care inspectorate

Report of a joint inspection of services for children and young people at risk of harm in Highland

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland

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Education Scotland Foghlam Alba

Healthcare Improvement Scotland

HMICS Improving Policing Across Scotland

HAPPY TO TRANSLATE

Contents

Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm.

As a result of the Covid-19 pandemic, the programme of joint inspections of services for children was paused between March 2020 and June 2021 and recommenced in July 2021. The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or who are at significant risk in the community.

- When we say **young people**, we mean children aged 13-18 to distinguish between this age group and younger children.

- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).

- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives from social work, education, health, police and third sector, among others.

- When we say **staff**, we mean any combination of people employed to work with children, young people at risk of harm and their families in Highland.

Appendix 2 contains definitions of some other key terms that we use.

Key facts

Total population: 235,430 people on 30 June 2020

This is a decrease of 0.2% from 235,830 in 2019. Over the same period, the population of Scotland has not changed

NRS Scotland

In 2020, 16.3 % of the population were under the age of 16, similar to the national average of 16.8%

NRS Scotland

30 (9.6%) of Highlands data zones are in the 20% most deprived in Scotland. It was estimated over 9205 children (24%) age 0-16 could be living in poverty in Highland in 2019/20.

SIMD
ECP

Highland had 109 incidents per 10,000 population, of domestic abuse recorded by Police Scotland in 2020/21. This was lower than the national average of 119.

SCOTTISH GOVERNMENT

In 2020/21, Highland had a rate of 2.5 for the number of children on the child protection register (per 1,000 of the 0 –15yr population), higher than the Scottish average of 2.3.

The rate of child protection investigations (per 1,000 of the 0 –15yr population) was 9.1, this was lower than the Scottish average of 12.8.

SCOTTISH GOVERNMENT

Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the quality framework for children and young people in need of care and protection, published in August 2019. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children and young people at risk of harm in the Highland community planning partnership area took place between 25 April 2022 and 26 September 2022. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of **52** children and young people through face-to-face meetings, telephone or video calls and survey responses.
- We listened to the views of **120** parents and carers through face-to-face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for **60** children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received **727** responses from staff working in a range of services.
- We met with approximately **175** staff who work directly with children, young people and families. This included focus groups and networks of support.
- We met with members of senior leadership teams, committees and boards that oversee work with children and young people at risk of harm and their families.

We are very grateful to everyone who talked with 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 and young person in Highland who may be at risk of harm.

We want to take this opportunity to acknowledge the positive contribution of staff to this joint inspection, particularly given the challenging context of delivering services during the Covid 19 pandemic over the last two years.

At the time of the joint inspection in Highland, the partnership was also addressing the impact of a shooting on Skye, an incident which had a significant impact on families, communities and across services and for which, staff input significant support. We want to, therefore, take the opportunity to thank all members of staff, children, young people and families we spoke with for giving up their time to accommodate the inspection at what was a difficult and challenging time.

Key messages

Strengths

1. Staff responded promptly and effectively when concerns were raised about children and young people in the majority of cases. This response continued during the period of the pandemic and associated restrictions.

2. Information sharing and collaborative decision making were effective at keeping children and young people safe when concerns were first raised.

Areas for improvement

3. Immediate responses to concerns, and key processes, were more effective for younger children than they were for older young people.

4. Despite clear governance and reporting frameworks being in place, senior leaders were not effectively communicating their vision, values and aims to frontline staff who, in turn, felt their concerns about service delivery were not being heard.

5. The lack of early intervention and mental health and wellbeing resources was having a significant impact on children and young people at risk of harm, as well as on the capacity of frontline staff to meet their needs.

6. The partnership's ability to demonstrate the difference services were collectively making to the lives of children and young people was restricted because it was not systematically analysing and evaluating its data and not maximising opportunities to collate qualitative data.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

Key messages

1. In the majority of cases, staff responded promptly and effectively to immediate concerns raised about children and young people and this was maintained over the period of the pandemic and associated lockdowns. The immediate responses to concerns about older young people were not handled as effectively as those for younger children.
2. Interagency referral discussions did not always take place as the first stage in the formal process of assessment of risk, however, the partnership had undertaken some analysis of the factors leading to concerns being raised.
3. The language, framework and principles of *Getting it right for every child* were not universally shared or used across all staff groups.
4. The quality of the effectiveness of work undertaken to reduce risk varied, dependent on the type of risk identified.

Effectiveness of collaborative working to address immediate risk

We found that staff responded promptly and effectively to immediate concerns raised about children and young people in the majority of cases. In two-thirds of records we read, the quality of that response was evaluated as good or better. A minority of staff lacked confidence in how effectively children and young people were being protected. Just under half of staff felt that children and young people in Highland were being protected from abuse, neglect, harm or exploitation.

Staff were more likely to raise concerns about children under five years old, including concerns for unborn babies, than older young people. Staff responded more effectively when children were young and less effectively when young people were 16 years and over.

Almost all children we heard from said they felt safe where they lived and had an adult they could talk to if they didn't feel safe. A third of parents, however, felt staff did not respond quickly enough when concerns were first identified about children. Just under half of parents felt their children were safer as a result of the help and support they received from staff.

Staff across services were clear about their responsibilities and the processes to follow when a concern was raised. Almost all concerns were shared with police and social work without delay and the named person was notified of concerns in almost all cases. All necessary information was gathered from appropriate sources in most cases. Clear decisions were made about the next steps in almost all cases.

An **interagency referral discussion** (IRD) is the first stage in the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person. In Highland, there were two dedicated police officers who supported the IRD process. An initial IRD meeting had taken place in over half of the records we read. Where these did take place, they were attended by social work and police and, in most cases, health staff.

Almost all IRDs took place within expected timescales, and all resulted in clear decisions being made about the next steps to be taken. In most cases, there was a written record of the IRD. Education staff, who other staff acknowledged often knew most about a child or young person, rarely attended IRD meetings, although information was sought from them regularly. Information was also sought from third sector staff, as they often had significant involvement with the child or family. In response to the new National Guidance for Child Protection in Scotland (2021), senior leaders had started to update IRD processes to ensure IRDs were carried out and recorded for all children and young people, including unborn babies, 16- and 17-year-olds and those who were experiencing cumulative harm. Previously, IRDs had not been consistently held in these cases.

