

Services for children and young people in Dundee City

8 March 2016

Report of a joint inspection

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1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report we mean 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 difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and 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 Dundee City Council, NHS Tayside, Police Scotland, and the Scottish Fire and Rescue Service.

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 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'.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and 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. Associate assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014 the Care Inspectorate published 'How well are we improving the lives of children, young people and families?' a guide to evaluating services for children and young people using quality indicators. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we conducted the inspection

The joint inspection of services for children and young people in the **Dundee Community Planning Partnership** area took place between 31 August 2015 and 30 October 2015. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 105 of the most vulnerable children and young people. We met with 86 children and young people and 81 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Dundee City Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Dundee City Council area published by the Care Inspectorate in May 2012, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at **www.careinspectorate.com**

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.

3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Dundee City is Scotland's fourth largest city and currently has a population of 148,000, a 2.8% share of the nation's population. There are 32,000 children and young people aged between 0 and 19 years. A comparison of the 2001 and 2011 census data shows a slight decrease from 24,000 to 23,700 of people aged 0 to 15 years, but within that an increase in children aged 0 to 4 years. Whilst the city has a slightly higher than average proportion of older residents, it also has the highest proportion of student population in Scotland, with approximately 20% being students. Latest projected population figures predict that the population will remain stable with an expected increase of 6.5% by 2035.

The percentage of the Dundee City population living in the 15% most deprived Scottish Index of Multiple Deprivation (SIMD) data zones has remained at just under 30% since 2004. The SIMD 2012 estimated in Dundee City there were 42,125 people living in the data zones ranked within the 15% most deprived in Scotland. This was 29.2% of the total Dundee City population. In 2013 25.9% of pupils received free school meals compared to a Scottish average of 19.4%.

Substance misuse presents a major health challenge for Dundee. Information Services Division data published in October 2014 estimated Dundee City to have the second highest prevalence rates of problem drug use in of all local authority areas in Scotland. Dundee City also has the highest rate of domestic abuse recorded by the police of any local authority in Scotland.

The Dundee Community Planning Partnership is known as the Dundee Partnership. Its membership includes Dundee Council, NHS Tayside, Police Scotland, Scottish Fire and Rescue Service, Scottish Enterprise, Dundee Alcohol and Drug Partnership, Dundee Third Sector Interface, Skills Development Tayside, Tayside Criminal Justice Authority, Job Centre Plus, Dundee College, University of Dundee, University of Abertay, and Central Scotland Transport Partnership.

The Dundee Partnership's **Single Outcome Agreement** 2013 – 2017 reflects national and local priorities. It sets out ten outcomes to achieve the partnership's vision that Dundee:

- will have a strong and sustainable city economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent
- will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion, creating a community which is healthy, safe, confident, educated and empowered
- will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.

One strategic outcome focusses on improving the lives of children and young people: Our children will be safe, healthy, achieving, nurtured, active, respected, responsible and included. A thematic strategic group, the Joint Management Group, is responsible for co-ordinating the delivery of this outcome.

4. How well are the lives of children and young people improving?

Improving the wellbeing of children and young people

This section considers improvements in outcomes community planning partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Improvement in the wellbeing of children and young people was adequate. The community planning partnership had helpfully agreed a framework for prevention and early intervention and had committed to jointly redirecting additional resources year-on-year toward preventive activity and services. However, delay in implementing this joint approach had limited its ability to demonstrate results in tackling inequalities. Partners were working hard to improve important trends relating to children and young people's health and education; steady progress had been made on attainment. Where there were positive trends, improvement was often gradual with performance continuing to fall below the national average and actions that could achieve the step change they desired had yet to be identified. Community planning partners had yet to agree a set of measures from which to demonstrate how well they were improving the life chances of looked after children, young people and care leavers.

How well are trends improving through prevention and early intervention?

Dundee is a city facing huge challenges where approximately three out of every ten children live in some of Scotland's most deprived areas. For many years, the city had the highest levels of teenage pregnancy in Europe. Teenage pregnancy rates are closely related to poverty and inequality leading in many cases to poorer outcomes for mothers and their children. Since 2007, partners had achieved a significant reduction of 50% in the rate of teenage pregnancies. By 2012, rates of pregnancies per 1000 for young women aged 13 to 15 years and 15 to 17 years were 7.8 and 31.9 respectively. In 2013, figures for Dundee were just two percentage points above the national average. Nevertheless, the prevalence of teenage pregnancies continued to be concentrated disproportionately in the most deprived communities. The Partnership was acutely aware of this uneven distribution which was replicated across a wide range of indicators and partners were in no doubt about the need to target prevention and early intervention more effectively.

