

# Report of a joint inspection of services for children and young people at risk of harm in Moray community planning partnership

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

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## Introduction

### Our remit

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

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

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

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

### The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day-to-day care of the child (including kinship carers and foster carers).
- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives.

- When we say **staff**, we mean any combination of people employed to work with children, young people and families in Moray.

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

## Key facts

Total population:  
96,410 people  
on 30 June 2021

This was an increase of 0.7% from 2020. Over the same period, the population of Scotland increased by 0.3%.

NRS Scotland

In 2021 16.5 % of the population were under the age of 16, similar to the national average of 16.6%.

NRS Scotland

In 2021/22, Moray had a rate of 3.1 for the number of children on the child protection register (per 1,000 of the 0 –15yr population), higher than the Scottish average of 2.2.

The rate of child protection investigations (per 1,000 of the 0 –15yr population) was 22.5, this was higher than the Scottish average of 12.2.

Childrens social work statistics  
2021/22



4 (3.17%) of Moray's data zones are in the 20% most deprived in Scotland. In Moray 2,582 children (16.1%) age 0-16 were living in relative low income families in 2021.

SIMD

UK Govt children in low income families

Moray had 91 incidents per 10,000 population, of domestic violence recorded by Police Scotland in 2021/22. This was lower than the national average of 118.

Domestic abuse recorded by Police  
Scotland 2021/22

## Our approach

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

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

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the Moray community planning partnership area took place between 10 July and 29 November 2023. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 113 children and young people and 94 parents and carers. This included face-to-face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 404 responses from staff working in a range of services.
- We met with members of staff, including senior leaders and those who work directly with children, young people and families.
- We met with five elected members.

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 and young person in Moray who may be at risk of harm.

## Background

In 2016, we carried out a joint inspection of services for children and young people in the Moray community planning partnership area. At that time, we were not confident that joint planning of children's services was resulting in improved wellbeing for children and young people. We identified six priorities for improvement and reported again in December 2017 and March 2019 on the progress the partnership had made.

While this joint inspection had a different scope with the focus on children and young people at risk of harm, brief comment is made in this report where findings relate to improvement since our last joint inspection.

## Key messages

- The partnership's approach to identification and initial response to risk was helping to keep children and young people safe.
- The majority of children and young people were benefitting from caring and trusting relationships with key staff, but not all felt that staff spent the time with them that they needed.
- Where available, specialist services were helping children and young people recover from abuse and neglect.
- Young people at risk of harm from themselves or to others, or from risk in the community did not always receive the help they needed to make a positive difference in their lives.
- Children and young people and parents and carers were contributing to decisions about their lives, though not all had access yet to independent advocacy.
- Children and young people at risk of harm were not yet routinely influencing service planning and delivery.
- The child protection committee had not yet fully developed the mechanisms necessary to understand and communicate the difference that services were making to the lives of children and young people at risk of harm.



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

### Key messages

- Early help and preventative approaches were making a difference to the wellbeing and safety of some children and their families.
- Children and young people were safer due to the partnership's effective initial response to protective concerns.
- The introduction of a solution orientated approach to child protection planning meetings was beginning to improve the participation and quality of meetings for children, young people and their families.
- Staff were confident in their knowledge, skills and ability to recognise, report and respond to child abuse and neglect and harm from parental behaviour or circumstances.
- Responses to young people at risk of harm was variable. A multi-agency co-ordinated approach to risk was not yet in place for young people at risk of harm from themselves, to others or from risk in the community.

### Preventative approaches

The percentage of children living in relative low income families in Moray has increased over the last few years. The relatively remote and rural landscape presents particular challenges in relation to poverty and the ability to access services locally. Partners had introduced a number of helpful initiatives to maximise income and reduce the impact of poverty on whole family wellbeing. Examples included the use of a 'money worries' toolkit by staff, implementation of guidance on the cost of the school day and free or subsidised leisure and school holiday provision for some children and young people. Efforts had also been made to increase the uptake of free bus travel for all children and young people.

A range of targeted prevention activity was taking place across Moray in response to anti-social behaviour, violence reduction, substance abuse, online safety and risk from children and young people going missing from home. Strong collaborative working arrangements were helping to prevent risks escalating and improve the wellbeing and safety of children and young people at risk of abuse and neglect. While the partnership had more to do to evaluate approaches, the majority of staff who completed our survey were confident that effective intervention was in place to prevent or reduce incidences of accumulating signs of abuse and neglect.

The partnership had established a locality network approach, led by third sector partners, which brought together staff working in local areas to help identify concerns

and plan a local response. We heard examples of how this work had helped address issues at an early stage and prevent the need for more targeted interventions. Initiatives included the development of the Aberlour YP Zone, which provided support to young people to reduce harm from drug and alcohol use and a fire safety project in Forres to reduce the incidence and harm from fire raising. An external evaluation had confirmed that locality networks were helping to identify emerging needs and were able to quickly and effectively deliver support.