In over a third of records we read, no IRD had taken place, and for a few records, it was not clear if an IRD had taken place or not. Partners were aware that IRDs did not always take place and had undertaken some analysis to better understand this.

All investigations were carried out within expected timescales and immediate action was taken to keep the child - or other children - safe in almost all cases. Staff considered the need for a medical examination or a joint interview of the child involving specially trained police and social work staff in most cases. The need for emergency protective action or legal measures was considered in almost all cases. Actions arising from the investigation were fully or partially recorded in all cases and an interim safety plan developed for the child or young person.

Most initial multi-agency meetings - child protection planning meetings in the new national guidance - were held within expected timescales. Police, social work and health staff attended almost all, and education staff contributed to most of these. In these meetings, potential risks and needs were considered and clear decisions made in almost all cases. There was a written record of all initial multi-agency meetings. In just over half of the records, the quality of the initial multi-agency meeting was good or better, with a substantial number evaluated as adequate.

The effectiveness of work undertaken to reduce risk varied, dependent on the type of risk identified. Risk that occurred within families was addressed more effectively than risk that occurred within communities. The quality of work to reduce risk of abuse or neglect to children and young people was evaluated higher than that carried out to reduce risks to the child arising from either parental or carer circumstances or behaviours, or the risk of the child harming their self or others. The quality of work undertaken to address risks to children and young people arising from circumstances within the community was least effective, with less than a quarter of records where

this was a factor evaluated as good or better. Four in ten of these records were evaluated as weak. Staff acknowledged that the number of incidences of child sexual or criminal exploitation that they were aware of, was becoming more concerning in Highland.

Information sharing and *Getting it right for every child* approaches

There was effective information sharing across agencies at the point of immediate response to a concern about a child or young person. However, one exception was where information was shared between different health staff. Highland had adopted the lead agency model in 2012 in preparation for the Public Bodies (Joint Working) (Scotland) Act 2014, meaning that most services for children and young people, including delegated children's health services, were the responsibility of Highland council. As a result, children's health staff were under the remit of the council and used its associated IT systems. In particular, for some health visitors and midwives, this caused challenges for information sharing between their service and GPs, especially where they were no longer based in a GP surgery. Many health staff still had to rely on the use of paper records. This sometimes created a barrier to effective and timely information sharing.

The Highland Practice Model, having been developed as part of the ***Getting it right for every child*** (GIRFEC) approach, remained the core vehicle for the sharing of information, including raising concerns about children and young people at risk of harm. A sizeable minority of staff (over a third) lacked confidence that the way in which the GIRFEC approach was implemented was having a positive impact on children and young people's lives. Some staff gave examples of inappropriate language being used by some professionals when discussing risk to children and young people. Senior leaders recognised a need to, and had begun the process of, directing a refresh of the model.

Services to support early recognition of risk and concern

The vulnerable pregnant women pathway had been in place since 2019 and provided clear guidance for staff, although it had not yet been evaluated to determine its impact. Multi-agency training on the pathway had been delivered across Highland and had included adult services staff, for example criminal justice social work staff. Both the training and the pathway itself had received positive feedback from staff and vulnerable women.

The police missing person's co-ordinator regularly visited children's residential homes to liaise with children and young people and staff and give advice to reduce the risk to children and young people who went missing. Understanding of formal return interviews in Highland when a child or young person did return home, was inconsistent. Staff, however, did engage with the young person to address risk during and after the missing episode, including police who undertook 'safe and well' checks. There was no data available to determine the impact of this work or to analyse trends in missing young people to influence wider planning processes.

Police Scotland's child exploitation risk assessment group (CERAG) process enabled the consideration of information about children or young people at potential risk of community exploitation, as well as identifying community hotspots. It also aimed to disrupt perpetrators. Young people who had come to the attention of police on several occasions were discussed and contact made with agencies best placed to address their needs.

Barnardo's Reducing the Impact of Sexual Exploitation (RISE) project had had a project worker dedicated to supporting work to address exploitation. The post had recently become vacant, and recruitment was under way. The RISE project supported professionals by raising awareness and providing training or consultancy, as well as assisting in the identification and disruption of perpetrators. The work undertaken by the project had received positive feedback from those who had attended awareness raising training or used the consultancy service. The CERAG process had not been evaluated formally, however the police prevention and intervention team noted they were not seeing the same names of children and young people as regularly at meetings. The numbers of children and young people at risk of exploitation were a concern for staff in Highland. The children's reporter confirmed they had seen an increasing number of referrals for children and young people involved in, or at risk of, exploitation. The **child protection committee** acknowledged services were limited in their capacity to address child exploitation. A proposal had been put forward to the child protection committee and chief officers group to redirect the work of CERAG to a multi agency PLACE process (Preventing, Learning and Addressing Child Exploitation) which would ensure the information sharing process was wider than just police. Analysing the impact of work undertaken to identify and respond to child exploitation was in its early stages, so it was too early to see many outcomes from this work.

A police officer had the designated role of harm prevention officer, funded by the Highland alcohol and drug partnership. This role was in place to raise awareness of, and deflect young people away from, drug and alcohol abuse. The officer covered the whole of Highland and, while this had been manageable a few years ago with regular visits across the region, the impact of the pandemic and subsequent changes to practice meant the officer was not able to see as many young people. The post had recently received a further year's funding. Staff reported it had impacted positively on children and young people.

The **care and risk management** (CARM) process to identify and support young people who present a serious risk to others had recently been revised. Not all staff who required to be familiar with CARM were yet clear about when and how it should be used, as opposed to the child protection process.

One out of hours social worker, known as the emergency services co-ordinator, covered the whole Highland region each night for both services for adults and for children and young people. This staff member relied on a network of other professionals in communities to support an emergency response, for example police colleagues or teachers to undertake welfare checks. If an interagency referral discussion was required, the tripartite response involving health staff would not occur

until the following day, although there was a social work and police response at the time. There was also only a small number of paediatricians qualified and trained to undertake child sexual abuse medical examinations, which also only took place at Raigmore Hospital in Inverness. Children and young people from outwith Inverness had to travel to Raigmore for these examinations. These factors meant that not all children or young people received the service they needed at the time they needed it, with the potential for further traumatisation, which staff acknowledged.

