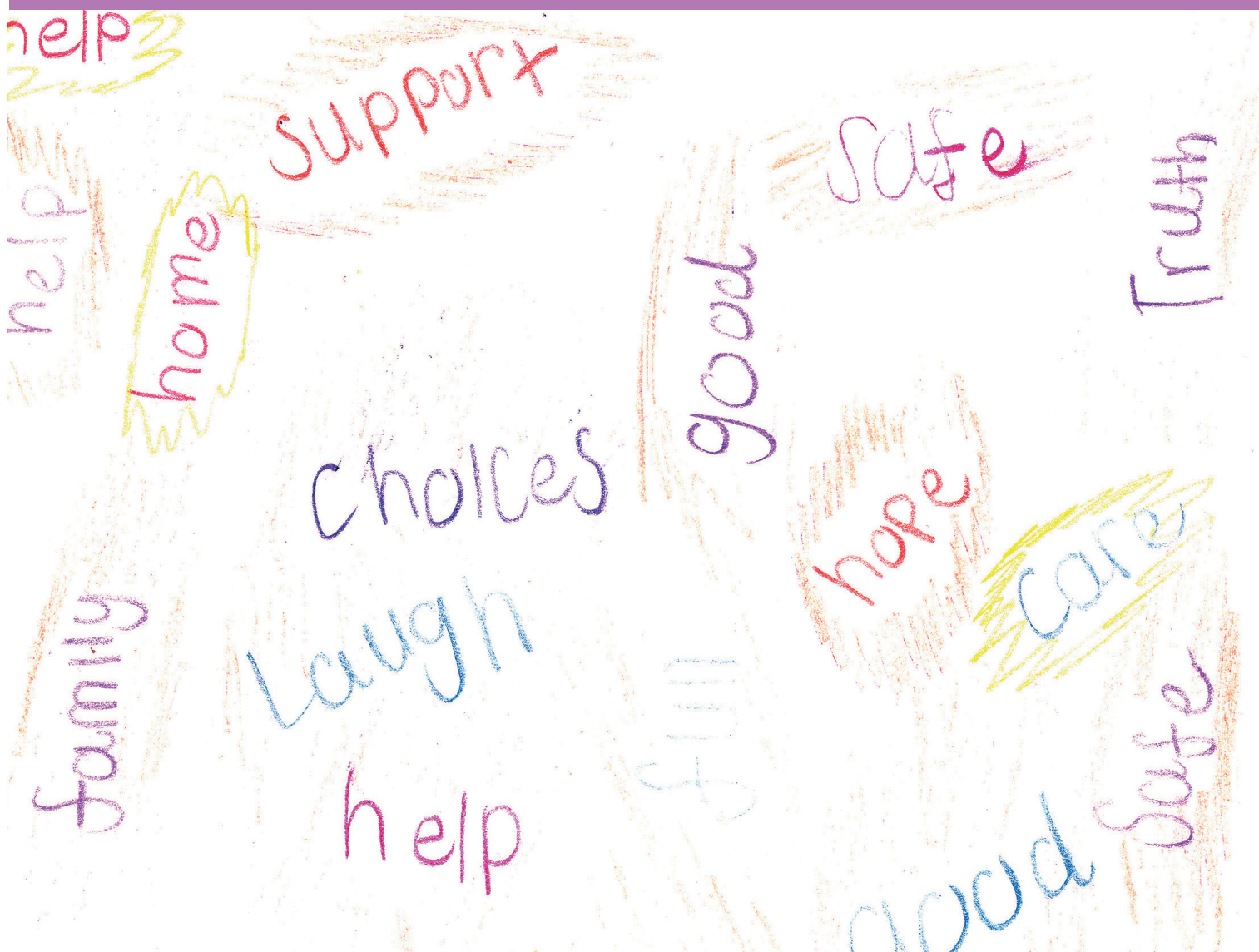


Report of a joint inspection of services for children and young people in need of care and protection in Fife

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

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

Fife

Key facts



Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people in need of care and protection across Scotland. When we say 'children and young people' in this report, we mean young people under the age of 18 years or up to 21 years and beyond, if they have been looked after.

These inspections look at the differences community planning partnerships are making to:

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

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

When we say 'partners' in this report, we mean leaders of services who contribute to community planning, including representatives from Fife council, NHS Fife, SCRA, Police Scotland and the Scottish Fire and Rescue Service and Fife health and social care partnership.

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 which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

When we say 'care experienced' children and young people in this report we mean any child or young person who has been or is currently in care or from a looked-after background at any stage of their life, no matter how short. This care may have been provided in one of many different settings such as in residential care, foster care, kinship care or looked after at home with a supervision requirement.

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.

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

- How good is the partnership at maximising the wellbeing of children and young people who are looked after?
- How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- How good is collaborative leadership?

Our quality improvement framework

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

Inspectors collect and review evidence against all 17 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 which concern the impact of partners' work on the lives of children, young people and their families and the outcomes partners are achieving.

These are:

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

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

Our inspection teams

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland. Teams include young inspection volunteers, who are young people with direct experience of care or child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Local file readers are also involved. These are individuals from the community planning partnership area which we are inspecting who support us in reviewing practice through reading case records. Not only does this support the inspection, but it also supports the partnership area in joint self-evaluation, following inspection.

How we conducted this inspection

The joint inspection of services for children and young people in the Fife community planning partnership area took place between 1 October and 16 November 2018. 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 59 children and young people and 27 parents and carers in order to hear from them about their experiences of services.
- We offered children and young people, parents and carers, the opportunity to complete a survey about their views of services and received 386 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 1,294 responses.
- We talked to large numbers of staff who work directly with children, young people and families.
- We observed practice sessions and meetings.
- We reviewed practice through reading records held by services for a sample of 110 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. Robust and effective pre-birth planning processes enabled the early identification, management and response to child protection and wellbeing concerns. This was ensuring vulnerable pregnant women were getting the right help and support at an early stage.
2. A wide range of flexible and responsive therapeutic services was effectively supporting children and young people in need of care and protection to get timely help and support to recover from abuse and trauma.
3. Effective, trusting relationships and nurturing care by staff and carers was positively impacting on the quality, stability and continuity of care and support for children and young people in care placements, including those young people in **continuing care**.
4. Strong partnership working and a culture of learning was helping to drive forward identified improvements. This was supported by effective leadership and a well-performing **child protection committee**.
5. The work of partners to help educational attainment and positive post school destinations of looked after children.

Priority areas for improvement

1. Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for example because of parental substance misuse, mental ill-health or domestic abuse.
2. Partners should achieve greater consistency in the quality and practice standards of assessments, child's plans and chronologies and strengthen quality assurance and management oversight.
3. Partners should continue to ensure that capacity is released to improve the time taken to undertake health needs assessment in preschool children when they become looked after.
4. Partners should progress plans to undertake a health needs assessment with all care leavers and advise them how to seek support relating to any emotional or wellbeing needs that are identified.
5. Partners should continue to use data and analysis of the Home2Fife strategy and ensure this is effectively linked to a commissioning framework.

Fife in context

Geography and demography

Fife is the third biggest local authority area in Scotland, by population, and the largest not to include a city. Situated on the east coast of Scotland between the River Tay and the Firth of Forth, it covers 1,325 square kilometres spread over both urban and rural communities. Fife has a population of over 371,000¹ and a population density of 280 people per square kilometre. Between 1997 and 2017, the population of Fife increased by 7.2% while overall, Scotland's population increased by 6.7%. Sixty-three per cent of the population are of working age. This compares to a Scotland figure of 64%. Twenty per cent of the population are over 65 (Scotland figure is 19%) and 17% are under the age of 16 (Scotland's figure is 17%). From the 2016-based population projections, the population of Fife is due to increase by 2% by 2026 compared to a projected increase of 3% for Scotland as a whole. Two out of three people live in an urban area within Fife, in one of Fife's large towns, the largest of which are Dunfermline, Kirkcaldy, Glenrothes and the group of towns forming Levenmouth. One in six people live in one of Fife's smaller towns, including Cupar and Cowdenbeath, while the remaining one in six live in a rural area of Fife. While the south and west is dominated by larger urban areas and an industrial economy, the east is predominantly agricultural and the scenic east coast, including the historic town of St Andrews, is popular with tourists as a visitor destination.

Social and economic

There are sharp contrasts in the economic characteristics of communities across Fife. Some experience significant deprivation while others are relatively affluent. The Scottish Index of Multiple Deprivation (SIMD)² highlights that 14% of Fife residents live in the 0-15% most deprived areas in Scotland. Twelve per cent of the overall population of Fife are income deprived while 11% of the overall population are considered employment deprived. The three most deprived datazone areas in Fife are Buckhaven South, Methil Memorial Park and Gallatown West. As many as 17,667³ children in Fife are estimated to be growing up in poverty (after household costs), representing a quarter (24.5%) of the child population. Child poverty is highest in the Glenrothes, Kirkcaldy and Cowdenbeath areas.