The partnership had improved its approach to learning reviews in line with the 2021 national guidance for child protection committees undertaking learning reviews. Learning from recent reviews helped partners identify and respond to the need to strengthen practice in relation to unborn and very young children. A new pathway for multi-agency support in pregnancy provided a clearer process with appropriate timescales. A revised training programme had also strengthened practitioner guidance on safe sleeping. The practice reflection improvement short module (PRISM) methodology was helping to engage frontline staff in the implementation of improvement actions. While too early to measure impact, the changes in practice were promoting early, multi-agency and needs-led intervention to ensure timely and proportionate care was received by vulnerable women, children and their families.

### **Staff confidence**

Almost all staff were confident in their knowledge, skills and ability to recognise, report and respond to child abuse and neglect and harm from parental behaviour or circumstances. Almost all staff agreed that learning and development opportunities were increasing their confidence and skills in working with children and young people at risk of harm. A training needs analysis was helpfully undertaken by the child protection committee as part of the partnership's approach to learning and development.

The partnership had sought to strengthen practice in relation to domestic abuse and neglect, two of the most common concerns linked to child protection registration in Moray. Working alongside Women's Aid, multi-agency staff training was supporting the introduction of the Safe and Together approach to addressing domestic abuse. The implementation of the Graded Care Profile 2 was intended to support staff to better identify and respond to neglect. While the roll out of these programmes had been comprehensive, it was too early to tell the impact of this work.

Partners were in the early stages of developing a trauma informed workforce. Resource had been agreed to provide a development worker post, though this had not yet been recruited to. The partnership had identified this as an area for further development.

### **Initial response and follow up to concerns**

Children and young people were safer as a result of the effective initial response and follow up to concerns. Most children and young people who completed our survey felt safe where they lived all or most of the time. The majority of parents who

responded to our survey told us that workers responded quickly when concerns were first identified.

Collaborative multi-agency approaches had helped staff identify and respond to concerns. We evaluated the quality of the initial response to concerns as good or better in most of the records we read. Staff from all agencies were helpfully communicating with each other and sharing relevant information to help determine the need for an initial referral discussion (IRD). All concerns were shared with police and social work without delay. However, in a few instances, cumulative concerns were not identified early enough.

**Practice example: the quality of the partnership's local working on initial referral discussions (IRDs)**

**Social work, police, health and education (including early years) were all routinely contributing to IRD information sharing and decision making as equal partners. While the introduction of virtual meetings had made the process more timely, partners reported that it was the commitment across all agencies that had improved the quality of the meetings. To achieve this, education partners had strengthened their support arrangements to improve staff confidence in participating in child protection planning processes. They had also put in place a rota of senior officers, including the chief education officer, to provide education support for IRDs during school holidays. The contribution of health had been extended so that consultant paediatricians were contributing directly to discussions when necessary. Feedback from staff indicated that the enhanced participation had improved the quality of information sharing, reduced delays in decision making, and it was helping to avoid unnecessary medical examinations for children and young people. Health staff reported that this was also helping to manage pressures on acute health services.**

Moray is part of the pan-Grampian IRD model. Partners had successfully sustained and built on the improvements to their IRD process that we last reported on in 2019. We evaluated the follow up of concerns as good or better in most of the records we read. Staff were successfully working together using the IRD process to respond to and make decisions about protection concerns. In line with the 2021 national guidance for child protection, IRD practice included all children from pre-birth to 18 years in relation to both familial and non-familial harm. In almost all cases, IRDs were carried out within expected timescales and clear decisions were made about next steps. Where necessary, safety planning and IRDs were started outside normal office hours. This was supported by police and social work staff until a full multi-agency IRD could take place on the next working day.

The partnership had appropriate arrangements in place for chairing, recording and sharing the outcome of the meetings. Guidance was supporting staff to ensure that risk and harm were fully explored. The need for medical examinations, legal measures and joint investigative interviews was routinely considered.

A multi-agency IRD quality assurance process was supporting ongoing improvement. Regular audit practice had highlighted as an issue the consideration of non-familial harm, and action was taken to strengthen this. An escalation process was introduced to support joint working and decision making. Partners recognised that their quality assurance approach could be further developed to provide multi-agency review of decision making when concerns did not progress to IRD.

## **Investigations**

Police, health, social work and staff of the Grampian-wide Scottish child interview model (SCIM) pilot were co-located within the joint child protection unit. This helped provide a co-ordinated child protection response for children and young people. An interview suite with a separate entryway was part of the facility, with appropriate space for families to spend time together during breaks from interviews.

The SCIM was used for almost all investigations and was helping to improve the quality of the investigative process for children and young people at risk of harm. The multi-disciplinary team comprised of four posts shared across police and the children's social work service. As the SCIM is a pan-Grampian approach, some additional capacity was provided from other SCIM teams when necessary.