Involvement of children, young people and families in immediate response

The views of some children and young people and their parents or carers were recorded during investigations but not all were involved or included at this stage. The views and experiences of the child or young person were considered in three-quarters of investigations we read about. In a quarter of records we read, this was not the case. The views of parents and carers were considered in almost all cases. Similarly, while many children and young people contributed to the initial multi-agency meeting, almost a quarter did not. Just under two-thirds of parents or carers contributed to the initial multi-agency meeting but just over a quarter did not. No independent advocacy service was available for children and young people in protective processes, unless the child or young person was care experienced or in the children's hearing system where Who Cares? Scotland provided this independent role. Advocacy Highland provided independent advocacy for some parents during protective processes.

Staff competence and confidence in immediate response

Most staff felt supported to be professionally curious with the aim of keeping children and young people safe, and they said that the learning and training they had participated in had increased their confidence and skills in working with children and young people at risk of harm.

The child protection committee was in the process of reviewing the child protection procedures from previous guidance, in light of the requirement to implement the National Guidance for Child Protection in Scotland (2021) within the 18-month timescale outlined by Scottish Government. This included reviewing and updating existing core protection training to take place in January 2023.

Altogether, staff remained confident in their own abilities to assess and respond to the needs of children and young people when concerns were raised, but less confident that processes were effective and in place to support this.

Effectiveness of the follow-up to concerns

Multi-agency ongoing responses that followed immediate concerns being raised were not as effective as that immediate response. In just over half of the records we read, we found that the quality of the follow-up to concerns, including the quality of initial multi-agency meetings, was good or better. This meant that, in just under half of the records we read, this was adequate or less.

The numbers of children and young people on the child protection register in Highland had remained between 90 -100 at any one time over the last five years, with the exception of an increase to 129 in 2020 over the period of the pandemic. The partnership reported that all initial child protection planning meetings led to the registration of the child's name on the child protection register. However, the numbers of children and young people whose names were reregistered within 18 months of deregistration had been steadily increasing over the last three years. This figure remained higher than the national average over the last two years.

Performance management and quality assurance

Individual services and projects collated data about immediate responses to concerns. The overarching performance management framework for children's services did not cover this aspect of practice. The child protection committee had recently implemented the minimum data set but acknowledged analysis of this was in its early stages.

There were some examples of data being used effectively; Safe, Strong and Free was a primary abuse prevention project in Highland that aimed to reduce the vulnerability of young children to abuse and assault. Following awareness raising in one school, there was a reported increase in the number of disclosures from children, which enabled appropriate services to become involved. Educational psychology staff had recognised that, while there were more girls accessing child and adolescent mental health services, the number of suicides in boys was higher than that for girls. They undertook consultations and awareness raising with children and young people and teachers in schools to facilitate better conversations, particularly with boys, about emotional wellbeing as part of the Personal and Social Education (PSE) curriculum. While these were positive examples of how data was being used, there was no strategic approach that drew this data together to influence wider children's services planning.

An interagency referral discussion (IRD) quality assurance process had recently been established with the intention to audit eight IRD records every two months, but it was too early to see the impact of this on the process. The number of IRDs being held had increased from 526 in 2020/21 to 677 in 2021/22, with some analysis having taken place to understand the reason behind the increase.

Response during the Covid-19 pandemic to immediate risk

Most of the children and young people whose records we read were subject to protective processes during the Covid-19 restricted period. This meant that staff were continuing to identify and respond to situations of risk while navigating the periods of lockdown and associated restrictions during the pandemic. Multi-agency child protection training was delivered online and reached a significant number of staff who evaluated the training positively.

The quality of contact between the child and key staff members, and the parent and key staff members, was good or better in just over half of records. The partnership had undertaken an audit of contact between social workers and children and young people between March and June 2020, including those whose names were on the child protection register. It concluded that while most visits had taken place as necessary, the quality of recording about the visit was inconsistent. However, staff continued to have oversight of the most vulnerable children and young people and adapted to carry out doorstep visits, undertaking socially distanced walks, holding online activities, delivering food parcels or organising digital access for families who had none. Staff across agencies maintained face-to-face visits for the most vulnerable children and young people, supported by guidance on contact during the pandemic and suitable personal protective equipment (PPE).

Although there were very good examples of collaborative working over this period, this was not always the case. The quality of collaborative working between agencies over this period was good or better in just under half of cases, with a similar number evaluated as adequate. The effectiveness of the partnership response to ensuring children and young people had been protected from harm and had their wellbeing needs met was good or better in fewer than half of the records we read, with the rest mainly evaluated as adequate. During the lockdown periods, about half of the children and young people we heard from felt just as safe as they had before the pandemic, with just under a third feeling safer.

Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

Key messages:

1. Multi-agency assessment, planning and reviewing was taking place for most children and young people at risk of harm, however, the quality of these was inconsistent. The older the child, the poorer the assessments, plans and reviews were. This impacted on young people transitioning to adult services.
2. Children and young people did not always get the support they needed, particularly early intervention and mental health support.
3. Data that demonstrated improvements in the lives of children and young people at risk of harm was mainly quantitative but was not routinely collated or analysed to inform service development.
4. Children's and young people's experiences of sustained, loving and nurturing relationships were inconsistent and were impacted by the capacity of staff to build relationships.

Assessment, planning and reviewing to reduce risk

Most records we read contained a multi-agency assessment that considered needs, risks and protective concerns. However, the quality of these assessments varied. Of the assessments we read, just under half were good or better, just over a third were adequate and a few were evaluated as weak.

Almost all records contained a chronology and the majority of these were multi-agency. Again, the quality of the chronologies varied, with less than a quarter evaluated as good or better, just over half as adequate and a fifth as weak. In three children's records, the chronology was unsatisfactory. Although chronologies for those aged 16 years and over were better than those for other age groups, these chronologies were not being used effectively to support decision-making in assessment or planning.

Most records contained a plan for the child, setting out how the needs, protective concerns and risks identified during the assessment would be addressed. Just over a third of these were good or better, just under half were adequate and just under a quarter were weak. Plans for those aged 0-5 years were evaluated highest. For those aged 16 and over, just under a third were evaluated as good or better, with a quarter evaluated as adequate and just under half as weak.