Fluoride varnishing of children's teeth is proven to prevent dental disease and was one example of a targeted approach. As a component of the national Childsmile programme, the proportion of four-year-old children from the most deprived areas who received two or more applications in 2014 exceeded the Scottish average. However, a similar result was not achieved for three-year-olds due to high levels of absenteeism in nurseries where this treatment takes place. Helpfully, partners were beginning to test out ways to reduce missed outpatient appointments for children and young people to reduce the chance of health needs being unmet.

A high proportion of children and young people were affected by parental substance misuse. The **2014 Improving Children's Outcomes Survey** found that 36% of children experienced an early initiation into drug and alcohol misuse. In the 2013 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 18% of 15-year-olds reported smoking regularly. This was a significant decrease of 8% since 2010 in line with Scotland as a whole. However, 10% of 13-year-olds reported smoking regularly, five percentage points higher than the national average.

Preventative action led by police and fire and rescue officers was successfully promoting responsible citizenship. This was contributing to reducing trends in offending, anti-social behaviour and accidental injuries amongst children and young people city wide. Again, the 2014 Improving Children's Outcomes Survey showed that children and young people growing up in the more deprived areas experienced very limited opportunities within their families to learn pro-social behaviour essential for developing self-esteem, social skills and empathy. The community planning partnership had helpfully agreed a framework for prevention and early intervention with the aim of closing outcome gaps. It was committed to redirecting additional resources year-on-year to the delivery of evidence-based preventive activities. However, a slow pace of implementing this joint approach was limiting the partnership's ability to demonstrate more positive results in tackling inequalities.

How well are outcomes improving for children and young people?

Optimising the health and wellbeing of women during pregnancy and in the months following the birth helps ensure that newborn babies get the best possible start in life. Of concern was the fact that substance misuse amongst pregnant women had increased, although smoking during pregnancy had decreased significantly, with a reduction of roughly 10% from 2003/4 to 2013/14. Despite this, rates of smoking during pregnancy remained well above the national average. Trends in relation to the percentage of babies exclusively breast fed at 6-8 weeks old had decreased in the past three years. However, there were promising early indications that the **Family Nurse Partnership** (FNP) was improving aspects of infant and maternal health, including breastfeeding amongst those eligible to be included in this structured programme.

A range of initiatives was aimed at promoting healthy lifestyles and reducing high levels of childhood obesity. For example, a preliminary evaluation of a healthy living initiative *Eat Well, Play Well*, delivered jointly by NHS Tayside and Leisure and Culture Dundee, showed encouraging signs of improvement in regular active play and nutrition amongst participating children. There was a marked increase in 2015 in the numbers of attendances by pre-school aged children at physical activities and in outdoor learning sessions for those of primary school age.

The 2014 Improving Children's Outcomes Survey also showed that 40% of children and young people were not sufficiently well engaged with school. Poor attendance and latecoming to nursery and school, and school exclusions all have a detrimental impact on children and young people's learning and sense of belonging. School attendance had remained relatively unchanged in recent years, at slightly below the national average in primary and secondary school, but well below the national average at schools for children with additional needs. Trends in the number of school exclusions were improving from a very low baseline. In 2014/15, the city was ranked joint 23rd in the country for exclusions in primary school and 32nd for exclusions in secondary school. A strategic focus on managing disruptive behaviour had not yet delivered sufficient improvement. However, inspectors were particularly impressed by one secondary school's recent success in achieving a notable reduction in exclusion rates. Staff in this school offered young people constructive alternatives to learning in a classroom setting when required, while continuing to include them in the school community.

Poor school attainment has been a challenge in Dundee City for a long time. However, over the last three years, steady progress had been made and in the last school session, attainment figures had risen slightly above the national average in a few key measures. Almost all recent inspections of schools had been positive in terms of outcomes for children and young people, with increasingly positive evaluations. Where follow-up inspections of early years settings and schools had taken place, the findings also showed that encouraging progress had been made.

Performance in closing the attainment gap between the lowest attaining 20% of young people and the school population as a whole, and with comparator local authorities, continued to be a high priority for improvement. There were promising indications of improvement in language development and early literacy in pre-school aged children through family learning involving health visitors, nursery staff, librarians and community workers. There were plans for further investment in the early years through Scottish Attainment Challenge funding, with the aim of closing the gap in terms of school readiness. Across the city, 17% of school aged children and young people were living in overcrowded accommodation, increasing to 25% in the most deprived areas. This was affecting their ability to study at home and complete homework in a supportive learning environment.

There had been good progress in the number of school leavers achieving positive and sustained post school destinations. Partners were less than 1% point away from achieving their stretching target of 92% in 2014/15. Young people at risk of not achieving a place in further education, training or employment were being identified earlier and better supported. Growing numbers were gaining accredited awards helping to enhance their skills and employability.

How well are the life chances of vulnerable children and young people improving?