SCIM staff attended IRDs where a joint interview was likely to be required. Staff told us that this helped with planning of investigations and reduced delays. In almost all the records we read, investigations were carried out within expected timescales. We found that the views of children and young people and parents and carers had been considered and immediate and interim safety planning had taken place.

The SCIM approach was subject to multi-agency quality assurance that had more recently been extended to include feedback from children, young people and their families. Families who had completed SCIM questionnaires had been positive about their experiences.

When medical investigations were necessary, consultant paediatricians based at Dr Gray's hospital in Elgin supported triage and assessment. Staff reported that this was helping to reduce the need for children and young people to travel to the children's hospital in Aberdeen.

Information collated as part of the preparation for a SCIM investigation was routinely shared with lead professionals, alongside the outcome of any investigation. Staff reported that this supported ongoing intervention.

## **Initial child protection planning meetings**

Initial child protection planning meetings were effectively supporting planning for children and young people at risk of harm. In our record reading sample, we evaluated most as good or very good for the overall quality. One record was evaluated as excellent. Strengths included timeliness of meetings and clarity of decision-making.

A solution-orientated approach to child protection planning meetings was introduced across the child protection planning process in January 2023 for all children and young people from pre-birth to 18 years. The aim was to reduce stigma, enhance family participation, avoid revisiting traumatic incidents and build on family strengths. Initial feedback was sought from families and staff about their experiences of meetings to inform future quality assurance and improvement. Although the partnership had more to do to demonstrate what difference the changes were making to outcomes for children and young people, early indications were positive in relation to supporting participation and decision making.

### **Young people at risk of harm from themselves or to others, or from risk in the community**

When young people posed risks to themselves, or to others or were at risk in the community, the response was too variable. While initial referral discussions (IRDs) helpfully provided initial co-ordination and support, follow-on child protection planning processes were not routinely supporting older young people. Care and risk management (CARM) processes or equivalent pathways for vulnerable young people had not yet been introduced to support planning. The inconsistency in approach impacted on quality. In the records we read, there was an overall reduction in the quality of the response where concerns stemmed from behaviour or community, with initial meetings less likely to take place for this group of young people.

Work had been undertaken to raise awareness and train staff in relation to identifying exploitation and signs of harm in young people. We heard from some staff that there had been improved recognition of risks affecting young people. However, partners understood the need for further work to ensure that there was a multi-agency co-ordinated response to young people at risk from themselves, or to others or from risk in the community.

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

### Key messages:

- Multi-agency assessment, planning and review was being undertaken routinely for children and young people at risk of harm. While the majority of reviews contributed effectively to the lives of children and young people, the quality of chronologies, assessments and plans was variable.
- Children and young peoples' experience of nurturing relationships with key staff was mixed. Some children and young people benefited from compassionate and caring relationships but not all felt that their worker spent time with them or gave them the help they needed.
- Where available, specialist services were helping children and young people recover from abuse and neglect and mitigate risk.
- Planning and support for young people at risk of harm from themselves, to others, or at risk in the community, was less effective than support for children and young people at risk of abuse and neglect.

### Assessment and planning to reduce risk

Chronologies, assessments of risk and need, and child's plans were being completed routinely for children and young people at risk of harm. Effective joint working across agencies, within a GIRFEC approach, helped to support a shared understanding of risk and collaborative decision making. When necessary, contributions from adults' services working with parents enhanced the quality of the child's planning process. A refreshed approach to solution-focused planning supported staff and families to identify, and work towards, goals together. The majority of reviews were taking place within timescales and were of good or better quality. Some families told us that strengths in planning arrangements had helped to keep their child safer.

In the records we read, the quality of chronologies, assessments and plans was variable. While there were chronologies of good or better quality, we evaluated the majority as adequate and a few as weak. Although we evaluated the majority of assessment and plans to be good or better, there was significant variation with some evaluated as weak and in one instance, unsatisfactory. We heard from staff that too many assessment tools had made it challenging to make improvements.

Partners recognised that they had more to do to improve the consistency of the quality of assessment and planning. Senior leaders told us about the roll out of a

revised single assessment framework within children's social work. The Scottish Children's Reporter's Administration was helpfully providing feedback about the quality of assessments it received. While some single-agency audit activity had taken place, the partnership had not yet developed a comprehensive multi-agency approach to quality assurance to support improvement.

### **Nurturing relationships with key professionals**

The majority of children and young people told us they had a trusted adult they could talk to about things important to them and that staff listened to their opinions.

Children, young people and families' experience of nurturing relationships with key professionals was mixed. When children and young people experienced caring and supportive relationships with staff, this was helping them to overcome their difficulties. Some families we spoke to told us about compassionate and caring staff who had taken the time to build relationships with children and young people and parents and carers. However, not all children and young people benefited from supportive and nurturing relationships with key professionals.