Most reviews were held within expected timescales. Where a review had been held, just over half of these were good or better and just under half were adequate. Reviews for those aged 0-5 years were evaluated highest.

Children's hearing panel members did not feel that all plans helped them to make effective decisions for children and young people. They recognised that there were some helpful assessments and plans submitted to children's panels, however, they also acknowledged that not all assessments were tailored to each individual child or young person and this made the reading and analysis of these challenging.

Aware of the limited resources available to meet children's and young people's needs, panel members tried to make more detailed decisions about support required. Some expressed frustration however, when children or young people returned to the panel weeks or months later and resources that had been put in place did not appear to be meeting the child's needs. The recruitment and retention of panel members was itself also a challenge.

Support for children and young people at risk of harm

There were many effective examples of services in place to support children and young people at risk of harm and their families, and examples of how different agencies came together to do this. As well as statutory services, these included third sector, Scottish Fire and Rescue, housing services, community groups and many more.

In Caithness, services and communities had come together to respond to a high number of suicides and a high number of drug-related deaths in the area. This was a collaborative effort between statutory services, third sector and community groups. Consultations were held in local communities with professionals, children and young people and families and Caithness Cares was founded. This led to the development of a crisis and recovery group, created safe spaces for young people and facilitated training for staff across the area on trauma-informed practice and 'understanding the teenage brain'. A 24/7 listening-ear service staffed by volunteers was also developed along with the creation of a custody link officer for young people charged with an offence. Some of this work was being rolled out across Sutherland. The initiative had received positive feedback from staff and children and young people alike.

MCR Pathways, a nationwide mentoring programme to build motivation, commitment and resilience in young people, provided a mentoring service to young people as part of the additional support services in high schools. This was particularly for care experienced young people, asylum seeking young people, those on the cusp of care, those with relatives in prison, or those at risk of harm in some way. This service had worked with almost 150 young people and had been positively evaluated by both the young people and staff involved.

The Highland council financial inclusion project set out to maximise the household income of families in Highland. The aim was to make sure that pregnant women and parents of young children were routinely asked by their health visitor about money worries and, if appropriate, offered a referral to the Highland council welfare team. Using improvement methodology, the project demonstrated that confidence to discuss money worries with families had increased among health visitors and that

150 families had been referred to the welfare team, resulting in additional financial support for families facing financial difficulties.

Third sector services demonstrated the ways in which they provided, often to whole families, support to children, young people and their families to prevent, address or respond to crises. Services included intensive support, family support, residential care and support to older young people. These services were able to provide both quantitative and qualitative data to show the difference they were making to the lives of these families, including case studies, testimonials and feedback from children, young people and families, and staff. Third sector partners regularly reported impact and outcomes to lead professionals and in child's plan meetings for individual children or young people. Qualitative outcomes such as these were not then collectively analysed to support and influence children's services planning.

Mikeysline was a local charity founded with public funding in 2015, following the suicides of two young men in Highland. In 2021, as a result of lockdown and feedback in schools from children and young people about their mental health and wellbeing concerns, a telephone and text service specifically for young people was launched. The service offered support to children and young people and was staffed every evening, 365 days of the year. Mikeysline had champions across primary and secondary schools and workers linked with pupil councils and guidance staff and provided some face-to-face support.

There were also challenges in meeting the needs of children and young people at risk of harm. Services to support early intervention or prevention of risks escalating were limited. There were children's services worker posts in every team in Highland in order to support parents and families at the earliest point of referral. However, these were not available to families in every area due to recruitment issues. Where they were in post, they did not have the capacity to work with all the families referred to them for support. Highland council commissioned third sector partners to support the delivery of services, including early intervention. For children and young people with significant needs, particularly around complex mental health issues, third sector partners felt they were carrying and managing higher degrees of risk, because of a lack of some specialist services.

Mental health services for children and young people, whether for emotional wellbeing concerns or more acute issues, were limited. Before and during the pandemic, school nurses and other staff had been able to access level one Let's Introduce Anxiety Management (LIAM) training. They had requested level two training; however, this had been suspended during the pandemic as it required clinical psychology input. Full training was planned to complement the Advanced Nurse Training Programme for School Years. The Just Ask service was a telephone helpline, open two afternoons per week and used in the main by parents or carers who had concerns about their children's mental health, although it was also open to professionals. The review of the service notes that the majority of issues raised by parents using the helpline were resolved during that call, in which advice or signposting was given to other services.

Primary mental health workers, who were part of **child and adolescent mental health services** (CAMHS), were attached to every school, however, their service was stretched, with some areas reporting vacancies at 50% and workers were not able to see every young person referred to the service. CAMHS had a three-year waiting list and, although it prioritised referrals as they came in, staff were aware that there were significant numbers of children and young people who were not receiving a service over that period. There was also a waiting list for neurodevelopmental assessments. The neurodevelopmental assessment service (NDAS) was a joint service between Highland Council and NHS Highland. The purpose of the NDAS assessment was to have a single process to enable assessment and diagnosis of a wide range of neurodevelopmental disorders in children and young people. The NDAS service had undertaken a review in October 2021 in which families were very critical of waiting list times and lack of support available while on the waiting list. Approximately 250 children and young people were waiting two or three years, and sometimes up to four years, for an assessment. Options to improve this were still under consideration by NHS Highland and Highland council. For older young people, staff and young people described adult mental health services as often inappropriate for their needs.

A recent external review of residential childcare noted that Highland had a significant number of children and young people in residential care compared to other local authorities and, from this number, a substantial number of children and young people placed out of Highland. Some of these children and young people were at risk of harm before, during and following a residential placement. The review had resulted in 23 recommendations being made, all of which were accepted by the partnership. As a result of the review, work had begun in spring 2022 with third sector partners to develop a flexible model of residential care combining this with intensive family support and a short breaks model. It was too soon to see the impact of this work.

Planning for young people transitioning between child and adult services was often done on a case-by-case basis without an overarching framework. The joint transitions team only covered mid and south Highland and had the remit to support 14–25-year-olds with disabilities. Not all staff were clear about the process for addressing the needs of 16- and 17-year-olds.