The partnership

Community planning in Fife is undertaken by Fife community planning partnership. The partnership's community plan, The Plan for Fife 2017-2027, is recognised as the principle planning document for the Fife area and sets out the partnership's ambition for delivering and achieving improved outcomes for children, families and communities. The community plan is implemented through a number of partnership and delivery plans, including the Fife Children's Services Plan 2017-20. The Fife community planning partnership board has delegated the responsibility for overseeing children and young people's strategic planning to the Children in Fife Partnership Group.

¹ Population Projections for Local Authority Areas, National Records of Scotland, 2017.

² Scottish Index of Multiple Deprivation, August 2016, Scottish Government, 2016.

³ Fife Findings: Child Poverty Levels for Wards and Parliamentary Constituencies, Fife council research, January 2018.

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

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Strategic groups	Delivery plans
<ul style="list-style-type: none"> • Children in Fife partnership group • Children's services partnership group • Chief officers public safety group • Child protection committee • Corporate parenting board 	<ul style="list-style-type: none"> • Fife Children's Services Plan 2017-2020. • Child Protection Committee Improvement Plan 2017-2020. • The Corporate Parenting Plan for Fife 2018-21.

The five inspection questions

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

Key messages

1. For the majority of children and young people in need of protection, services responded promptly and effectively to concerns, and investigations were managed well. However, for a few children, services did not respond quickly enough to cumulative instances of harm and neglect.
2. Vulnerable pregnant women were being identified at an early stage and supported well through robust pre-birth screening by midwives and the specialist service Vulnerability In Pregnancy.
3. Emergency measures to keep children safe needed to be used less often than previously because staff were intervening earlier and planning their work more effectively, using the **child wellbeing pathway** planning system.
4. The daily **inter-agency referral discussion (IRD)** to jointly share information and consider risk about children and young people was ensuring timely action as part of a well coordinated multi-agency response. However, there needed to be more oversight to check that decision making was robust when concerns are about neglect and domestic abuse.

Recognition of risk

The recognition and response by staff to child protection concerns was effective for the majority of vulnerable children and young people in need of protection. Staff across services worked collaboratively to protect children and young people and keep them safe. Comprehensive and up-to-date multi-agency guidance helped them identify and respond in a consistent way when a child may be in need of protection. Almost all staff that completed our staff survey were confident in recognising the signs that a child or young person may be at risk and in reporting child protection concerns. In just under three-quarters of children's records that we read, the effectiveness by staff to identify and respond to concerns that a child may be at immediate risk of abuse or neglect was evaluated as good or better. However, one in twelve cases were assessed as weak or unsatisfactory. These were cases where children were already known to services but where the cumulative impact on children over time of adult problems such as parental substance misuse, mental ill-health or domestic abuse needed to be better understood. Partners recognised the need to identify and respond to accumulating concerns of harm and neglect earlier as a result of joint self-evaluation and learning from significant case reviews. A child care neglect clinic was being planned and piloted where paediatricians would see all children where neglect concerns had been identified.

Robust pre-birth screening by midwives was resulting in prompt referrals to the specialist **vulnerability in pregnancy (VIP) service** who were successfully supporting vulnerable pregnant women involved in illicit substance misuse or who were on treatment programmes. Supported by

the substance misuse team and family health team, effective partnership working enabled midwives, addiction nurses and social work staff to provide early, appropriate and intensive support. A new perinatal mental health team was being planned to support women with lower-level mental health concerns.

Risk and harm as a result of domestic abuse was recognised and responded to appropriately. Sensitive routine enquiry undertaken by maternity services helped to identify vulnerable pregnant women at risk of abuse and put supports in place at an early stage. Wellbeing concerns identified by police officers were screened daily by the police concern hub staff and information was shared effectively and in a timely way with social workers or the named person as appropriate. The police concern hub offered a single point of contact for partners and this was well used by staff across services. The multi-agency risk assessment conference (**MARAC**) process was used effectively in considering domestic abuse risks and partners had developed a programme of training using the **Safe and Together** model led by the Fife Violence Against Women Partnership. The number of appropriate enquiries to the disclosure scheme for domestic abuse was increasing as the public were becoming more aware of its potential to avoid exposing children and young people to those with a history of violent family relationships.

Use of legal measures

Partners were sustaining children at home safely by intervening earlier to reduce risks and through a wide range of intensive and flexible services to support families in crisis. When it was necessary to keep children safe by accommodating them away from home, partners recognised that whenever possible, it was better for children to do this on a planned basis. Partners had focused on reducing the number of children under 16 years of age being removed from home on an emergency basis by a **child protection order**. They recognised that there was further scope to improve on this reducing trend through earlier and targeted responses to young vulnerable children including those growing up in larger families disproportionately affected by poverty and deprivation. Our review of children's records showed that in most cases legal measures were used well to ensure children were kept safe and protected.

Engagement with children, young people and families

The views of children and families involved in child protection processes were being sought but needed to be more routinely collated and analysed. Partners recognised the need to further develop methods for systematically gathering feedback from children, young people and their parents about their experiences of child protection processes. This information would help partners to further review and refine their response to children and young people in need of protection from a more child centred perspective. Children over the age of five on the child protection register were routinely offered advocacy support through the Barnardo's advocacy service. All children in our case file sample whose names had been removed from the child protection register in the previous 12 months had been effectively supported by this service to express their views. Children and young people attending and participating in hearings and pre-hearing panels had their views and wishes sought and taken into account and had the opportunity to complete the 'Having Your Say' and 'All About Me' forms. Letters from children's reporters to children were sent in accessible language and the use of flash cards in hearings was developing. Feedback from children, young people and staff was being used

to further develop improvement activities as part of the improvement programme under the Better Hearings project. Investment in enhancing the environments in which children's hearings took place had resulted in a child-friendly hearing room and facilities, which was supporting better engagement.

Information sharing

Staff were confident about sharing relevant information and discussing concerns when children and young people might be in need of protection. Robust communication protocols and processes were in place for sharing and recording information when a concern about a child was raised. The child wellbeing pathway supported the early identification of children and young people in need of protection. It brought greater consistency and was helping staff have a shared language, an understanding of acceptable thresholds of concern and risk and to understand better their complimentary roles and responsibilities under the **Getting it Right for Every Child (GIRFEC)** approach.

Children and young people reported missing were discussed at the police daily tasking meetings and concerns were shared with the police missing person team, which had positive, proactive relationships with the local residential **children's houses** and schools. In all situations, a return-home interview was undertaken by the most appropriate person who knew the young person best. Wellbeing meetings were increasingly being used to help reduce the level of young people reported missing by intervening early to identify risks. However, partners were working to reduce the number of repeated incidents of young people placing themselves at risk by running away from home, including those in care placements in and out of the area.

Initial response

The initial response about the safety of children was prompt and effective in the majority of cases we read. Inter-agency referral discussions (IRDs) attended by a designated group of staff from police, health, social work and education took place daily to jointly share information and consider risk about children and young people. Individuals were discussed promptly and information gathered and shared across services. The safety plan, decisions and rationale for actions were jointly agreed and recorded in real time on a single, shared template. Suitable arrangements were in place for visually recorded joint investigative interviews, including the use of mobile units. The child protection nurse advisor routinely discussed all IRDs with the consultant paediatrician to ensure decisions regarding medical examinations were robust. Local arrangements were in place for forensic medical examinations of children and young people when required, although regionally agreed arrangements for sexual abuse examinations that were undertaken out of hours necessitated travel to Edinburgh.

There were few situations where children had experienced neglect or domestic abuse that had resulted in an IRD taking place. This reflected the ongoing use of the child wellbeing pathway and MARAC as the route to identify early concerns in respect of domestic abuse and neglect and to plan multi-agency responses.

Our review of children's records showed that the quality of the recording and circulation of the IRD decision was variable. The IRD strategic oversight group monitored a small sample of inter-agency referral discussions and audits were limited to a few cases each year. The group had potential to strengthen and improve in this area including reviewing whether concerns about child neglect and domestic abuse were being appropriately responded to by an IRD or child wellbeing meeting. Partners acknowledged the need to improve the recording and quality assurance arrangements of individual cases to demonstrate more effective management oversight and decision-making.

Risk management

Frontline staff and managers were confident in recognising the signs that children may be in need of support and protection. Nationally recognised wellbeing assessment tools were being used across partner agencies that helped them to analyse risk and need. This included the GIRFEC national practice model and risk assessment framework. An assessment of risk occurred at various stages of the child wellbeing pathway and could lead to a number of decisions being made such as offering single-agency support, convening a wellbeing meeting, an inter-agency referral discussion or an initial child protection case conference taking place.

