were not involved in any meaningful way in the co-production of services to better meet their needs. The council had recognised that participation by care experienced children and young people was an area for development. The chief social work officer was leading on commissioning Who Cares? Scotland to set up and support a **corporate parenting board** as well as providing an independent advocacy service for all children and young people in need of care and protection.

5. How good is collaborative leadership?

Key messages

1. Leaders had a shared vision, values and aims for children and young people in need of care and protection. Partners were working to progress shared priority objectives for these children in the context of children's services planning and with the children's workforce through the series of Growing Up in Orkney conferences. However, the overall vision was not well understood or found to be driving forward change. Key changes were not always communicated or recognised by practitioners.

2. Governance arrangements for child protection were not working well enough. Mechanisms were not in place or operating effectively to ensure that the accountable chief officers had reliable information to be satisfied that children and young people were protected and their needs met.

3. Some staff were acutely challenged trying to manage several areas of responsibility without the knowledge, skills and external support and challenge to help them perform well across all of their remits. As a result, some approaches were in need of modernisation.

4. Self-evaluation of services for children and young people in need of care and protection was under developed. Although there was some activity it was not consistent and as a result, leaders did not know enough about what was working well and what needed to improve.

Vision, values and aims

While leaders had a shared vision for children and young people in need of care and protection, less than half of 92 staff responding to our survey agreed or strongly agreed that their leaders had a clear vision for the delivery and improvement of child protection services. Just over a third agreed or

strongly agreed that leaders had a clear vision for the delivery and improvement of services for looked after children and care experienced young people. It was clear that groups of staff within individual services were working to their own, rather than a shared, agenda. Community planning partners had gathered limited information about the needs of looked after children, young people and care leavers for whom they are responsible. There was limited appreciation of the expectations and legislative requirements placed upon corporate parents.

Leadership of strategy and direction

Leaders agreed that a much stronger focus on early intervention would reduce the number of children and young people in need of care and protection. They also recognised that meeting more of the needs of this vulnerable group of children and young people locally would improve their outcomes. However, they were not yet working collaboratively to achieve these objectives. Structural barriers in the relationship between key strategic groups slowed down joint decision making and undermined a shared accountability for timely progress of the work. Although children and families social work services had been taken into the scheme of integration by the **integration joint board (IJB)**, the work of the board had focused predominantly on adult health and social care services. The Orkney children and young people's partnership was making progress in leading and co-ordinating and delivering children's services planning. Tangible improvements for vulnerable children and young people were yet to be evidenced. The energies of senior managers were depleted through expectations that they attend an unsustainable number of strategic and delivery groups within a small area. While there was initial enthusiasm for taking on new areas of work, staff told us that actions were frequently not seen through to completion. This had eroded their confidence in leaders' ability to set direction and deliver results.

Governance arrangements for child protection were not working well. Progress reports and action plans had not been produced since establishing a public protection committee in 2018. Tasks remained outstanding from the 2017-18 child protection committee action plan. The lack of enough dedicated time from a lead officer limited the committee's effectiveness. Despite the important role played by Royal Aberdeen Children's Hospital in relation to child protection for Orkney children, there was no mechanism to support contribution to committee business from the lead consultant paediatrician, although this has since been resolved.

Chief officers did not have the information they need to assure themselves that children and young people in need of protection are kept safe. A balanced score card introduced to monitor and interrogate child protection activity had not been completed or used effectively. Chief officers had vested high levels of trust in a very small number of staff to oversee child protection and intervention with looked after children without ensuring that these staff had opportunities to benefit from exposure to external challenge or opportunities for mentoring.

A continuous-improvement subgroup of the public protection committee undertook some quality assurance activity relating to child protection. Members of this group reviewed cases but this included cases where they themselves had been involved in operational decision-making. This was compromising their ability to do so critically, and there was limited use of objective criteria to bring

rigour to their analysis. The group had identified some important areas requiring improvement but doing so had not led to demonstrable practice change.

Leaders had begun to demonstrate a shared commitment to improving the wellbeing and life chances of care experienced children, young people and care leavers. The annual Growing Up in Orkney staff conferences had focused on children in need of care and protection. In September 2018, elected members, health board members, chief executives and senior managers had received corporate parenting awareness training delivered by Who Cares? Scotland, which was part of a national programme funded by the Scottish Government. Partners had then resolved to establish a corporate parenting board and publish a joint annual progress report. A corporate parenting plan was approved by the community planning partnership a year later in September 2019, but the board to implement this plan and report on progress annually has yet to be established.