There had been a significant turnover of social work staff in recent years, and agency staff had been put in place to address this. Highland council, which employed school nurses and health visitors under the lead agency model, had fewer whole time equivalents than other health board areas. Frontline staff felt this was a challenge, giving examples of practice which was stretched. They felt that they could not build relationships with children, young people and their families because of this.

Because of the waiting list for services such as CAMHS and NDAS, families of children with additional support needs did not receive a consistent service. Thriving Families, a third sector organisation providing information, advice and guidance to families of these children - and other agencies - reported the experiences of families who felt the negative impacts of long waits without support.

The partnership acknowledged the limitations on providing early intervention, which were exacerbated during the pandemic. They had plans in place to develop a whole family approach, funded and in the early stages of development at the time of inspection.

Improvements for children and young people at risk of harm

Most staff were proud of the contribution they made to improve the wellbeing of children and young people at risk of harm but were less confident about wider improvements that had been made. Less than half of staff felt that children and young people who had experienced abuse and neglect were supported to recover from their experiences or were living in the right environment to experience the care and support they needed. Just over a third of staff felt that the physical outcomes for children and young people at risk of harm had improved and this reduced significantly to just a few staff who felt children's mental health outcomes had improved. A third of staff felt children's wellbeing and life chances had improved.

We found numerous examples of practice in which staff across agencies had come together and made improvements in the lives of individual children and young people. In the main, staff acknowledged this was not recorded beyond the individual child's record and that improvements were often not disseminated more widely to influence strategic planning.

Highland council had two youth action teams working to support older young people, particularly if there were concerns around involvement in crime or drug and alcohol use. These teams worked with complex cases including young people subject to care and risk management processes. Staff in these teams were able to give examples of improvements that had been made for the young people with whom they worked, including school or career attainment, successful placements or positive changes in behaviours. These teams worked both alongside the care and protection teams and with young people in their own right. Young people involved across services in Highland were also able to describe the changes that had been made in their life with the involvement of multi-agency staff.

The Home to Highland initiative was established to reduce the number of out of area placements for children and young people looked after away from home and bring them back into Highland into a variety of placement settings. Home to Highland demonstrated a reduction in the number of out of area placements from over 40 to 18 in the previous three years. The associated savings made (approximately £3 million), had been reinvested in services including funding for an additional support needs teacher and a health improvement practitioner and ensuring all children and young people returning to Highland had a tailored education package. Outcomes data to demonstrate the difference this had made to the lives of these children and young people returning to Highland was limited.

Senior leaders had taken steps to become a trauma informed partnership. Staff felt this was a positive aspiration and welcomed the opportunity to be involved, with children and young people, in determining what a trauma-informed partnership would look like. Highland council had appointed three trauma champions, and three elected members had recently been appointed as children's champions, so opportunities existed for this work to be taken forward. Staff were clear that being trauma informed applied to all children and young people, all families and all staff and also required leaders to review policies to determine which ones created barriers to this aspiration.

During lockdowns necessitated by the pandemic, some children and young people had positive experiences: for example, for some children and young people with additional support needs, the move to education and contact online provided a helpful way to engage with staff and other young people. Staff acknowledged these periods in which time outdoors was limited were very challenging for children and young people. Less frequent turnover of staff on shifts in **children's houses**, and limited footfall, made some children and young people feel the house was more homely. Some children and young people applied themselves more to education online, without the anxiety of having to attend a school. Education staff also had more frequent contact with these children and young people online, with face-to-face contact arranged with social work staff if required. Connecting Scotland funding helped improve digital inclusion across Highland, with digital devices being distributed to many families who had a lack of connectivity.

Because of the pandemic, not all children and young people had positive experiences. During the pandemic, residential respite services for children and young people with a disability were limited, following Highland's implementation of national guidance. Due to this, provision identified within this period was through crisis intervention. This meant some families received no respite services, and they reported struggling over this period.

Quality of relationships

The quality of relationships experienced by children and young people with key members of staff varied. We heard about and observed some very positive and engaging relationships between children, young people and families and key members of staff. The majority of children and young people in our survey said they got the right help to make and keep loving and supportive relationships with people they cared about all or most of the time. Most said they had an adult they could trust to talk about things that were important to them or when they were not happy about something.

One example of positive relationship building was of police officers who had joined a social work summer programme and built relationships with young people while playing football, resulting in positive resolutions when the same officers were called to incidents involving those young people in the community. We heard many such examples of staff building positive and supportive relationships with children and young people.

In three-quarters of the records we read, children and young people had had the opportunity to build sustained nurturing relationships with staff, as had two-thirds of parents. The quality of how these relationships were experienced was inconsistent. Many children and young people reported a high turnover of, in particular, social work staff. This meant they experienced inconsistency across services, and this impacted on their ability to develop sustained, nurturing relationships with staff. Because of this, children and young people said they did not want to invest in relationships with staff who may not be around for more than a short time.

In over a third of the records we read, the quality of how well the child had been listened to, heard and included was adequate and, in a fifth of records, this was evaluated as weak.

Frontline staff were aware that relationship-based practice with children and their families had been negatively impacted by staffing changes and vacancies, particularly but not exclusively, within social work. This was frustrating for staff who wanted to build positive relationships with children and young people but were restricted in their capacity to do so because of workload and demand pressures.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.

Key messages:

1. The extent to which children and young people, and their families, were meaningfully and appropriately involved in decisions about their lives was inconsistent. The views of parents and carers were more likely to be taken into account than the views of children and young people.
2. Children and young people at risk of harm were not benefitting from an independent advocate to support them to express their views during key protective processes.
3. While some children and young people were involved in individual aspects of service development, their views were not gathered systematically to influence wider children's services planning.
4. There was no overarching participation strategy to underpin the involvement of children and young people in children's services planning.

Involvement of children, young people and families in key processes

Almost one in two staff members felt that children and young people were able to participate meaningfully in decisions that affected their lives and had their views respected, and this was reflected in the records we read. The views of parents and carers were more likely to be taken into account in decisions than those of children and young people, however there was still much room for improvement.

Most children and young people knew why their key staff member was involved with them and their family. The majority said their worker listened to their views about what mattered to them. Parents and carers were less confident, with just less than half saying that workers communicated well and helped them to understand what needed to change to keep their children safe, or that workers listened to them and took their views seriously when decisions were made to keep their children safe.