A child sexual exploitation (CSE) pilot was taking place in Cowdenbeath. The pilot worked to three objectives: prevent; protect; and pursue and had gathered the views of around 170 children and young people through focus groups and surveys to understand CSE in the local area and inform future interventions. This work had informed CSE training for social workers and led to a review of personal and social education programmes in schools and police providing awareness raising sessions at parents' evenings.

A multi-agency screening group had been established to share and review concerns around CSE and plan a response to protect young people. A wide range of services was represented and all had a high level of commitment to this work. A specific email address, monitored by the police, had been created to allow professionals to share any signs of CSE. This intelligence, linked with other information allowed the police to take appropriate action.

Staff confidence and competence in protecting children

Adverse childhood experiences (ACEs) training was being rolled out across multi-agency partners and most staff working in education services had been trained. This was positively impacting on improving practice within schools in recognising and understanding the early signs and impact of neglect and domestic abuse on children. **Wellbeing nurses** were successfully identifying children for whom there were lower-level concerns or where there were concerns arising from parent's presentation in hospital accident and emergency departments or neonatal care. They effectively communicated across hospital departments and community nurses to gather more information or alert staff to concerns where families may need more support.

Area team social workers valued the support and advice they got from the child protection team and roles and responsibilities were clear between the two. The child protection team undertook all child protection investigations including when cases were open to the area team. The child protection

social work team had developed close working relationships with staff in health and the police resulting in a cohort of trained and expert joint investigation interviewers. Regular joint training was in place between social work staff and children's reporters, including routine liaison meetings. Staff across services greatly valued the programme of multi-agency training and annual conferences available and delivered through the child protection committee.

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. Partners were providing a wide range of responsive and well coordinated services to meet children's emotional and mental wellbeing needs.
2. Helpful, targeted family support and flexible parenting programmes meant that children and young people were helped to return to, or remain successfully in, their families.
3. There was a strong ethos of valuing children and young people. As a result, many children told us they felt valued and were able to benefit from meaningful and nurturing relationships with staff.
4. Children and young people were clearly benefiting from support provided by independent advocacy but it was not offered or accessible to all children and young people, including children with disabilities, who needed care and protection.
5. The quality of assessments, child's plans and use of chronologies was not yet of a consistently high standard. Whilst quality assurance activity was being embedded in practice, management oversight and the quality assurance role provided by independent reviewing officers should be strengthened to help ensure greater consistency.

Trusting relationships with key professionals

A strong focus on **relationship-based practice** was supporting a culture of trust where children, young people and families felt valued. Our reading of children's records and views from children and young people who completed our surveys indicated that almost all had regular, positive and meaningful contact with staff. Most parents and carers we spoke with and who completed our survey experienced respectful and trusting, relationship-based support and appreciated the help that they received.

Engagement with children, young people and families

The majority of children, young people, parents and carers who completed our surveys felt fully engaged in plans and decision-making and that their views were being taken into account. Our

review of children's records showed that in two-thirds of cases, the effectiveness of staff in involving the child in key processes, including seeking and recording their views, was evaluated as good or very good. Additionally, over three-quarters of parents and carers were well supported to participate meaningfully in plans and decisions. Support was provided by interpreters for parents and carers with additional support needs and for whom English was a second language.

Over half of children, young people and their parents and carers who responded to our surveys had benefited from the support provided by independent advocacy. However, this service was not routinely made available to all children and young people in need of care and protection, including children with disabilities. The restricted capacity of advocacy services had limited its availability. Where it was available, it was not well recorded or reflected in children's plans. Encouragingly, when advocacy was used, it had helped children and young people to participate meaningfully in their care planning and in decisions which affected them, including case conferences, looked after reviews and children's hearings.

Positive change and sustained improvement

Vulnerable children, young people and families benefited from consistently high-quality support available to them from a wide range of accessible universal, targeted and specialist services. The very positive family-nurture approach for pre-school children was embedded in the seven family nurture centres across Fife providing early learning and childcare. Our regulated care service inspections in these centres had identified high-quality, nurturing services being delivered by highly committed staff.

Nurturing approaches within schools was successfully supporting the mental health and wellbeing, attainment and achievement of children and young people in need of care and protection. Improvement in children and young people's learning, behaviour, confidence and attendance was evident through a range of therapeutic and supportive interventions delivered by statutory and voluntary services. Therapeutic group work programmes such as CEDAR were helping individual children and young people affected by domestic abuse to make sense of their experiences. A whole-family approach delivered by Barnardo's promoted recovery and helped build resilience for children and young people affected by parental substance misuse. Targeted support by Clued Up was helping vulnerable young people address concerns in respect to alcohol and drug use and child sexual exploitation through early intervention and diversionary support.

Additional Scottish Government funding had been used innovatively to develop and implement the multi-agency **Our Minds Matter** framework; a community-based approach to promote and enhance the emotional health and mental wellbeing of children and young people under 18 years. Significant redesign and delivery of **child and adolescent mental health services (CAMHS)** had resulted in more children and young people getting the support they needed at an earlier stage. Founded on the principles of Getting it Right for Every Child, CAMHS offered three stages of support making full use of the diverse and complementary range of staff skills. It involved school nurses, primary mental health workers, staff in social work and education and the third sector working collaboratively. This approach enabled CAMHS to target specialist support to those children and young people with the highest level of risk and had reduced waiting times. Looked after and accommodated children and young people in

particular benefited from the high-quality and effective therapeutic support and intervention provided by the Springfield Project, Beeches and Sea View trauma service. These specialist services specifically for looked after children also provided consultation, assessment, and specialist advice to practitioners and carers.

Assessments and planning to reduce risk and meet needs

Wellbeing meetings and child protection case conferences were being appropriately used to consider risk and make decisions on how best to support children and families. There had been a reducing trend in the average number of days that children's names remained on the child protection register from 162 to 127 between 2015/16 and 2017/18. This proxy measure indicated improvements in the timeliness and effectiveness of interventions to reduce risks and increase protective factors in the lives of children in need of protection. Very few children who had had their names removed from the child protection register within the previous 12-month period were re-registered. This indicated that effective planning post-registration enabled improvements in the safety and wellbeing of children to be sustained. Outcomes for all children in our case file sample whose names were removed from the child protection register in the previous 12 months had improved to some extent with over half experiencing considerable improvements in their wellbeing.

Most children and young people had an assessment of risk or need, of which the quality in over half of the cases we reviewed were evaluated as good or better. However, just under a quarter of cases were assessed as adequate and one in six assessments were evaluated as weak. While staff felt more confident about producing SMART, outcome-focused plans, the quality of plans was evaluated as good or better in just over half of the children's records we reviewed. The quality of the chronology in helping staff to identify significant events and to analyse patterns of or accumulating of concerns was evaluated as good or better in just under half of records reviewed. However, nearly a quarter of chronologies were assessed as weak. While the benefits and use of a chronology were understood by staff, further work to embed them as a tool that is used to regularly analyse and assess needs and risks was an area for continued development. A few young people commented that their chronology tended to reflect only negative events and that not all information gathered considered the impact of events from their perspective.

Partners were aware of the need to achieve greater consistency and improvement in the quality of assessments, plans and chronology practice from their self-evaluation activity. Opportunities to strengthen and support developments in these key processes would be achieved through greater quality assurance and management oversight.

Collaborative working

Partnership working to ensure and promote wellbeing of children and young people in need of care and protection was a major strength. The principles of the Getting it Right for Every Child approach had helped to embed a shared way of working. There was a high level of effective collaborative working to support the children and their families in the majority of the children's records we read. Planning processes for children whose names were on the child protection register and looked after reviews for care experienced children and young people were firmly embedded and working well.

Furthermore, children, young people and their families were meaningfully involved in these key processes. Independent reviewing officers worked collaboratively with partners in progressing child's plans and provided appropriate levels of challenge and accountability.

The child protection committee recognised the heightened risks of child protection concerns arising amongst children and young people affected by homelessness. Families with children were initially being accommodated in family rooms in hostels and then moved to temporary flats. The levels of families presenting as homeless had reduced however, there was still a need for partners to work collaboratively to develop strategies to reduce both the numbers of children affected by homelessness and to monitor closely the length of time homeless families spent in hostels.

Parenting assessment and support

A coherent approach to family support and parenting programmes to improve the wellbeing of children, young people and families was being delivered by staff working collaboratively together across statutory and third-sector services. Targeted support such as Mellow Parenting programmes, the Incredible Years programme and 7 Habits for Teenagers and Families, were providing tailored support and guidance to families when difficulties arose. The majority of parents reported benefiting from these programmes in terms of improvements in emotional wellbeing and feeling more confident and better able to care for their children.