Some staff we spoke to told us that capacity had impacted on their ability to provide support. Just under half of the children and young people who completed our survey reported their worker spent time with them and gave them the help they needed only some, or none of the time. We heard from a few families who felt let down by professionals when they didn't follow through on agreed actions. Some children and young people experienced changes in key professionals, making it difficult to sustain relationships.

### **Support for children and young people**

The majority of staff felt that the GIRFEC approach was having a positive impact on the lives of children and young people. Support within universal services was helping to meet the needs of children, young people and their families. Nurturing provision and pupil support bases within schools provided a safe space. These addressed social and emotional needs through positive relationships in a supportive environment. Early years provision helped to mitigate difficulties, supporting early childhood development and providing a protective environment. Exchange counselling services provided opportunities for 10–17-year-olds to talk and optimise mental health. The Pinefield service provided support for young people from the age of 14 years who could not be sustained in mainstream education, including those who were at risk of harm from themselves or to others. The service helped young people in their transition into post school opportunities by supporting social skills and work experience.

Where available, specialist services were helping children and young people recover from abuse and neglect. Examples of family-focused support included the Children 1<sup>st</sup> Families Together project, which provided practical and emotional support to children and their parents/carers who were experiencing difficult times. Aberlour children's charity was providing preventative community supports, including individual support for families. Quarriers' Arrows service worked alongside families

who were impacted by adult problematic drug and alcohol use. Children and young people were benefitting from group and individual time with a trusted adult through these family-focused services.

Some young people were benefitting from supports in the community. Aberlour's Youth Point service provided extra help for young people who struggled with their emotions, behaviour and wellbeing. This included young people who were at risk of exclusion from school or who experienced a chaotic home life. Youth workers and mentors provided support in a safe environment away from home and school. The service also worked with parents and carers to improve relationships within the home. Young people were helped to develop a variety of employability skills in advance of leaving education. The service had supported care experienced young people through the Family Firm initiative.

An Action for Children Functional Family Therapy service had recently been introduced to support relationships and help keep families together. Rape Crisis was providing individual recovery support for young people, which had helped to improve safety and wellbeing. School nurses were providing Let's Introduce Anxiety Management (LIAM) to help children and young people better manage feelings of anxiety. Children and young people requiring specialist mental health support benefited from quicker access to child and adolescent mental health services (CAMHS). Since May 2022, overall waiting times had reduced and most children and young people received specialist mental health treatment through CAMHS within 18 weeks of referral.

### **Availability and impact of support**

The majority of staff who responded to our survey agreed that children and young people who had experienced abuse and neglect were being supported to recover. However, we heard from some staff that pressures on capacity had impacted on their ability to provide timely and consistent support. Some children and young people did not have access to the right services when they needed them to stop difficulties getting worse. Staff felt wellbeing concerns around neglect were exacerbated while families were waiting on support. Staff and families were not always clear about what services were available.

We found a mixed picture in relation to the effectiveness of intervention. While the work to reduce risks from abuse and neglect and from parents and carers circumstances was evaluated as good or better in the majority of records we read, not all children and young people experienced improved outcomes. In a third of the records we read, the effectiveness of work carried out to reduce risks of abuse and neglect and risks arising from parents and carers circumstances was evaluated as adequate. Some were evaluated as weak and a few were unsatisfactory. Just under half of the parents and carers who completed our survey disagreed or were not sure that their children were safer because of the help and support they received from workers. A small number of parents and carers we spoke to told us that intervention had not made life better for their family.



The outcomes for young people at risk of harm from themselves or to others, or from risk in the community, was most variable. The effectiveness of the work carried out to reduce risks from the child harming themselves or others and to reduce risks to the child arising from circumstances within the community was found to be adequate or less in the majority of records we read. The partnership was aware that it had more to do to ensure support was effective for all young people at risk of harm and had identified this as an area for development.

While the partnership monitored some key processes, performance was not yet sufficiently analysed to support consistently high standards of service delivery and improved outcomes.

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

#### Key messages:

- The views of children and young people and parents and carers were considered during decision making and most contributed to meetings about their lives.
- Children and young people at risk of harm and their families were not always aware of or supported to access independent advocacy. The partnership had recently introduced a rights-based approach to advocacy to address this.
- Children and young people at risk of harm had limited opportunities to influence service planning and delivery.
- The partnership's approach to ensuring that the voice of children, young people and families regularly contributed to strategic planning and improvement was at an early stage of development. There was not yet a clear strategy in place to prioritise, co-ordinate and evaluate activity.

#### The involvement of children, young people and their families in decisions about their lives

Most children and young people who completed our survey told us that their worker listened to them. Their rights had been explained to them and they had someone who could help them express their views. In almost all records we read, the views of children and young people and in most instances the views of parents and carers were considered during investigations. Most children and young people and their parents and carers had contributed to meetings about their lives.