While the majority of children and young people told us that their key staff member spent time with them and gave them the help they needed all or most of the time, just under a third said this did not happen at all. During the pandemic lockdowns, an equal number of children and young people said they had had enough contact with their worker as said they had not.

In 2021, the **quality and assurance reviewing officers** (QAROs) carried out an audit of child's plans over a three-month period to find out how effectively the lead professional had involved both the child or young person and their parents or carers in key processes and heard their views. The review also examined how effectively children and young people had been helped to understand their rights or comment

on services. All three aspects were measured on a four-point scale: excellent, good, adequate and unsatisfactory. In all three areas, the review found most plans to be adequate. This had led to training for staff to listen to and record the views of children and young people but particularly, the views of younger children. A toolkit had also been developed by the Care and Learning Alliance titled Communicating with our Youngest Children. Both the toolkit and the training had been welcomed and positively evaluated by staff, however it was still too soon to see the impact of this in children's records. Positively, the QAROs met with children and young people and families before the child's planning meetings to support the child and family understand the purpose and process of the meeting.

Services had access to a variety of tools to support them to gain the views of children and young people, including evaluation forms, talking mats, focus groups and consultations. For nonverbal children or infants, health staff recorded progress towards developmental milestones. Third sector agencies regularly held events to gather children's and young people's views.

Independent advocacy

Not all children and young people were benefitting from the opportunities that could be brought about by **independent advocacy**. Just under a third of parents and carers had had the opportunity to speak with an independent advocacy worker. The majority of children and young people who responded to our survey said they had someone who had explained their rights to them and most said they had someone who helped them express their views. However, the majority of those we spoke with face to face, as well as most parents and carers, said they did not.

The influence of children and young people on service planning, delivery and improvement

There were several examples of the ways in which children and young people had supported the development of services or pieces of work: Healthy Minds Highland held an online seminar to hear about children's and young people's views on mental health; some young people from the champions board and Inspiring Young Voices (formerly Highland Children and Young People's Forum) were involved in developing an alternative to Viewpoint – the tool Highland had used to ascertain the views of children and young people, but which staff and young people did not find effective. The alternative tool was a virtual reality resource which enabled a young person to communicate as an avatar with a staff member and hold conversations in virtual reality. This was in the early stages of development with plans to expand its use. Children and young people had also been given choices in the recent redesign of two children's hearing centres in Highland.

During lockdown, Inspiring Young Voices initiated a competition titled Letters from Lockdown, which was an opportunity for children and young people in pre-school, primary and secondary schools to write a letter about their experiences and feelings about being in lockdown. One hundred and eighty-five children and young people took part and the August 2020 report acknowledged these would have been those

children most engaged in education. Experiences reflect that even among this engaged group, many expressed concerns about mental health and wellbeing – their own, their families' and those of other children and young people living in difficult circumstances.

The influence of children, young people and their families on wider children's services planning

There had been some work undertaken to involve children and young people in, and seek their views to develop, children's services planning. The young carers strategy and the youth work strategy were two recent examples of this. A children's charter for care experienced children and young people had been developed. A lead officer for **The Promise** had recently been appointed to take forward this work. All were positive developments but were too recent for any impact to be seen.

The partnership had undertaken several audits, which enabled them to gather the views of children and young people (mentioned earlier in this report), however there was no overarching participation strategy to underpin the involvement of children and young people in children's services planning, especially those children and young people at risk of harm or with quieter voices.

Staff and senior leaders consistently acknowledged a need to better hear and act upon the voices of children and young people, especially those at risk of harm.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

Key messages

1. Despite shared vision, values and aims threaded through strategic plans, senior leaders were not effectively communicating these to frontline staff who in turn felt their concerns about service delivery were not being heard.
2. Operational managers effectively supported staff, particularly through the Covid-19 pandemic, resulting in staff feeling valued in their services.
3. The partnership was not systematically evaluating the effectiveness of services working collectively by using quality assurance information, data, learning and feedback from children and young people and individual services to inform children's services planning.
4. A lack of resources, particularly in relation to early intervention and mental health and wellbeing services was impacting significantly on the abilities of staff to effectively support the children and young people who required this help at the time they needed it.

Leadership of services for children and young people at risk of harm in Highland

Services for children and young people, including most children's health services, are delivered under the lead agency model in Highland. Through this model, responsibility and oversight of these services is held by Highland council. Governance arrangements were in place for children's services through the community planning partnership board. An education committee and a separate health, social care and wellbeing (HSCW) committee held responsibility for the scrutiny and oversight of specific aspects of services for children and young people.

An integrated children's services planning (ICSP) board was the main delivery vehicle for the six priorities across children's services. The **chief officers group for public protection**, to which the child protection committee reported, was the strategic leadership body for the delivery of all aspects of child and wider public protection. Both the ICSP board and the child protection committee were supported in their work by themed multi-agency subgroups, each with its own improvement and work plan.

Leadership of vision, values and aims

The ICSP vision was that "Highland's children have the best possible start in life and enjoy being young; are loved, confident and resilient; and can achieve their potential". Although some consultation had been undertaken with children and young people to inform the plan, the partnership acknowledged that their voices did not come through in the final plan. The ICSP's vision was threaded through the main

strategic plans, however despite this, not all staff had a clear understanding of the strategic planning frameworks within which they worked and to which they contributed. Although there was knowledge among some frontline staff about these frameworks, particularly those involved in subgroups, many staff felt that leaders did not have a clear vision for the delivery and improvement of services provided for children and young people at risk of harm. A communications strategy, still in development, may support the intention that messages from strategic leaders are communicated more effectively with frontline staff.

Leadership of strategy and direction

There was a clear governance infrastructure in place from which to direct and lead children's services planning and delivery.

In recent elections, there had been a significant number of newly elected members appointed across both the education and the HSCW committees. Having received an induction to their role, all elected members - new and existing - acknowledged that the work of children's services was multi-faceted. Further training being planned was welcomed by all to support members to fully understand these complexities.

Chief officers had helped to raise awareness among elected members by ensuring the delivery of information-giving sessions through the child protection committee. This included trauma informed practice and a range of child protection issues, with further sessions planned following an analysis of elected members' learning needs.