Parents and carers of care experienced children and young people were becoming more resilient and confident as a result of targeted help and support. This included the Barnardo's strengthening families programme and family support service, coordinated through the intensive community support panel. Parenting programmes were being evaluated on an individual basis and partners were assessing their impact within a multi-agency group to help inform future planning. This had highlighted that some evidence-based programmes were achieving positive outcomes for example, Incredible Years. However, further work was required to consider the impact of programmes for care experienced children or those subject to child protection measures, including reporting impact in child's plans. The redesign of family support services, which was an improvement priority in the last inspection, had been completed and a performance framework was in place to report on data and support continuous improvement. Overall, parenting programmes and family support services were well attended and widely accessible across the seven localities, although some challenges existed for those living in more rural areas due to poor transport links.

Staff supervision

The increasing competence and confidence of staff working in child protection was being supported by good quality, regular supervision and professional development opportunities. These were available across services. Supervision arrangements had been enhanced within the children and families social work service with the creation of supervisory senior practitioners posts. Staff were also benefiting from peer support groups and group supervision, which were being embedded in practice.

Social work supervision was given priority by frontline managers. Newly qualified social workers were provided with additional opportunities for supervision on a fortnightly basis in their first three months.

All staff received supervision monthly. Each social work team helpfully had a supervising senior practitioner who shared formal supervision with the team manager supporting workers, for example by carrying out joint visits, and accompanying them to children's hearings and case conferences. The standard supervision template had been revamped and staff were extremely positive that it helped them in reflective thinking and individual development. However, supervision decisions about individual children were not consistently recorded in case files. First-line managers also received regular supervision and usefully had access to the postgraduate supervision certificate and corporate leadership courses. Staff were extremely positive about the peer support they received through a range of helpful practitioner forums.

In health, the child protection team prioritised supervision both through group and one-to-one clinical supervision. Newly qualified health visitors built up caseloads gradually, had allocated mentors and a structured induction programme. Police had ready access to support and challenge from supervisory staff and received regular feedback. Education managers, head teachers, child protection co-ordinators in school clusters provided support, challenge and learning within primary and secondary schools. The early years networks gave valuable support to staff across all services working with pre-school children.

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

Key messages

1. Staff were giving more careful consideration to the needs of brothers and sisters to stay together when they were unable to remain at home.
2. Effective and flexible support provided to carers was contributing to high-quality and stable care placements.
3. There had been encouraging progress in improving the educational attainment for looked after children and young people in Fife.
4. Health assessments for looked after children over five years of age were being undertaken efficiently and within agreed timescales. There was a less positive picture for pre-school children.
5. Speedier and better decision-making was helping to reduce delay and drift for children who need permanent alternative care. There was still work to do to develop systems to monitor progress and make further improvements.

Consistent relationships with trusted adults

Staff across services worked hard to ensure that care experienced children and young people thrived as a result of consistent, trusting and enduring relationships. A strong focus on nurture approaches

and relationship-based practice by residential care staff and foster carers was positively impacting on care placements. Inspections by the Care Inspectorate of the four council-run residential children's houses were all positively evaluated. We found that the majority of children and young people experienced positive relationships from highly committed staff and carers who knew them well and who were important to them. However, for a few children and young people it had been difficult for them to develop meaningful, trusting and lasting relationships with their social worker or carers because of unplanned placement moves or as a result of changes of worker. An increase in social work staffing had resulted in reduced caseloads with a view to allowing staff more time to forge meaningful and effective relationships with children and young people. Young people, including those with disabilities, also benefited from consistent relationships with reviewing officers that helped them into adulthood.

There was a strong commitment by staff to seek the views of care experienced children and young people in the course of their care planning. Both our reading of children's records and surveys evidenced that in the majority of cases, staff, including reviewing officers, took careful account of children's views and their wishes and feelings strongly influenced plans for their future. Most children and young people, and their parents and carers were actively encouraged to participate and were involved in looked after review meetings. However, we found that practice could be strengthened in seeking and recording the views of children and young people who were looked after at home.

Some, but not all care experienced children and young people, had been offered some form of advocacy. Encouragingly, most children and young children told us that they felt able to speak out if they were unhappy about something and knew how to make a complaint if necessary.

Improvements in wellbeing

Improved outcomes in children's and young people's wellbeing were being achieved mainly as a result of the wide range of evidence-based interventions and enhanced support services that were available. This included the work of the multi-systemic therapy team and the Includem service, which provided intensive support to young people and their families to keep them at home, in school and out of trouble. Both services worked innovatively with care experienced children and young people to support and sustain their placements. The YMCA mentoring service provided effective mentoring relationships and support to children and young people looked after at home.

Children and young people looked after in kinship care were benefiting from continuity of family relationships and stability from their kinship carers as a result of the support provided from the dedicated kinship care team.

File reading results for children and young people looked after in kinship and foster care placements showed improvements in their wellbeing in almost all cases as a result of the help provided. Moreover, in almost half of cases, the improvement in their wellbeing was judged to be considerable. However, the overall picture was not as positive for children and young people looked after at home.

Health advice for care experienced young people was delivered in a non-stigmatised way through effective use of health zones in secondary schools which any young person could access without an

appointment. This service was successfully meeting their needs for health advice with a delivery style that they found positive.

Overall, there were improving trends in educational outcomes for care experienced children and young people with nationally reported measures comparing favourably with Scotland as a whole. Encouraging progress had been made in narrowing the attainment gap between care experienced young people and their peers. Partners were becoming more sophisticated in their use of data to segment by category, of looked after child, moves of school and placement, and SIMD area of origin. This was helping them to make further inroads in closing the educational outcome gap.

There was a decreasing trend in care experienced children and young people being excluded from Fife's schools which was on a par with the national average. Partners had helpfully segmented school exclusion rates for care experienced young people by secondary school. In doing so, they had identified one school successfully operating a zero tolerance approach to excluding looked after young people and were learning from their approach. The **Rising Stars** programme was successfully helping looked after young people to raise their aspirations, achieve a positive destination and improve their future career prospects. This had been further enhanced by The Best of Me programme in schools for S3 pupils that was improving vulnerable young people's self-esteem. Children and young people were benefiting from youth work opportunities and programmes delivered through community learning and development that promoted their health and wellbeing, employability and participation in volunteering. However, partners were unable to provide data on trends for care experienced young people gaining recognised awards for wider achievements. The proportion of young people in the child population staying on at school was significantly higher than for care experienced young people and closing this outcome gap presented ongoing challenges for **corporate parents**.

The uptake of free leisure passes by care experienced young people indicated that foster families in particular were making good use of this scheme. However, the corporate parenting board had not monitored trends in the uptake and frequency of their use by category of all looked after children and young people to ensure optimal benefits from the scheme.

Foster placement disruptions resulting in a young person being moved to a residential placement were closely monitored on a monthly basis. As a result, better support was provided to sustain fragile foster placements. At July 2018, among the current population of looked after and accommodated children and young people, 71% had either remained in their first placement or experienced only one move of placement. Partners were striving to improve performance in relation to the 10% of looked after and accommodated children and young people who had experienced four or more placement moves. Children's residential services recognised the impact that crisis situations have in disrupting young people who are settled in residential placements and had created a crisis response team to help them to avoid and minimise the impact of unplanned admissions to care. They had identified premises that could be used to accommodate young people on a crisis basis.

Most parents, carers and families with children affected by disability or with complex health needs were benefiting from high-quality personalised care and support packages. Parents and carers valued the flexible support available from the Barnardo's Thrive service. However, some families were not receiving frequent enough help or at the right times in a way that would best meet their and

their child's needs and were left feeling isolated, particularly during school holidays. Some parents expressed concern about the availability of resources as their children grew into adulthood. In the majority of cases, staff worked well in a proactive and flexible way with families and adult services to plan and commission specific resources and placements to meet the needs of young people with disabilities to support a successful transition to adulthood. As part of a joint strategic approach to planning for this group of children and improve transition arrangements, a pilot had recently commenced to assess need holistically, including creative use of **self-directed support**.

Assessment of need and risk

Almost all children and young people had an assessment of need and risk where this was appropriate, although the quality of these varied. Likewise, the use of single and multi-agency chronologies to support the assessment process needed to improve, as outlined under inspection question two. Specialist assessments such as parenting capacity assessments undertaken by Barnardo's and clinical psychology reports were helping panel members to make well informed decisions based on assessed needs and emerging risks.