Leadership of people and partnerships

Communication with staff across services for children was ineffective. Staff were not well informed about significant changes in child protection and corporate parenting at a national level, or about changes within services for children locally. The move to a public protection committee had not been well publicised. The approach to working with children and young people in need of care and protection was not well informed and influenced by an understanding of children's rights.

Staff shared concerns, which they said they did not have confidence to raise with managers, with our inspection team. The fact that staff and managers live, socialise and work very closely together in a small community inhibited staff to challenge accepted ways of operating. This was the case even when staff did not consider decisions and actions to be in the best interests of vulnerable children, young people and families. The prevailing culture did not invite healthy challenge and there was little evidence that leaders had been proactive in creating opportunities for, and encouraging, scrutiny, challenge and debate.

Leadership of joint workforce planning was limited. Staff showed willingness to take on several areas of responsibility in a small area where specialist posts were often unrealistic. However, leaders had not ensured that they were equipped with the necessary knowledge and skills to perform well across several remits. Third sector services were not firmly located within strategic plans. As a result, funding was highly precarious, even for services said to be making a vital contribution.

Leadership of improvement and change

Relationship building with staff working in services for children and young people in Shetland and the Western Isles provided scope to further develop areas of mutual interest but this has yet to be fully capitalised on. The lead officer for the public protection committee in Shetland had recently reviewed some child protection cases for Orkney in what was intended to become a reciprocal arrangement. Feedback was given but had not translated into specific improvement activity.

Limited progress had been made in developing joint self-evaluation. (Self-evaluation in respect of wider services for children and young people was identified as an area for improvement when the

Orkney partnership was last visited by an inspection team in 2013.) As a result, there was limited evidence to support leaders' belief that they were delivering improving outcomes for children and young people in need of care and protection. Local and national benchmarking was being used although there was more limited shared learning from national publications for example, findings of joint inspections of services for children and young people, significant case reviews, or good practice from high-performing child protection committees and champions' boards.

Leaders were exploring the potential benefits of joint working with the other islands councils. They had yet to fully capitalise on the potential benefits of shared services drawing on expertise from other local authority areas to strengthen services for children and young people in need of care and protection and develop external challenge and support. NHS Orkney had had focused on accountability, which was not yet formalised, for vulnerable women in pregnancy and child protection services through a service level agreement. As noted earlier in this report, NHS Orkney has not taken timely action to ensure local staff have an appropriately qualified and experienced lead nurse to provide the necessary leadership for the most vulnerable children. Expertise and resources at the Police Scotland hub in Inverness had not been fully utilised to strengthen local child protection provision.

Conclusion

The Care Inspectorate and its scrutiny partners cannot be confident that the Orkney partnership will be able to make the necessary improvements highlighted in this report without additional support and expertise.

This conclusion is based on the following.

- The scale of the work needed to: reduce the risks created by inconsistencies in key child protection processes; embed accountability for, and shared ownership of, corporate parenting; modernise approaches to services for children and young people in need of care and protection.

- Limited capacity in the community planning partnership and the very small pool of managers available to take forward improvements at pace while also meeting operational demands.

- The need to focus on core business as well as seeking fresh ideas and knowledge of what has been successfully implemented elsewhere that could be adapted and tailored to the Orkney context and external challenge.

- Lack of progress to date in developing and embedding robust self-evaluation as a mechanism for assurance about quality and effectiveness.

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 and how they intend to reduce risks as a matter of urgency. The Care Inspectorate and other bodies taking part in this inspection will monitor progress and will report on that progress in due course. Discussion will take place with the community planning partnership and relevant others to agree how best the partnership can be supported to make improvements and build capacity for improvement and change going forward.

Appendix 1: Summary of evaluations

How good is our leadership?

Unsatisfactory

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

Leaders did not have a coherent vision, values and aims for children and young people in need of care and protection to enable them to bring staff together from across services and work collaboratively to achieve common goals. Partners had yet to develop a culture strongly reflective of the rights of children and young people, open to healthy challenge and striving for improvement at pace.

Chief officers and the public protection committee did not have the necessary oversight to ensure children and young people in need of protection were kept safe and had their needs met. The Orkney children and young people's partnership had not embedded the Getting it right for every child (GIRFEC) approach in practice or delivered joint strategies to support early and effective intervention in the context of children's services planning. As corporate parents, leaders had yet to deliver tangible improvements in the wellbeing and life chances of care experienced children, young people and care leavers.

Joint methods of communication with staff and other stakeholders were not effective. Staff needed clear direction and support to carry out key processes jointly with a stronger outcome focus. They were willing to work flexibly in the context of small islands communities. However, leaders did not always ensure that they had the capacity and competence to perform well across several different remits. They had not prevented operational managers quality assuring their own decision-making.