Out with formal quarterly education and HSCW committees, the chairs and vice chairs of each committee held regular weekly meetings with chief officers to remain updated on key issues and continue the communication between senior leaders. Senior officers also held information sessions for elected members not in the administration to ensure they were informed about developments in children's and young people's services.

Senior leaders had continued to direct and have oversight of the redesign of children's services, which remains ongoing after starting four years ago. This redesign had been affected when some aspects were postponed due to the Covid-19 pandemic. Other strands of work were also created as a response to external or internal drivers. These included the external review of residential care, an internal review of drug related deaths among young people, work towards implementation of the national guidance for child protection, national guidance on learning reviews and responding to a recent community tragedy. There are a number of national and local drivers such as The Promise and incorporation of UNCRC legislation, which have required consideration alongside local developments.

This meant that improvements from the redesign across different aspects of children's services had been slower than anticipated. As a consequence, staff were frustrated with what they viewed as a lack of resolution and were unclear what progress had been made in the redesign across services. They were anxious about

the impact on practice, services and staffing. Some staff had remained in interim posts for extended periods, pending the outcome of the redesign programme.

This meant that staff confidence in senior leaders was low. Staff were not confident that senior leaders had ensured that the necessary arrangements were in place to respond to concerns about, or protect, children and young people at risk of harm. Under a third of staff felt that the wellbeing and life chances of children and young people were improving. Similarly, just under two-thirds of staff overall were confident that local child protection arrangements responded in an effective and timely way to reports of child abuse, neglect and exploitation.

Leadership of people and partnerships

The Highland Practice Model was felt by leaders to be fully embedded and underpinning collaborative working practices, however staff were not confident that this was the case. In the main, there were still strong, collaborative relationships at practitioner level. However, the effectiveness of work to meet the needs of children and young people at risk of harm was dependent on the individuals within each network of support and relationships across and between services. The wider geography of Highland also meant that staff had to adapt their models of work as not all services were available in all remote and rural areas.

A significant turnover in both senior managers and frontline staff over the last three or four years and the use of agency workers in social work meant that relationships between staff were not always consistent, were disrupted and senior leaders were not always known or recognised by frontline staff. Barriers such as a lack of affordable housing contributed to the ability of the partnership to attract and retain new staff. Less than half of staff felt leaders were highly visible and communicated regularly with staff at all levels or believed that leaders understood the quality of work delivered by frontline staff.

The chief officers group shared decision making about service provision as well as agreeing joint budgets and evidencing effective collaboration in commissioning projects and services. The ICSP board and child protection committee monitored these developments in practice. Senior leaders were aware of the need for more wraparound services at an early intervention stage and had begun plans to develop whole-family approaches, having received funding from the Whole Family Wellbeing Fund. The approach was planned for further development and will be monitored by the community planning partnership board. While this was a positive development, staff remained concerned about the children and young people and their families they supported meantime.

Third sector partners had formed an alliance as a means to have a stronger voice and direct influence at a strategic planning level. There was representation from third sector agencies across strategic planning groups. As a sector, they felt better involved in children's services planning. Smaller third sector organisations contributed to strategic agendas through the third sector interface and the keeping children safe subcommittee of the child protection committee. Despite this

involvement in strategic planning forums, not all third sector organisations reported feeling well connected or communicated with as partners. Instead, these organisations did not always feel informed or feel that decisions taken were transparent and involved them as much as they could reasonably have expected. Senior leaders of statutory children's services did not share this view.

The recent review of residential childcare recommended the development of a commissioning strategy as a means of moving away from the purchaser/provider relationship currently experienced by third sector agencies.

Together, third sector organisations had clear evidence of the impact their services made to improving outcomes for children and young people yet had no means beyond a case-by-case basis to ensure collective outcomes were fed back in an aggregated way to senior decision-makers. Third sector staff were confident that statutory partners could benefit from linking in more regularly to national programmes or services that third sector partners accessed.

Leadership of improvement and change

Just over a quarter of staff believed that where the impact of services for children and young people at risk of harm had been evaluated by the partnership, this had led to their improvement. Less than a third were confident that where strategic changes and developments had been made, they had led to improved outcomes for children and young people at risk of harm. A review of Highland council's children's health and social work services commissioned by the executive chief officer for health and social care/chief social work officer in July 2021 found that there was a plethora of data produced for a variety of different reasons. However, the use of this data to inform practice and service delivery was mixed and gathered through "a fragmented approach to quality assurance" (Report to HSCW committee, February 2022). These were also the findings of the joint inspection team.

The Highland performance management framework was the core means by which measurement against strategic plans and priorities was being undertaken. However, most data collected was quantitative in nature and on the whole, frontline and senior staff were limited in their ability to evidence the differences services had made collectively to the lives of children and young people and their families. This restricted the partnership's capacity to demonstrate the links between actions taken and outcomes for children and families. In order to support performance management, a business support officer had been recruited and this was a positive development.

The child protection committee had implemented the minimum data set and its subgroup for quality assurance had recently established a quality assurance strategy. The committee had undertaken several audits across practice areas but again, data was quantitative in nature and analysis of data on the impact for services was limited. The Home to Highland initiative relied on quantitative data to evidence a reduction in out of area placements but was limited in its ability to evidence the difference that returning to Highland had made to children and young people.

Elected members acknowledged the volume of reports with which they were presented and felt they required further support to understand the data presented to them to enable them to effectively scrutinise reports to committees. The committee chairs were keen to look beyond the statistics to better understand the experiences of children and young people.

Leadership during the Covid-19 pandemic

At the start of the pandemic, the partnership produced a Covid-19 child protection plan to reaffirm the importance of maintaining core services and statutory duties with regard to children and young people, supplemented by a public protection leaflet for partners and communities. These were disseminated through the child protection committee's website and across services. Weekly reports were provided to the chief executive and elected members, and plans were put in place to ensure oversight of the most vulnerable children and young people, with weekly audits of contact taking place. Elected members and senior officers were involved in ward meetings, community meetings and other consultation events as the Covid-19 pandemic progressed and supported senior officers to discuss national and local resilience.

Both the education and the HSCW committees continued to meet regularly online. The chief officers group for public protection and the child protection committee similarly continued. For each of these forums, much of the business moved to addressing issues caused by and during the pandemic, with the regular business of each being put on hold by necessity.