The needs of sibling groups were being considered carefully and they were accommodated together where possible. The innovative **Siblings Together and Reunited (STAR) project** was providing opportunities for brothers and sisters to spend quality time together when they lived apart. Partners recognised that there was a need to strengthen assessment and planning for individual children when they were part of a sibling group. They were helpfully tracking brothers and sisters who were kept together at the point of being accommodated away from home, which was showing an improving trend. **Together or apart sibling assessments** had recently started to be carried out to determine children's needs to live together or apart and assess the need to reunify brothers and sisters who were separated. The introduction of a second social worker to work in cases with large sibling groups had recently been established.

School nurses were carrying out timely health assessments for all school-aged children and young people starting to become looked after within four weeks of notification by social workers. However, there was an unacceptably low completion rate for health assessments for pre-school-aged children as paediatricians were not able to meet the required timescales due to limited capacity. Work was ongoing to ensure that the health needs of vulnerable pre-school aged children were being assessed more promptly. A redesign of the community paediatrician service was underway, which included designated time for looked after children to receive comprehensive medical examinations to address waiting times.

Systems to track the completion of actions arising from health assessments and measures to demonstrate improvements in the health of all care experienced children and young people were not yet in place.

Care planning and review

Almost all children and young people had a plan in place that supported staff to address identified risks and needs. However, our review of children's records found that the quality of these plans varied.

Just over half of child's plans to manage risk and meet need were evaluated as good or above, one-third was evaluated as adequate and over a tenth were weak. The majority of plans for children and young people looked after at home were adequate. While there were positive examples of effective child's plans, those that were weak were too generic and not individual to each child's particular needs. More plans needed to be SMART (specific, measureable, achievable, realistic and time bound).

The use of multi-agency child wellbeing meetings ensured staff from across services came together regularly to plan and consider risks and needs, and coordinate interagency support to improve the overall wellbeing of care experienced children and young people. In our review of children's records, just over three-quarters were evaluated as good or above for the quality of reviewing the child's progress. There were notable strengths in the quality and effectiveness of reviews for young people in continuing care and for children receiving overnight breaks. We found an appropriate level of partnership working to support joint planning and decision making in most of the records we read.

As a result of quality assurance audits, partners were aware that further improvement work was required to support staff to increase the quality and consistency of child's plans. Better practice in this area would be supported by continuing to develop the role of independent reviewing officers in quality assuring the effectiveness of care planning processes.

Securing stable environments

Good planning was helping to secure stable and nurturing environments for the majority of care experienced children and young people, with just under three-quarters of children's records evaluated as good or above. The most recent inspections of the local authority fostering and adoption services that took place in April 2018 evaluated the quality of care and support and staffing as very good in respect of both services. Inspectors identified the need for staff to work to more ambitious timescales for achieving permanency with the aim of providing certainty for children about their future care at the earliest opportunity.

Work being undertaken with the **Centre for Excellence for Looked Children in Scotland (CELSIS)** as part of the **Permanence and Care Excellence (PACE)** programme to reduce delays and drift in permanency planning was achieving positive results. The approach had successfully reduced the time between these children becoming looked after to making a decision for permanency at a looked after review. However, systems to monitor and progress these achievements further had not been fully developed. For example, tracking timescales for fostering and adoption applicants as part of performance management was well developed, but there was no similar approach to give partners an overview of performance at each stage of permanency planning to highlight when action was needed.

An increasing number of children and young people who were unable to live with their parents were living in long-term kinship placements on residence orders rather than remaining looked after with a requirement made by a children's hearing. Residence orders can increase a child's sense of security as they do not need to return to a hearing each year to have the order reviewed. The council was encouraging and enabling extended families to care for children long-term with residence orders by continuing allowances and providing much needed support.

Corporate parenting responsibilities

Partners demonstrated a number of approaches to deliver on their corporate parenting duties. For example, Home2Fife aimed to develop strategies to maximise efficient use of local authority childcare provision and reduce the numbers of children and young people being looked after and accommodated in placements outside of the local authority area. At September 2018, there were 95 children and young people looked after outside of the local authority area, 47 were in foster placements and 48 were in residential children's houses, residential schools and secure accommodation spread across 19 other local authority areas in Scotland. This was a reduction in residential placements from 75 in 2015. Partners rigorously reviewed all children and young people in residential placements outside the local authority area. Many were settled in their placements and partners had concluded from a child-centred perspective that it would be highly disruptive to return them to Fife.

At the time of our inspection, 73% of young people in the council's children's houses were over 16 years of age, of whom an increasing number were exercising their right to remain in continuing care. As a consequence, achieving a safe and complementary mix of needs in local authority children's houses and resourcing care placements within Fife was becoming more challenging for partners. As part of the Home2Fife strategy, partners had invested additional resources in the recruitment of local authority foster carers with a view to reducing dependency on external purchased provision. However, while increased recruitment activity had maintained the number of carers, it had not resulted to date in additional resource and the service remained under some pressure.

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

Key messages

1. There was considerable improvement in supporting care experienced young people and care leavers to enter and sustain further or higher education, training and employment opportunities.
2. Partners were working well to ensure that the principles of **Staying Put Scotland** and entitlement to continuing care for looked after young people was well understood and promoted.
3. The number of young people presenting as homeless, had not decreased over the past five years. Young people leaving care, including care leavers returning to Fife from placements elsewhere, need to be able to access more flexible accommodation options.
4. The emotional health and wellbeing needs of care experienced young people aged 18 years and over required continued attention, in particular undertaking health needs assessments with all care leavers. This included the availability of specialist adult mental health services and more timely support for care leavers.

Positive relationships with staff and carers

Most care experienced young people benefited from consistent, positive relationships from helpful staff who were caring, available and flexible in their approach to providing ongoing support. Foster carers, residential staff and the young people's team worked hard to sustain young people's continued education, employment and tenancies and helped them to remain in contact with people who were important to them. Additional capacity within the young people's team had improved contact with and support to these young people.

Continuing care

Most care experienced young people felt settled and secure where they were living. Partners demonstrated a strong commitment to fulfilling the entitlement for looked after and accommodated young people to choose to remain in an existing care placement up until such time as they were ready and willing to gradually move on to more independent living arrangements. Partners worked well to ensure that the principles of Staying Put Scotland and entitlement to continuing care were well understood by corporate parents, staff and looked after young people. As a result, young people were benefiting from the continuity of support from extended placements with their kinship carers, foster carers and in residential care until they were ready to move on from their care setting. As of August 2018, there were 122 young people over the age of 16 being supported in placements of all types. Likewise, continuing care placements had grown from seven in August 2016 to 29 in August 2018.

Steps towards living independently

Most care experienced young people felt well supported in learning life skills to help prepare them to live independently. The increased capacity in the young people's team had enabled more creative approaches to helping young people develop their interests and skills and build working relationships with partners to support young people's life chances and outcomes. Effective use was made of specific achievement and activity funding to support young people realise their goals and pursue interests. Skills Development Scotland provided enhanced support to all care experienced young people up to the age of 26 years and involved them directly in evaluating how well they provided this support.

The partnership was actively working on a wider range of options to support young people to live independently when they were ready to do so. For example, it had increased its offer of supported lodgings and the young people's team worked well with the specific needs housing team to put in place housing support for young people. While the number of homelessness presentations by care leavers had not changed significantly over the past five years, corporate parents recognised they needed to take further steps to reduce this and provide a wider range of accommodation options to prevent them from becoming homeless. In August 2018, partners had begun testing a training flat for care leavers to better equip them with the necessary skills to sustain a tenancy without losing the security of their placement. At the time of our inspection this initiative was at a very early stage of development and performance measures had not yet been determined to help partners evaluate improved outcomes.

Positively, the practice of placing care experienced young people in bed and breakfast accommodation had virtually ceased and the use of hostel accommodation had also fallen. However, corporate parents needed to ensure that young people in continuing care who were ready or wished to move on to their own tenancy did not experience delays due to housing allocation policies. For example being placed on the medical or social waiting list rather than being prioritised as part of partners' commitment as corporate parents. Better information about young people's housing and support needs would help corporate parents to work together strategically to ensure improved access to housing allocations and opportunities across all communities of Fife. A multi-agency commissioning board was in development to support care experienced young people's housing needs. The longer-term aim was to place care leavers in scattered flats with appropriate supports.

Positive destinations

The partnership has made considerable improvements in supporting care experienced young people leaving school and entering further or higher education, training or employment. The proportion of looked after young people entering positive school leaver destinations in 2016/17 was 80% comparing favourably with 76% nationally. At the six-month follow up in the same year, 91% had sustained positive school leaver destinations, on a par with the child population as a whole. The framework provided by **Opportunities for All**⁴ in Fife and the partnership's relationship based approaches had resulted in a significant reduction in the numbers of young people not engaging with any service. Intensive one-to-one approaches from the well-established care leavers' tracking forum had delivered positive outcomes for a number of care experienced young people by supporting them to secure and sustain jobs.