Partners had not led on a programme of joint self-evaluation across services for children and young people to know how well they were doing, nor had they seen through to completion identified areas for improvement. Leaders were not taking advantage of learning opportunities, including mentoring arrangements, expertise from neighbouring areas and good practice identified from national publications and other high-performing partnerships.

.

How well do we meet the needs of stakeholders?

Weak

2.1 Impact on children and young people

Rationale for the evaluation

Children and young people in need of care and protection experienced significant variability in the extent to which the help and support they received improved their safety and wellbeing. From reviewing children's records, when there were concerns about children and young people at immediate risk of significant harm, the effectiveness of the initial response was evaluated as weak or unsatisfactory in 23% of cases. In most cases, the quality of key processes, including multi-agency chronologies of significant events in a child's life, assessment of risks and needs, child's plans and progress reviews, were evaluated as less than good.

Approximately two-thirds of children and young people in our case sample benefitted from trusting relationships with key people. Children and young people affected by domestic abuse were provided with helpful emotional support. Comprehensive health assessments of children and young people becoming looked after were not carried out, limiting the effectiveness of child's plans in meeting health needs. Actions to raise attainment and promote achievements were not clearly laid out in child's plans. Children, young people and care leavers did not receive specialist therapeutic help to support recovery from abuse and neglect when they needed it.

Further investment in developing kinship and foster care was necessary to improve the balance between community and residential provision for looked after children. Most children experienced avoidable delays in securing for them permanent foster carers and adoptive parents. Disabled children and young people benefitted from high-quality respite care, but their health needs were not well co-ordinated.

Participation by children and young people in decision making about their lives was variable, both from our case file results and the accounts of children and young people we met. Looked after children's, young people's and care leavers' views were not used well to shape service development and redesign.

How well do we meet the needs of stakeholders?

Adequate

2.2 Impact on families

Rationale for the evaluation

From cases we reviewed, family circumstances were evaluated as having improved considerably, or more than a little, as a result of the services received in 35% of cases. A mixed picture emerged from the 28 parents and carers we spoke to, with some reporting more positively about the help and support they received than others. Individual staff kept in touch with parents and carers and did what they could to improve their circumstances. Volunteers provided practical help and encouragement. Support from the local community, including staff working in GP practices and schools was much appreciated, especially by families living on the outer isles. However, there was no coherent joint approach to the provision of family support and parenting. There was a shortfall in capacity to deliver family support which limited planned approaches to improving the parenting skills of the most vulnerable families.

Services were generally based in Kirkwall. It was expensive and time consuming for families from other islands to travel there without additional support. Conversely, families often felt stigmatised when staff came to visit them on the isles. Staff showed sensitivity in determining the most appropriate way to intervene. Effective action was taken to protect those known to be victims of domestic abuse. Timely and structured parental capacity assessments were not carried out. These were often initiated after children and young people had been accommodated away from home.

The majority of parents were well supported to maintain appropriate contact with children and young people no longer in their care. Brothers and sisters were not as consistently enabled to sustain relationships. Parents of children in need of care and protection found the local advocacy service helpful. Support to kinship carers was not well developed. Link support for foster carers had not been consistent and they were not well supported to manage crises out of hours.

What outcomes have we achieved?

Weak

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

Rationale for the evaluation

While numbers on the child protection register remained historically low, there had been increasing trends in both the police's child concern reports and referrals to the children's reporter on non-offence grounds. Conversion rates to compulsory measures of supervision had nevertheless remained static, suggesting that some referrals were unnecessary. While the public protection committee was aware of these trends, it had not sought to analyse the contributary factors and take appropriate actions to remedy them.

The 2018 annual progress report on the children's services plan identified a literacy gap for looked after children of 42% when compared to their peers and aimed to narrow this to less than 15%. However, actions to achieve this ambitious target were not specified. No information was held centrally to monitor important aspects of looked after children's education for example, school exclusions, continuation at school beyond leaving age or success in achieving recognised awards. There was no evidence of improvements in tackling the health inequalities experienced by looked after children and care leavers. Frequently, both local and national performance data about Orkney's looked after children was not published as small numbers made it potentially disclosive. However, with an average of 34 children and young people looked after over the previous five years, it was reasonable to expect partners to be working with accurate real-time data about important aspects of their wellbeing and life chances. There were gaps in the use of data to monitor outcomes for care experienced young people rather than simply continuing to rely on personal knowledge of their circumstances.

Our Islands, Our Future, an alliance involving the three island councils, had untapped potential to benchmark services for children and young people in need of care and protection by using shared local outcome indicators and meaningful measures identified by care experienced children, young people and care leavers themselves.