Daily meetings between senior officers and operational managers took place during the first lockdown, supporting information sharing across the different managerial levels.

Senior leaders produced regular bulletins for staff updating them on activity and staff developments. Middle managers were key to cascading information to staff and providing clarity as and when required.

Collaborative operational management

Leaders initiated protocols by which the work of frontline staff could be undertaken safely, however, many staff felt this was slow to be put in place. As a consequence, some operational teams had designed their own Covid-safe practice until direction from senior leaders was received. As a consequence, some operational teams had designed their own Covid-safe practice until direction from senior leaders was received. This sense of team working at an operational level had meant positive relationships were experienced between staff and operational managers, however, it had also furthered the sense of disconnect between frontline staff and senior leaders. However, it did mean that staff, supported by their immediate line managers, were enabled to provide flexible and responsive support to children and young people at risk of harm and their families. Staff felt listened to and respected within their service and valued for the work they did.

Staff adapted to different processes by which they could access children, young people and families most at risk and they reported positive learning experiences which they hoped would continue. There had been unintended benefits during the pandemic, with some teams reporting greater use of technology within their teams, more frequent team meetings and better communication. Teams had frequent 'check-ins' to discuss their experiences, and the pandemic precipitated the move to hybrid working. Benefits also extended to communication with children, young people and their families, with teams being supported by their line managers to undertake Covid-safe activities including socially distanced walks with children and young people, accessing the relevant technology for families funded by Connecting Scotland and undertaking virtual activity sessions. Many families were positive about the ability to attend meetings remotely, supported by staff.

Senior leaders initiated Project Echo, a community of practice for health and social care professionals, which was supported by Highland Hospice. Weekly wellbeing networks were put in place to give staff space to reflect on their experiences of working in a different way and guest speakers were invited to speak on wellbeing themes. Staff who had been involved in the initiatives appreciated these opportunities, however not all staff were aware of these. Staff felt well supported by their immediate line managers. Most staff received regular supervision or had opportunities to speak with a line manager and felt supported to be professionally curious. The majority of staff felt listened to and respected within their service and valued for what they did. They were proud of the contribution they made to the wellbeing of children and young people at risk of harm and their families.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections, we are providing one evaluation for quality indicator 2.1. This quality indicator, with reference to children and young people at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Adequate

We found that strengths just outweighed weaknesses in relation to the impact on children and young people at risk of harm.

We found some strengths which were having a positive impact on children and young people.

When concerns were first raised about children and young people, staff responded in a timely way, and effectively in the majority of cases, sharing information appropriately and taking decisions which addressed the child's immediate safety. Most children and young people knew why workers were involved with them and their family and felt their worker explained their rights to them. They felt they got the right help to make and keep loving and supportive relationships with the people they cared about all or most of the time. Almost all felt they had an adult they could trust to help express their views or to talk to about things that were important to them or when they were not happy about something. In the majority of cases, children and young people felt their worker listened to their views and opinions about what mattered to them, spent time with them and gave them the help they needed. The majority felt safe where they lived, both before and after the pandemic period.

During the pandemic, children and young people experienced staff who continued to respond quickly and effectively to concerns being raised, and this kept them safe at that early stage. Children and young people were able to keep in touch with staff through both remote and face-to-face contact.

However, the likelihood of achieving positive experiences and outcomes for children and young people at risk of harm was significantly reduced because key performance areas needed to improve. Younger children experienced a better multi-agency response to concerns than older young people did. Children's and young people's views were not consistently heard in care planning. Parents' and carers' views were more likely to be taken into account than those of children and young people in decisions about the child's life.

In relation to protective processes, children and young people were not benefitting from an independent advocacy service unless they were care experienced or within

the children's hearing system. This reduced their ability to speak freely with an individual not involved in key decisions about their lives.

Access to, and availability of, services was inconsistent and was not always available, depending on which area the child or family lived in. Services to address early intervention and prevention or for those with more complex risks and needs were limited, with the result that children, young people and their families who needed help at an early point often did not receive a service until the point of crisis was reached. Mental health services including CAMHS were stretched and had significant waiting lists in place, although they were doing their best to prioritise those most in need of a service. Where children and young people had a consistent network of support, there were better experiences for them. However, not all children and young people experienced a consistent network of support. These systemic issues resulted in delays in children and young people getting the right help at the right time and variation in the quality of their experiences.

The partnership was aware of many of these areas for improvement and had in place the necessary building blocks from which to effect improvement.

See appendix 1 for more information on our evaluation scale.

Conclusion

Chief officers in Highland recognise their critical leadership role and have given their commitment to taking forward improvements in the areas identified in this report. Their work needs to be supported by a shared approach to decision-making, commissioning and budgeting arrangements. To achieve success, staff from across the range of organisations, including third sector partners, need to be fully engaged in the improvement journey and confident that their voice is heard and their contribution understood. There should be effective mechanisms in place to hear the voices of children and young people, particularly the voices of those at risk of harm, and use them to shape practice and inform strategic planning. Governance and reporting frameworks should be strengthened by embedding the recently developed quality assurance strategy and audit cycles and by more effective collection and use of outcomes-based data.

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. We will continue to offer support for improvement and monitor progress through our link inspector arrangements.

Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors which is outlined in the quality framework for children and young people in need of care and protection, published in August 2019 outlines our quality framework and contains the following scale for evaluations:

- **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 2: Key terms

Note: more key terms that we use are available in The Guide to our inspections.

Care and risk management (CARM): processes that are applied when a young person has been involved in or is at risk of being involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour which may cause serious harm.

Child and adolescent mental health services (CAMHS): 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.

Children's houses: sometimes referred to as children's homes, refers to residential care for children and young people who are looked after and accommodated, normally in small residential units located in the community.

Chief officers group for public protection: 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.

Children and young people's services plan: 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.

Child protection committee (CPC): the locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

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.

Independent advocacy: a service that supports a child or adult to express their own needs and views and to make informed decisions on matters which influence their

lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

Interagency referral discussion (IRD): the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

Quality and reviewing officers (QAROs): a term used in Highland to describe qualified social workers with responsibility for acting as independent chairs of child's planning meetings and other key meetings for children and young people within the child protection system. They also have quality assurance and auditing roles.

The Promise: a plan arising from the reports of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It describes what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

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

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