Fife College had its own champions' board and the council offered a guaranteed interview scheme to some jobs for care experienced young people. There was scope for partners, in discharging their corporate parenting responsibilities, to collectively use their resources better to promote and maximise training and employment opportunities for care experienced young people. Partners recognised that they still had a challenge to narrow the outcome gap where the proportion of school leavers in the population as a whole entering a positive destination was 93% compared to 80% for care experienced young people.

Supporting successful transition to adulthood

Most care experienced young people were being very well supported to access supports and services they needed to live independently and felt fully involved in planning for their futures. Over half of respondents to our staff survey agreed or strongly agreed that their service did everything possible to ensure young people made a successful transition into adulthood. However, for a few care experienced young people, returning from placements outside of Fife was not so seamless or smooth, particularly in relation to housing and seeking support in relation to their emotional health and wellbeing.

⁴ Opportunities for All is a Scottish Government initiative that aims to improve young people's participation in learning or training and, ultimately, employment between the ages of 16 and 20 and beyond.

Our review of young people's records and feedback from our survey showed that, in the majority of cases, care experienced young people were involved in developing and reviewing their pathway plan and most were aware of their advocacy rights. We found positive examples of individualised and flexible pathway planning for those in continuing care and care leavers that reflected the care leavers covenant⁵.

An effective transitions protocol, which adheres to the Scottish Youth Parliament transition care pathway supported young people who were receiving active care and treatment from CAMHS and who required ongoing treatment and support from adult mental health services. The emotional health and wellbeing needs of care experienced young people aged 18 years and over required continued attention, in particular undertaking health needs assessments with all care leavers. This included the availability of specialist adult mental health services and more timely support for care leavers. The partnership recognised the need to improve the overall health of care experienced young people and had committed to developing a pilot to assess and monitor the physical and emotional health needs and outcomes of young people leaving care. However, this was at an embryonic stage of development at the time of our inspection.

Most care leavers felt that staff listened to them and acted on their views. Transfer of case responsibility from social workers to the young people's team was well planned and managed and took account of the views of young people.

Care experienced young people's views are reflected in service development

Care experienced young people were benefiting from independent reviewing officers continuing to review their pathway plan on a regular basis once they had left care.

Commendably, the authority had developed an innovative use of what is locally termed an 'entitlement review' that offered a formal opportunity for care experienced young people who no longer wanted to engage with support to be positively challenged and reminded of their rights to ongoing support. While this was a positive initiative, partners did not routinely gather or report on themes that would collectively better inform them in discharging their corporate parenting commitments and responsibilities in planning and providing services for this group of young people.

Regular, coordinated engagement activities such as the 2BHeard group and the work of the children's parliament 'Seen and Heard' were in place to support care experienced children and young people to be included in the development of the corporate parenting agenda. Although the partnership had recently refreshed its approach to engaging with children and young people they were still at an early stage of ensuring this approach has a strategic impact on the planning and setting of corporate parenting priorities across the partnership.

⁵ <https://www.scottishcareleaverscovenant.org> The Scottish Care Leavers Covenant is a committed promise to young people who have experience of the care system.

5. How good is collaborative leadership?

Key messages

1. A strong and ambitious shared vision and values was driving continuous improvement in services for children in need of care and protection.
2. Effective partnership working at strategic and operational levels was a significant strength.
3. Leaders were modelling a culture of learning through joint self-evaluation and reviews, facilitated by the well performing child protection committee.
4. While the corporate parenting plan had recently been refreshed, partners had not agreed a joint strategic approach to setting out their corporate parenting priorities.
5. In progressing the Home2Fife strategy, partners had yet to develop a comprehensive assessment of current and projected need and an outcome-focused commissioning strategy.

Vision, values and aims

The community planning partnership shared a strong, ambitious vision and clear sense of purpose to achieve the best possible outcomes for children and young people in need of care and protection. This was embraced by staff across all partner agencies. Chief officers and managers were visible to staff and interacted with them on a regular basis through practice forums and development events. Partners modelled and encouraged strong partnership working where a culture of mutual support and collaboration prevailed. Strategic plans detailed high ambitions, strong values and robust commitments to reducing poverty and promote equality. An open culture based on the value of continual learning and constructive, appropriate challenge was clearly evident across the authority area. While the views and aspirations of children and young people were sought and used to influence service planning and delivery, further opportunities for involving and engaging care experienced children and young people and care leavers more fully in shaping and informing corporate parenting planning required continued focus.

Leadership of strategy and direction

Leaders had collaborated well to develop a coherent and streamlined framework for strategic planning and direction. This resulted in a range of comprehensive strategic plans for children's services. The overarching Children in Fife group ensured collective accountability of the Fife Children's Services Plan 2017-20 and first annual review. The reconfigured children's services partnership group was delivering on the actions in the children's services plan. The plan conveyed clear ambition and shared aims to promote, support and safeguard the wellbeing of children and young people. For the annual progress report, partners had reviewed current strategic priorities against performance indicators and had set challenging targets and aims to make real improvement in the lives of children and young people in need of care and protection. The sixteen priorities had been timetabled in a phased way for reporting

across the three-year period of the plan with five appropriate priorities in year one. Improved links had been made with other key strategic and local plans that connected these priority themes through a locality approach to planning and delivery of services. Strategic commissioning had also been revised to align commissioned resources more closely to the priorities in the current plan.

The children's services partnership group, established in January 2018, helpfully replaced a number of Fife's Getting it Right for Every Child working groups to strengthen connectivity within children's services planning and reduce duplication. The group was proving to be an effective mechanism for implementing, reviewing and robustly evaluating progress being made on the children's services plan. Leaders across the partnership were very well sighted on the implementation and delivery of the plan and supporting plans, including the corporate parenting plan and child protection committee improvement plan. The children's services partnership group had worked together to make significant changes to partnership working at a local level through the establishment of seven new local area children's services networks. These were helping services at a local level to tackle local issues better together and make best use of local resources and opportunities. This included opportunities to further strengthen data collection at a locality level to better capture and demonstrate improving outcomes for different groups of care experienced children within and across localities.

Responsibility for child protection lay with the well-established and high-functioning child protection committee. The committee, which was accountable to the chief officers public safety group, sat well within the children's services planning structure. Clear roles, responsibilities and accountability were in place. Child protection committee business planning was reported on quarterly and annually to identify and understand trends, analyse information and prioritise actions for improvement. This plan linked appropriately to the child protection priorities within the children's services plan and identified learning arising from reviews and self-evaluation activity. There was strong and effective collaboration across the three public protection areas of adult support and protection, child protection and sex offender management. The child protection committee had improved its use of performance data but recognised that further development was needed to strengthen its focus on measurable outcomes. The committee benchmarked its performance against comparators at a national level and shared best practice, for example, the chief officers group's letter on information sharing and process in relation to the **7-Minute Briefing approach** adopted by Fife was being used by many other child protection committees. The committee could take opportunities to learn from other high-performing child protection committees to raise performance further.

The corporate parenting board oversaw corporate parenting responsibilities. The board was made up of a range of partners, including young people and aimed to promote the welfare of looked after children and young people and care leavers. The board's approach to engagement with young people had recently benefited from being refreshed. There was meaningful commitment from leaders, including council elected members and health board members to their roles as corporate parents and a clear ambition to achieve the best they could for care experienced children. Young people had also developed a set of values for the board to underpin their work. The Corporate Parenting Plan 2018-20 included individual agencies' corporate parenting commitments for the first year. Although partners had individually identified their single-agency priority actions, the refresh could have been used better to agree a joint strategic approach and shared priorities. It was positive that a scorecard to monitor progress had been developed, but it was limited in its capacity to report on outcomes.

The children and family social work strategy was progressing positively with the aim of addressing a number of long-standing issues such as the scale of demand for service, reliance on out-of-authority purchased placements, legacy of slow permanency planning and the need to improve the overall balance of care. Progress had been made in significantly increasing the capacity of the social work workforce and strengthening the model of delivery with area and specialist teams.

The Home2Fife strategy aimed to reduce the number of children and young people looked after in out-of-authority purchased fostering and residential placements. This was an area for improvement noted during the joint inspection in 2015 and partners had delivered progress in a number of areas. This included developing a range of early intervention and crisis response services to prevent children and young people being accommodated away from home. Use of kinship care had increased and foster carer recruitment had also been strengthened. This had led to a reduction of children in out-of-authority residential placements from 75 in 2015 to 48 in 2018. Planning for an additional local authority run children's house was underway. However, plans to further reduce the number in out-of-authority placements was dependent on having sufficient resources in Fife to prevent children and young people being placed out of authority when they started to become looked after and accommodated. Partners had yet to produce a comprehensive assessment of current and projected need for childcare resourcing in Fife including appropriate health and education provision to meet more specialist needs. An outcome-focused approach to commissioning arrangements for residential childcare provision in Fife would strengthen this strategy.