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

Our quality improvement framework

In August 2019, the Care Inspectorate published a revised 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 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 17 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, 9.2, 9.3 and 9.4 – Leadership and direction.

The six-point evaluation scale

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

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

Aftercare: Aftercare means the advice, guidance and assistance that local authorities provide to care leavers (who are not in continuing care) up until their 26th birthday.

Children's house: Children's houses are residential care for children and young people who are looked after and accommodated, normally in small residential establishments located in the community.

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

Centre for excellence for children's care and protection in Scotland (CELSIS) is based at the University of Strathclyde. Its purpose is to make positive and lasting improvements in the wellbeing of children and young people living in and on the edges of care, and their families. It works in partnership with carers, social workers, teachers, nurses, charities, the police, local authorities, and the Scottish Government, using a range of methods including consultancy, learning and development and research.

Champions board: Champions boards allow young people to have direct influence within their local areas and hold their corporate parents to account. They also ensure that services are tailored and responsive to the needs of care experienced children and young people and are sensitive to the kinds of vulnerabilities they may have as a result of their experiences before, during and after care. Young people's views, opinions and aspirations are at the forefront and are paramount to its success. Champions boards build the capacity of young people to influence change, empower them by showing confidence in their abilities and potential and give them a platform to flourish and grow.

Chief officers group: When we say chief officers, we mean police area commanders, and chief executives of health boards and local authorities who are responsible for ensuring their agencies, individually and collectively, work to protect children and young people as effectively as possible.

Children's services plan: A children's services plan is a strategic plan prepared by local authorities and relevant health boards. It sets out the provision of children's services and related services in a local authority area.

Continuing care is the obligation on local authorities to secure some care leavers in their looked after placement or suitable alternative accommodation up to their 21st birthday.

Corporate parenting: When we say corporate parenting, we are referring to the organisations listed as corporate parents in the Children and Young People (Scotland) Act 2014. Corporate parents have duties to uphold the rights and secure the wellbeing of looked after children, young people and care leavers.

Family firm approach: A family firm approach aims to encourage and enable corporate parents to offer care leavers a broad range of support to help them progress to a positive economic destination. This might include work experience, employment and training, or building capacity and skills individually or in groups by preparing job applications or developing interview skills. It may also be through reserving a number of modern apprenticeships in their organisations for care leavers to apply for.

General Data Protection Regulation (GDPR) is a series of laws 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 great 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 a national policy designed to make sure children and young people get the help that they need when they need it.

Homestart is a local community network of trained volunteers helping families with young children through challenging times.

Inter-agency referral discussion (IRD) is the process of information sharing, risk assessment and decision making involving designated staff from police, health, education and social work jointly providing a timely, proportionate and appropriate response to child protection concerns. This process may involve more than one discussion in more complex cases.

Integration joint board (IJB): Integration joint boards plan and commission integrated health and social care services in a designated area. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. They are responsible for overseeing the local health and care partnership and managing social care and health services in their area.

Local outcome improvement plan (LOIP) is how the community planning partnership delivers improved outcomes for its communities. It is based on a clear understanding of local needs and reflects agreed local priorities as well as the national performance framework developed by the Scottish Government.

Multi-agency risk assessment conference (MARAC) is a multi-agency meeting in response to high-risk domestic abuse concerns where staff share relevant information and make decisions about ways they can work together to support victims and their families.

National practice model and risk assessment framework: Central to the Getting it right for every child approach is a common framework including the 'my world triangle', resilience matrix and wellbeing indicators. It supports staff in carrying out integrated assessments of risks and needs.

Permanence and care excellence programme (PACE) aims to prevent drift and delay in securing children in permanent placements.

Public protection committee (PPC): Public protection committees bring together all the organisations involved in protecting children, young people and adults in the area. Their purpose is to make sure local services work together to protect members of the public from abuse, neglect and exploitation.

Pupil equity funding (PEF) is allocated directly to schools and targeted at closing the poverty related attainment gap. The care experienced children and young people fund supports initiatives and interventions aimed at improving educational outcomes for care experienced children and young people up to 26 years of age within the overall aim of closing the poverty related attainment gap.

Signs of Safety is a strengths-based, safety organised approach to protecting children and young people. First developed in Western Australia, it has been implemented in several areas of the UK including Scotland and involves whole-system cultural and practice change over a five-year implementation phase.

Who Cares? Scotland works with the care experienced community to secure a lifetime of equality, respect and love.

Women's Aid children's workers support children and young people affected by domestic abuse to increase their resilience.

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

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.gov.scot
Care Inspectorate Enquiries: 0345 600 9527

@careinspect careinspectorate