In the records we read, the impact of involvement for children and young people was variable. While one record was excellent for the effectiveness of how well the child was listened to, heard and included, we evaluated just under half of the records as adequate or lower. Parents and carers were more effectively involved than children and young people. Half of the parents and carers who completed our survey agreed that communication had been good and just over half felt that their views had been taken seriously. Some of the families we spoke to felt that their views had not been listened to and that they had not been included. In some instances, staff vacancies had affected the capacity to meaningfully involve children, young people and their families.

The partnership had already identified that they needed to improve how they listened to and included children and young people and their families. UNCRC rights-respecting schools activity had taken place across the partnership area. We heard

examples of reviewing officers and panel members who had met with children, young people and their families before and after meetings. Staff also told us about how they were taking advantage of training and developing their skills to help younger children to share their views.

### **Access to independent advocacy**

Where children, young people, parents and carers had access to independent advocacy this had helped to ensure that their voice was heard. However, some families had experienced delays in accessing independent advocacy and not all were aware of the availability of this support. The way in which independent advocacy provision had developed in the area meant that there had been several different providers for children and young people. Accessibility was dependent on which process the service had been commissioned for. The commissioning terms were different in each contract and none had provided the impact data that the partnership required.

Partners had recognised the need to improve their advocacy provision and better understand the difference this support made to the lives of children and young people. They had very recently replaced all previous arrangements with one independent advocacy service for all children and young people. Delivered by Quarriers, the new service focused on rights-based advocacy, supporting children and young people to be their own best advocate. The commission for the service had been informed by the views of care experienced young people and had a greater emphasis on evidencing outcomes. Although it was too early to determine impact, there were indications of a strengthened approach to rights and participation.

### **Influencing service planning, delivery and improvement**

Children and young people at risk of harm had limited opportunities to contribute to service planning and delivery. Information about children and young people's experience of services was not routinely sought, analysed and used to inform service planning. A new child-friendly complaints process had recently been launched in the children's social work service but it was too soon to evaluate what impact this had on service delivery.

As part of its strategic GIRFEC arrangements, the partnership had in place a children's rights, participation and engagement group. Partners had established a Promise team, comprising a project lead and engagement lead. The team co-ordinated service-based Promise champions who had been established across the partnership. They had re-established a champions board for care experienced young people aged 16 years and older, and the Little Fix group for care experienced young people aged under 16 years. As part of this work, young people were supported to contribute to the commission for the new Quarriers rights-based advocacy service. These strategic arrangements were helping partners develop opportunities for children and young people's voices to influence service planning and delivery.

There were a few examples of how children, young people and parents and carers' voices had influenced strategic planning and improvement more widely. Partners had engaged with groups of children and young people, including care experienced and those with additional support needs, as part of a joint strategic needs assessment that informed the partnership's new children's services plan. Through locality network arrangements, surveys were used to seek the views of children and young people, which contributed to the development of the Aberlour YP Zone to reduce harm from drug and alcohol use. In partnership with Who Cares? Scotland, the Scottish Children's Reporter's Administration and Children's Hearings Scotland, the children's social work service worked with some care experienced and a few children and young people at risk of harm to redesign hearing rooms and develop the Better Meetings participation guidance. Partners had commissioned Children 1<sup>st</sup> to seek the views of parents whose children had been removed from their care, with a view to influencing service improvement.

In the majority of examples, it was too early to determine what difference participation had made to the lives of children and young people. Partners recognised that they were at an early stage of developing their approach, particularly in relation to the participation of children and young people at risk of harm. They were planning to strengthen the links between the child protection committee and the work of the children's rights, participation and engagement group. However, there was not yet a clear strategy in place to prioritise, co-ordinate, and evaluate participation activity.

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

### Key messages

- Senior leaders had a shared vision which had been clearly communicated and understood by staff.
- Collaborative strategic leadership had helped maintain the improvements made in 2019 to strengthen governance arrangements between chief officers and the child protection committee.
- The child protection committee had not yet fully developed the mechanisms necessary to understand and communicate the difference that services were making to the lives of children and young people at risk of harm.
- The partnership's agenda for improvement and change was not yet underpinned by a cohesive approach to service review and self-evaluation.

### Strategic vision

Moray partnership had a shared vision for all children to “grow up loved, safe, respected and equal because our services and workforce put people first and support families with the right help at the right time”. This was joined by a vision developed by a group of Moray young people that they “live in communities where our voice is heard, and we are built up to be all we can be”. Partners had streamlined strategic children’s planning and produced one overarching children’s services plan aligned to the partnership’s two vision statements. The plan represented all key areas of activity including child protection and poverty and was helpfully structured around the five foundations of the Promise.