As part of a comprehensive strategy for children and young people with disabilities, community-based respite, including an increased use of self-directed support, had been expanded to reduce the need for residential respite.

Overall, partners increasingly were making effective use of a range of information to underpin strategic planning and monitoring. Partners sought qualitative information by asking for the views and experience of stakeholders including parents and young people. There were further opportunities to improve data collection, analysis and reporting through strengthening the role of the strategic oversight group or monitoring role of independent reviewing officers.

Partners had adopted a creative approach to develop up-to-date and flexible strategic planning for children's services. Service development days involving chief officers and practitioners from across the partnership were held quarterly to collate and analyse a wide range of data, assess need, set priorities, plan actions and set outcome measures. This also informed a dynamic **joint strategic assessment**.

Leadership of people and partnerships

Leaders had worked hard to ensure that staff were given sufficient resources, training and support to fulfil their roles. The chief officer's public safety group and child protection committee had utilised and analysed SIMD data and local intelligence to target the deployment of health visitors and social workers towards areas where need was most prevalent.

The council had invested significant additional funding and sustained investment in senior practitioners, social workers and social work assistants. Caseloads were more manageable with staff able to spend time building meaningful relationships with children and young people as a basis for bringing improvement to their lives. Staffing levels prior to 2015 were significantly lower, and increased staffing was supporting a gradual move away from a crisis response model of operating towards earlier intervention to reduce the number of children and young people in need of care and protection. Future staffing of social work continued to require careful monitoring to ensure appropriate and safe levels were sustained despite current budgetary pressures.

NHS Fife was implementing its commitment to train six new health visitors per year. As part of a national government initiative, 44 recently qualified health visitors had been recruited. This additional capacity was supporting the staged implementation of the health visitor pathway with additional home visits to support families at set intervals. Additionally new graduates were supported through comprehensive induction packs, child protection training, supervision and helpful peer support.

The child protection committee had a comprehensive multi-agency training strategy set against Fife's strategic priorities. Multi-agency training was facilitated by the committee and a local model of practice development sessions was in place in each of the seven localities. This helpful framework ensured staff across statutory and third sector services had child protection and GIRFEC training at both Fife and local levels depending on their need and the needs of the locality. Leaders valued and encouraged staff and recognised and celebrated their achievements throughout the year with a range of award ceremonies. This included an annual event to celebrate achievement and regularly submitted work or staff achievements to national awards.

Leadership of improvement and change

Leaders demonstrated a commitment to improving child protection and corporate parenting services. There was a strong culture of learning from national and local reports, initial and significant case reviews and from a range of small-scale and larger strategic approaches to self-evaluation. This commitment was shared by staff at all levels.

Self-evaluation and learning, to better improve outcomes for children and young people, was systematic and effectively overseen by the joint self-evaluation and audit working group. An annual calendar of activities was produced with inbuilt flexibility to respond to emerging themes and issues. A programme of single and multi-agency audits took place. Helpfully, the most recent was followed up by a large number of focus groups to consider emerging themes. Data from self-evaluation activities was used to help strategic groups progress planning and to improve practice with children, young people and their families. Partners acknowledged the need to further strengthen quality assurance processes and management oversight of key child protection and looked after processes. This includes responding to accumulating concerns of harm and neglect earlier and achieving greater consistency and sustained improvement in the quality of assessments, child's plans and chronology practice.

A significant area of evaluation, learning and improvement arose from initial and significant case reviews. Implementation of robust action plans from these reviews was being monitored very closely by the child protection committee and chief officers who were strongly committed to implement

learning. Commendably, the committee had commissioned an external academic to assist them in this challenging process. Six key themes, referred to as **Six for Safety** were identified as key learning and had become the fundamental basis for work across the authority area. Staff told us that Six for Safety guided every aspect of their work and is integrated into all relevant training, supervision and case discussions.

Learning was shared across a wide range of staff groups through **7-Minute Briefings** to improve practice. This ensured that key messages were delivered effectively and consistently. The child protection committee asked staff groups for feedback to gauge the learning over a wide range of themes.

The recent development of children's services locality networks was beginning to bring service providers and communities closer together in an equal partnership to identify priorities, deliver local solutions to meet local need and tackle health and social inequalities.

Conclusion

The Care Inspectorate and its scrutiny partners are confident that the Fife partnership has the capacity to continue to improve and address the points for action highlighted in this report. This is based on:

- the collective leadership, direction and accountability demonstrated by partners to deliver the best possible outcomes for children and young people in need of care and protection in Fife
- the strong culture of learning across services underpinned by well embedded approach to self-evaluation and continuous improvement to improve performance and practice
- effective partnership working and the culture of mutual support and collaboration at strategic and operational levels
- the strategic focus and oversight by the child protection committee to improve multi-agency responses to keep children safe and protected
- the commitment and high aspirations as corporate parents to improve better outcomes for looked after children, young people and care leavers.

That said, partners will need to continue to develop their joint approaches, strategic assessment of need and the use of data and evidence to be able to ensure improving outcomes for children, young people and families.

What happens next?

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

Appendix 1: Summary of evaluations

How good is our leadership?

Good

9. Leadership and direction

9.1 Vision, values and aims

9.2 Leadership of strategy and direction

9.3 Leadership of people and partnerships

9.4 Leadership of improvement and change

Rationale for the evaluation

Leaders and senior managers evidenced strong vision and ambition for child protection and corporate parenting services that promoted improved outcomes for children, young people and families. They provided collective accountability and clear direction and oversight to the well-established and high-functioning child protection committee which was robustly monitoring child protection practice and providing effective leadership in strategic planning for child protection. Resource investments in social work and health had increased staffing capacity. In social work, there was effective workforce planning through creation of area and specialist teams and posts. In health, meeting the commitment to train new health visitors annually and current management of capacity issues was supporting the staged implementation of the health visitor pathway.

A strong culture of self-evaluation and learning across services was resulting in robust action plans and effective monitoring. Data from self-evaluation activities was used to help strategic groups progress planning and also at operational level to improve practice with children, young people and their families. Partners acknowledged the need to further strengthen quality assurance processes and management oversight of key child protection and looked after processes. Although significant work had been done to improve data collection and analysis, there were opportunities to further strengthen data collection at a locality level through the new local area children's services networks. This could better capture and demonstrate improving outcomes for different groups of care experienced children within and across localities.

The views and aspirations of children and young people were sought and used to influence service planning and delivery and the partnership had recently refreshed its approach. However, the corporate parenting board required to focus further on opportunities to involve and engage care experienced children and young people and care leavers more fully in shaping and informing corporate parenting planning. The corporate parenting plan had recently been refreshed but could have been used better to agree a joint strategic approach and shared priorities.

Positive progress in advancing the Home2Fife strategy had included developing a range of early intervention and crisis response services to prevent children and young people being accommodated away from home. Use of kinship care had increased and foster carer recruitment was being strengthened. Planning for an additional local authority run children's house was underway. The strategy had evidenced a significant impact on reducing the number of children placed out with the authority and reduced the overall number of looked after children. However, partners needed to continue reducing the use of out-of-authority placements and ensure there was sufficient accommodation to meet the needs of looked after children within their community. This included the development of a commissioning framework.

How well do we meet the needs of our stakeholders?

Good

2.2 Impact on families

Rationale for the evaluation

Parents were benefiting from warm, open and honest relationships with a range of staff supporting them and their families. The relationship-based practice approach was helping this significantly and this was reflected in parental experience. Parents were treated with respect and their dignity was maintained. Staff had regular contact with families. Parents valued that staff worked closely with their partner services to provide well coordinated support and as a result parents received consistent communication. Staff were sensitive to different cultural and social needs. Parents were aware of key decision making processes and well supported to participate meaningfully. Overall, parents were listened to and their views were taken seriously but a third who responded to the Care Inspectorate survey did not feel this was true in their experience. In individual records that we reviewed as part of the inspection, 7 out of 10 parents for whom independent support or advocacy would have been applicable did not receive this service. Additionally, when it was relevant to the case, while half of families' circumstances had improved, in more than a third improvement had been minimal.

Parents and carers had timely access to a wide range of universal and evidence based parenting programmes delivered, for example, by the parenting support team, family support and the family and community support team. Staff's growing understanding of adverse childhood experiences was positively impacting on how they worked and related to families to provide more holistic supports. Parents particularly benefited from support provided in the nurture centres. They spoke of the significant impact on their confidence as parents. Parenting programmes were being evaluated on an individual basis and partners were assessing their impact within a multi-agency group to help inform future planning. This had highlighted that some evidence based programmes were achieving positive outcomes, for example Incredible Years. However, further work was required to consider the impact of programmes for care experienced children or those subject to child protection measures, including reporting impact in child's plans. Partners had agreed a way to report on outcomes to better inform and support future planning but this had yet to commence.