Across services, leaders were visible and had communicated a clear vision to staff. All partners demonstrated commitment to the support and protection of children and young people at risk of harm. The majority of staff who completed our survey felt that leaders knew the quality of work they were able to deliver at the front line and communicated regularly with staff at all levels.

### Strategic governance and oversight of child protection

The partnership had in place comprehensive arrangements for strategic governance and accountability. In our 2019 progress review, we identified that governance arrangements between chief officers and the child protection committee had been strengthened considerably. In our inspection, we found that progress had been maintained, supported by collaborative strategic leadership.

Elected members felt informed about the effectiveness of services for children and young people at risk of harm. They received performance information at appropriate intervals and had opportunity to scrutinise reports and presentations. To strengthen oversight, joint reporting to the council's education, children's and leisure services committee and integration joint board (IJB) was established following the transfer of children's social work services to the IJB in April 2023.

The chief officers group maintained a strategic overview of all public protection activity in Moray. This helpfully provided strong links between child and adult protection strategic priorities, for example violence against women and adult support and protection. Written terms of reference and clear reporting arrangements supported chief officers to provide appropriate levels of support and challenge to the chair of the child protection committee, who reported directly to the chief officers group. Chief officers had built in opportunities for development sessions within their regular meetings schedule to better understand key issues. Use of a risk register was helping ensure that chief officers maintained a line of sight to current and emerging risk. An example of response to strategic risk was the agreement from the chief officers group to share new resource from the Moray alcohol and drugs partnership to strengthen the child protection committee's approach to data analysis.

Written terms of reference and clear subgroup reporting structures underpinned the work of the child protection committee. Appropriate committee membership was in place, including third sector representation. A new joint independent chair, with a strong background in care and protection, had been appointed to chair both the child protection committee and the adult support and protection committee. We heard from partners how the new chair was providing helpful support and challenge during meetings. Although there were a number of subgroups, leaders had been careful to align child protection with the wider children's services planning. A core shared membership and collaborative subgroup arrangements reduced duplication and provided strong links between the child protection committee and GIRFEC leadership group.

Members of the child protection committee were appropriately informed of the key protection priorities linked to the overall visions within the children's services plan. Most staff who had completed our survey expressed a confidence in local child protection arrangements. However, a training needs analysis undertaken by the partnership had identified that not all staff understood the role and the contribution of the child protection committee. To address this, the chair had begun a programme of engagement with the multi-agency workforce, starting with social work staff, though this had not yet been rolled out across the partnership. More recently, direct reporting between the community-based locality networks and the GIRFEC leadership group was beginning to help bridge the strategic and operational landscapes.

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

A gap analysis and the establishment of a child protection committee subgroup for implementation of the national guidance for child protection had supported partners to align local training, policy and procedure with the national guidance published by

Scottish Government in 2021. Good progress had been made in relation to strengthened approaches to initial referral discussion and child protection planning meetings, and the introduction of the Scottish child interview model (SCIM). The strategic approach to the quality of assessment and planning had not progressed as well. The refresh of GIRFEC guidance remained a work in progress, though a few schools were piloting a revised child planning format. The partnership had identified their approach to assessment and planning as an area for development. This was appropriately reflected in the risk register maintained by senior leaders.

### **Leadership of people and partnerships**

Across agencies, staff told us that they valued the support provided by their peers and through line management arrangements. The partnership had in place shared policies and procedures which were helping staff in their work with children and young people and their families. Specific trauma support was available for staff undertaking SCIM work. Across all services, staff members knew what was expected of them and felt supported to be professionally curious with the aim of keeping children and young people safe. Almost all staff who completed our survey felt they received appropriate support and challenge.

Staff who responded to our survey agreed that learning and development opportunities were increasing their confidence and skills in working with children and young people at risk of harm. The majority felt that participation in multi-agency training and development had strengthened their contribution to joint working. In a few instances, communication of intended learning outcomes was not effective. A few staff we spoke with were not clear how some training opportunities improved their support of children and young people at risk of harm.

While staff were making a positive contribution to the lives of some children and young people at risk of harm, senior leaders recognised they had more to do to ensure that there was sufficient support and capacity to consistently achieve high standards of practice.

### **Data and quality assurance**

Partners were developing their approach to multi-agency quality assurance. While the new children's services plan was informed by a joint strategic needs assessment, partners had not yet fully developed the measures necessary under the plan to help them understand what difference they were making to the lives of children and young people at risk of harm.

There were some helpful examples of single-agency activity. A new policy, development and commissioning team established in the children's social work service was strengthening the role of reviewing officers in contributing to quality assurance. However, with the exception of initial referral discussion and SCIM, partners were not routinely undertaking quality assurance on a multi-agency basis to inform service improvement. Wider quality assurance arrangements implemented following previous inspection activity had not been sustained.

The national minimum data set had been adopted by the child protection committee and a data subgroup had been established to support analysis. We heard from child protection committee members how these arrangements had improved the collation, quality and presentation of data. Minutes and reports confirmed that regular scrutiny of data was taking place at child protection committee meetings. The existing data subgroup of the child protection committee was reconfigured to bring together data and audit activity and better develop a multi-agency approach. There were limited examples of the views of staff, children, young people, parents and carers contributing to quality assurance.

While there was better interrogation of data, senior leaders recognised that more needed to be done to develop a greater understanding and articulation of the experiences of children and young people. As noted above, chief officers had agreed the sharing of new resource from the Moray alcohol and drugs partnership to support this work.

### **Management of resources and workforce planning**

The partnership had experienced significant budgetary pressures and challenges in recruiting and retaining staff. While services were working hard to meet needs, demand at times exceeded capacity and impacted negatively on staff's ability to sustain relationships and provide support to children and young people at risk of harm. There was a lack of certainty among staff about the partnership's capacity to meet the needs of children and young people at risk of harm. Of the staff who completed our survey, only half were confident that leaders had ensured the necessary capacity to meet the needs of children and young people at risk of harm. There was some recognition among partners of the reliance at times on the creativity and dedication of the workforce to address gaps. Concerns about capacity were not limited to frontline arrangements. On a few occasions, we heard from staff who had been left feeling frustrated because the time taken for senior managers' decision making about resources had contributed to delays in planning for children and young people.

Senior leaders were working together to try and address service pressures. Chief officers had agreed additional resource for a key social work post and had adopted a pan-Grampian approach to determine where further collaboration could reduce internal pressures. Individual services and agencies had undertaken a number of different initiatives to try and support recruitment and retention and maximise capacity. The council and the integration joint board had medium-term financial plans in place, though were cognisant of the increasingly difficult budgetary position and the continued national challenges of recruitment and retention. Elected members had established cross-party working to support effective decision making. In the face of further pressures, they recognised the need for discussion with partner agencies to consider the wider impact of current and future financial decision making.



## Leadership of improvement and change

While some improvements had been achieved and maintained in response to findings of our previous inspection, some momentum had been lost. Partners considered that this was due in part to meeting the additional demands of the Covid-19 pandemic. They recognised that they had more work to do to consistently improve the experiences and outcomes for children and young people at risk of harm.

In seeking to re-establish its agenda to improve the safety of children and young people, the partnership had set out priorities for change within a relatively ambitious children's services plan. While this had resulted in a number of improvement activities taking place in a short space of time, leaders were aware of the need to maintain stability in the system.

Partners recognised the need for strengthening relational practice, though the pressures on the capacity of services was making this more difficult to achieve. They had invested in a number of new relational service initiatives and approaches, many of these in partnership with third sector providers. Examples included Functional Family Therapy, Children 1<sup>st</sup> Families Together service and the Safe and Together model. New commissioning arrangements were helpfully placing a greater emphasis on outcomes. In addition to external investment, changes had also been made to strategic governance and core areas of service delivery. This was particularly evident in relation to the children's social work service which had experienced both a change in strategic governance and a new senior management team.

With the exception of a few key areas, the majority of improvement activity was very recent and it was not yet clear what impact the changes had on the lives of children and young people. As many initiatives were new, the partnership was yet to understand what difference their investment had made. Evaluation and improvement was not always visible or understood by staff. Not all staff who completed our survey were confident that changes had led to improved outcomes for children and young people. While senior leaders recognised that they needed to do more, management of improvement and change was not yet underpinned by a cohesive approach to service review and self-evaluation.

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

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

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

### Evaluation of quality indicator 2.1: Adequate

We evaluated the impact of services on the lives of children and young people as **adequate**. This meant that strengths just outweighed weaknesses. We found strengths that were having a positive impact. Nonetheless, the likelihood of achieving positive experiences and outcomes was reduced significantly because there were key areas of performance that needed to improve.

### Important strengths that had positive impacts on children and young people

- Most children and young people told us that they felt safe where they live all or most of the time. When children and young people were identified as being at risk of neglect or abuse, the support provided had helped the majority of children and young people to become safer.
- When children and young people had supportive and trusting relationships with staff, this was making a positive difference to their lives.
- When children and young people received support from universal and specialist services, this made a positive difference to their lives. Examples of this included support in nurturing bases and pupil support bases in schools, provision of counselling services and support from resources such as Children 1<sup>st</sup>, Quarriers, Aberlour, and Rape Crisis.

### Aspects of practice that were working well for some children and young people but not others

- While we heard individual reports of particular staff members and services making a positive difference in the lives of children and young people, some families told us they struggled to access the right support. We also heard a few examples, particularly from parents, of services negatively impacting children and young people.
- While most children, young people and parents and carers benefited from positive relationships with staff, some parents and children told us they had not benefited from positive relationships with staff. This was linked to a lack

of consistency of staff members and some families experienced frequent changes in staff.