Some parents and carers of children affected by disability were benefiting from more appropriate support including respite support based more on family need. However, some families were not receiving frequent enough help or at the right times, in a way that would best meet their needs and their child's needs. A recent pilot project had seen an increase of 10% in the uptake of self-directed support. A loss of a few providers in the area had resulted in longer waits for a few families to get the support package they needed. Both foster and kinship carers were supported well. Foster carers were positive about the help they received from their own and the child's social worker. They also spoke highly of education and health services. Kinship carers had benefited from improved financial support and a dedicated team allocated to them was appreciated. Both carer groups valued the training opportunities and peer support groups.

How well do we meet the needs of our stakeholders?

Good

2.1 Impact on children and young people

Rationale for the evaluation

The majority of children and young people were being kept safe. Results from case file reading showed fairly positive results, of which 73% were evaluated good or above. Generally, staff recognised child protection concerns and responded promptly to them. Inter-agency referral discussions were used effectively to assess risk and plan future action to keep children safe. For a few children in need of protection, there were opportunities for partners to intervene sooner. In particular, the cumulative impact of neglect and harm from parental and environmental risk factors needed to be consistently recognised and responded to at an earlier stage to better support and reduce the harmful impact on children's wellbeing.

A real focus on meeting the emotional wellbeing of children and young people demonstrated through the Our Mind Matters approach was enabling more children and young people to get the support they needed at an earlier stage. Partners recognised meeting the emotional health and mental wellbeing needs of older care experienced young people and care leavers needed improving, in particular undertaking health needs assessments with all care leavers. Likewise, the timeliness of comprehensive health needs assessments provided for children under five years needed significant attention to reduce delay.

Most children and young people felt meaningfully engaged in assessment and planning processes. They felt they were listened to and that their views were taken seriously. There was a range of approaches to gather the views of children and young people in need of care and protection and they were encouraged to participate in key processes - hearings, wellbeing meetings and pathway meetings. Our review of case records and speaking with care experienced children and young people showed that advocacy support was not routinely made available to all children and young people in need of care and protection, including children with disabilities. Encouragingly, most children and young children told us they felt able to say if they were unhappy about something and knew how to make a complaint.

Children and young people experienced positive, meaningful relationships with committed staff and carers who know them well and that was having a positive impact on stable and secure placements, including continuing care placements. Most care leavers were being well supported towards independence. They were able to go at their own pace to access the supports and services they needed to live independently. Partners were mindful of the need to continue progressing strategies to expand options for continuing care and flexible accommodation for care experienced young people.

What key outcomes have we achieved?

Good

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

Rationale for the evaluation

Partners demonstrated important improvements in outcomes for looked after children and young people, more so than for those in need of protection. The child protection committee was able to show a significantly reducing trend in the use of emergency measures to keep children safe due to earlier and more planned interventions. The length of time that children's names remained on the child protection register had decreased on average by a month compared to three years previously, indicating that plans to reduce risks and increase protective factors were becoming more effective and timely.

A positive trend had been achieved through effective joint working to reduce the number of children affected by domestic abuse. Partners were working to reduce the number of repeated incidents of young people placing themselves at risk by running away from home, including those in care placements in and out of the area.

Looked after young people were doing better at school as partners continued to focus on narrowing the attainment gap and improving trends in positive and sustained school leaver destinations. However, systems to track completion of actions arising from health assessments and measures to demonstrate improving trends in the health of all care experienced children and young people required further development.

Ninety per cent of looked after and accommodated children were in community placements, the majority of whom had experienced either one or no move of placement. A positive trend was evident in keeping siblings together at the point of being accommodated away from home. The life chances of care experienced young people were improving as growing numbers stayed on in care placements until ready to live independently. Increasing numbers benefited from supported accommodation and support to successfully sustain tenancies. However, more flexible accommodation options were needed to reduce homelessness presentations.

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

Our quality improvement framework

In August 2018, we published a quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all of the indicators in the framework and use this to answer the five inspection questions. The evaluative answers to each question take account of evidence against up to seventeen quality indicators from across the framework. In addition to answering the inspection questions we use the six point scale below to evaluate three quality indicators and the domain of leadership:

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

The six-point evaluation scale

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

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 people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

Appendix 3: The terms we use in this report

Adverse childhood experiences (ACEs) are stressful or traumatic events that affect children and young people while growing up and have a huge impact throughout their lives such as child maltreatment or living in a household affected by domestic violence, substance misuse or mental illness.

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

Centre for excellence for looked children 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.

<https://www.celcis.org>

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

Child protection order is an order issued by a sheriff in an emergency which removes the child to, or keeps them in, a place of safety.

Child wellbeing pathway is the agreed assessment, intervention and planning pathway for children/young people in Fife. It is based on the principles of Getting it Right for Every Child (GIRFEC) and promotes the use of the wellbeing indicators during assessments of wellbeing. It provides staff with a tool to guide a coordinated approach to the assessment and planning for every child and young person's wellbeing.

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

Community planning partnership (CPP) is the multi-agency arrangement in which public agencies work in partnership locally with communities, the private and third sectors to plan and deliver better services.

The **continuing care** provisions within the Children and Young People (Scotland) Act 2014 offer looked after young people the right to remain in their care setting (if they are in kinship, foster or residential care) up to their 21st birthday.

<https://www.cypcs.org.uk/ufiles/Right-to-Care-Extra-Info---Part-11.pdf>

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

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 parents to work in partnership with the services that can help them.

<https://www.gov.scot/policies/girfec>

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

MARAC (Multi-Agency Risk Assessment Conference) is a meeting where agencies identify and talk about the risk of future harm to people experiencing domestic abuse and if necessary their children, and draw up an action plan to help manage that risk.

Our Minds Matter Framework is Fife's partnership initiative for supporting children and young people's emotional wellbeing.

The Permanence and Care Excellence (PACE) programme, undertaken by CELSIS, is a whole-systems approach to improving permanence for looked after children, working with all agencies involved in the welfare of these children.

Positive destinations are those where young people are continuing their education, entering training or getting a job after they leave school.

Relationship based practice refers to an approach to social work practice, designed to create relationships with families, which in turn provide opportunities for them to change.

<https://www.iriss.org.uk/resources/insights/relationship-based-practice-emergent-themes-social-work-literature>

The successful **Rising Stars** programme helps young people to gain the skills and confidence required to move into employment, modern apprenticeships or further education and, ultimately into a positive destination.

The **Safe and Together** model is an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence-informed.

<https://safeandtogetherinstitute.com>

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

Six for Safety – Fife’s 6 Key Themes forms the fundamental basis for work across Fife and are directly related to improving outcomes for children and young people. These six key themes were identified as key practice learning and areas for maintaining improvement. They support Fife’s ambitious approach to delivering the authority’s vision and commitment to promoting, supporting and safeguarding the wellbeing of all children and young people in Fife.

www.fifechildprotection.org.uk

The **7-minute briefing approach** and template, is a technique borrowed from the FBI. It is based on research, which suggests that seven minutes is an ideal time span to concentrate and learn. Most local safeguarding boards in England and Wales have embedded this approach to deliver short briefings to staff on key topics and are used to support reflective discussion. Fife child protection committee have successfully implemented this approach to disseminate and share learning, in particular to embed learning from case reviews and other key topics.

Siblings Together and Reunited (STAR) project is an innovative, not for profit charity that provides opportunities for siblings who are separated in the care system or adopted to reunite and spend regular, quality time together and to foster emotional bonds.

<https://www.siblingsreunited.co.uk>

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

The **Staying Put Scotland** guidance was published in October 2013, the result of work undertaken on behalf of the Looked After Children Strategic Implementation Group. The guidance is intended to improved care planning and achieve positive outcomes for care experienced young people.

<https://www.gov.scot/Publications/2013/10/7452>

Together or apart sibling assessments help practitioners to support the planning, assessing and placing of siblings who are looked after accommodated away from home.

<https://corambaaf.org.uk/books/beyond-together-or-apart-sibling-adoption-fostering>

VIP – Vulnerability in Pregnancy service provides intensive support to pregnant women and their families by specialist health staff, addiction nurses and social work staff from ante-natal registration until the baby is 12 weeks old.

Wellbeing nurses play a key role in supporting people’s health and wellbeing and were successfully having an impact on identifying children for whom there are lower level concerns or where concerns arose from parent’s presentation within hospital settings.

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