- There was mixed evidence from our record reading, children and young people's surveys and during engagement about how effectively children and young people had been listened to, heard and included.

### **Areas for improvement**

- When young people were at risk of harm from themselves or to others, or from risk in the community, they did not consistently receive the right help and support they needed to improve their lives.
- Children and young people at risk of harm were not routinely and meaningfully influencing service planning and improvement.
- Children and young people at risk of harm had not consistently benefited from independent advocacy.

## Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership in Moray does have the capacity to make changes in the areas that require improvement.

This is based on the following.

- Although consistency across protection work needed to improve, the partnership had in place an effective initial response to risk for children and young people at risk of harm.
- Many of the practice areas identified in this inspection as requiring improvement were already reflected in partnership planning. While some momentum had previously been lost, partners had recommenced implementing the changes necessary to improve outcomes for children and young people.
- Although more needed to be done to understand impact, there was evidence of effective joint working across the partnership having led to improvement in key processes including inter-agency referral discussions and child protection planning meetings.
- Leaders, including elected members, recognised the need for change, had in place appropriate risk management arrangements and, in their collaborative working and investment in new approaches and services, had demonstrated commitment to driving forward their improvement agenda.

## What happens next?

The Care Inspectorate will request a joint action plan that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

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

Our inspections used the following scale for evaluations made by inspectors, which is outlined in the [quality framework for children and young people in need of care and protection](#). Published in August 2019, it outlines our quality framework and contains the following scale for evaluations:

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

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

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

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that 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 that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The

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

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance that 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 that cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

## Appendix 2: Key terms

Note: more key terms that we use are available in [The Guide](#) to our inspections.

**Alcohol and drugs partnership** is a locally-based, inter-agency strategic partnership responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery.

**Care and risk management (CARM)** are processes that are applied when a child between the ages of 12 and 17 has been involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

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

**Child and adolescent mental health services (CAMHS)** are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. They also provide training, consultation, advice and support to professionals working with children, young people and their families.

**Chief officers group** is the collective expression for the local police commander and the chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

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

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

**Contextual safeguarding** is an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

**Family Firm** is a concept recognised by the Scottish Government to promote skills and employment opportunities for care experienced young people.

**Functional Family Therapy** is a short-term, specialist family support programme for children and young people aged 11-18 years and their families where there is a risk of family breakdown.

**Getting it Right for Every Child (GIRFEC)** is a national policy designed to make sure that all children and young people get the help that they need when they need it.

**Graded Care Profile 2** helps professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect. Using the GCP2 assessment tool, professionals score aspects of family life on a scale of one to five. This assessment helps them identify areas where the level of care children receive could be significantly improved.

**Independent advocacy** is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

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

**Inter-agency referral discussion (IRD)** is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

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

**Learning review** brings together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). Until the updated national guidance for child protection was published in 2021, the term 'significant case review' was more commonly used.

**Let's Introduce Anxiety Management (LIAM)** is intended to develop cognitive behaviour therapy informed skills and approaches to treat children and young people with mild to moderate anxiety symptoms.

**National minimum dataset for child protection committees in Scotland** is a set of agreed measurements, criteria or categories required to create a robust understanding of information about a service. The data populated through these



measures provide a baseline and then a progress measurement for the planning and development of services delivered.

**Practice reflection improvement short module (PRISM)** is an open learning event where the local child protection committee's evaluation of local practice is shared and discussed with a multi-agency group of practitioners. Small group reflection is then supported and ways to improve local practice is considered.

**Safe and Together** is a suite of tools and interventions designed to help staff improve their awareness and understanding of domestic abuse. It is based on three key principles: keeping children safe and together with their non-abusive parent ensuring safety, healing from trauma, stability and nurture; partnering with the non-abusive parent as a default position ensuring efficient, effective and child-centred practice; and intervening with the perpetrator to reduce the risk and harm to the child through engagement, accountability and criminal justice.

**Scottish child interview model (SCIM)** is a new approach to joint investigative interviewing that is trauma-informed. It maintains the focus on the needs of the child in the interview, minimises the risk of further traumatisation and aims to achieve best evidence through improved planning and interview techniques.

**Scottish Children's Reporter Administration** is an executive non-departmental public body of the Scottish Government with responsibility for protecting children at risk.

**Trauma-informed workforce** is able to recognise when someone may be affected by trauma. It collaborates and adjusts how it works to take this into account and responds in a way that supports recovery, does no harm and recognises and supports people's resilience.

**The Promise Scotland** was established to take forward the work of the Independent Care Review. In 2021, it published its plan for 2021-2024, outlining key outcomes that aim to ensure that Scotland's children and young people grow up loved, safe and respected, so they can realise their full potential.

**United Nations Convention on the Rights of the Child (UNCRC)** is a widely-ratified international statement of children's rights.

**Universal services** are those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GPs and health visiting.

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