The chief officers group was actively seeking ways to demonstrate that children and young people in need of protection were safer and had their needs better met as a result of improvements in key processes. A positive start had been made to identifying more meaningful measures and partners aimed to then develop balanced score cards. National data for 2013/14 had shown that the percentage of child protection orders made in Dundee City were significantly higher than for Scotland as a whole. In response, managers had identified weaknesses in practice and were now taking steps to reduce the need for emergency legal measures. We say more about this later in this report, in section five.

Partners had yet to agree a set of measures from which to demonstrate how well they were improving the life chances of looked after children, young people and care leavers. For example, there was no evidence of the extent to which improvement had been achieved in their physical and mental wellbeing or lifestyle choices. Partners were aggregating perceptual data on improvements in wellbeing based on the views of staff, parents and looked after children and young people, however this promising work was at an early stage of development. Performance was strong in the provision of community placements for most looked after and accommodated children and young people. On 31 July 2014, the city had 617 looked after children and young people, equivalent to 2.1% of the population aged 0 to 18 years and on a par with comparator local authorities. Of those looked after away from home, 95% were in community placements, mostly with locally based kinship carers and foster families. Only 5% were in residential placements compared to national figures of 91% and 9% respectively.

Inspectors found evidence of improvements in important aspects of wellbeing for those children and young people looked after away from home in kinship care, foster and children's houses. Increasing numbers of looked after and accommodated young people were continuing to stay in care placements after their sixteenth birthday, further contributing to improvements in outcomes. However, partners still had progress to make in improving the educational achievements and career prospects of looked after children and young people. While school attendance at primary school for children looked after away from home was better than for the school aged population as a whole, for children looked after at home this was slightly worse. School attendance rates for looked after children deteriorated significantly in secondary school.

Despite an improving trend over recent years, school exclusion rates in 2012/13 per 1,000 looked after children and young people were more than double the national figure. A strong culture of seeking alternatives to exclusion for looked after children had not yet been fully embedded. Performance was particularly poor in respect of excluding children and young people looked after at home who were often living in adverse circumstances. Nevertheless, the percentage of looked after children who had achieved one or more qualifications at SCQF Level four had improved with performance for 2013/14 just above the national average.

Performance in relation to care leavers achieving a positive and sustained destination on leaving school was another priority area for improvement. In 2013/14, 15% of young people eligible for aftercare services were in education, training or employment compared to the national figure of 27%.

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible, and included.

The impact of services on the wellbeing of children and young people growing up in Dundee City was evaluated as good. Vulnerable children and young people were benefitting from staff working well together to help them stay safe and make healthy lifestyle choices. A few would have benefitted from action being taken more promptly before problems escalated. Children and young people of all ages were being supported to build and maintain nurturing relationships with their families, carers and staff and were able to express their views and have them taken into account when decisions were being made. However, a few would have benefitted further from opportunities for independent advocacy. Children who were no longer living at home had good, nurturing relationships with their foster carers and were appropriately helped to maintain important links with their families. Most children and young people had opportunities and were encouraged to take part in a range of sporting and leisure activities that they enjoyed and helped them develop positive peer relationships. Many children and young people were able to take on roles or be involved in activities that helped them develop an appropriate sense of responsibility. Their achievements were well encouraged and celebrated, although some looked after children were not experiencing the help and support that they needed to achieve more.

How well are children and young people helped to keep safe?

Overall, children and young people felt safe within their schools and communities. They were equipped with the knowledge and skills they needed to keep themselves safe, including safe use of mobile phones and the internet. Those in their last year at primary school were learning key safety messages through the successful *Safe Taysiders* programme. Children and young people's awareness of child sexual exploitation had been raised helpfully, through personal and social education in secondary schools. Children and young people were confident that staff in schools and children's houses dealt well with incidents of bullying and the visibility of community wardens was contributing to children and young people feeling safe.

Vulnerable children and young people were safer at home as a result of effective joint working by staff, although for a few the wait was too long before appropriate action was taken to make them safer. We say more about this in section five. Risks experienced by children in need of protection successfully reduced as a result of staff working constructively with parents to support them to make changes in their lives. However, some children's home circumstances deteriorated once again when help was withdrawn too quickly. We found positive examples of children whose names were on the Child Protection Register feeling safer as a result of a trusted member of staff speaking to them regularly about their concerns. Some vulnerable children and young people would benefit from planned one-to-one work being provided more routinely to further enhance their understanding and ability to keep themselves safe. Those children and young people unable to live at home were kept safe by kinship carers, foster families and residential care staff. At times of crisis, care leavers were often protected from harm by close support including support outside office hours.

How well are children and young people helped to be healthy?

Health visitors and school nurses were helping children to reach their developmental milestones and additional support was helping to meet the specific needs of those coping with long-term conditions. However, vulnerable parents did not always get enough support to ensure their children kept outpatient appointments. Young people felt encouraged to make healthy lifestyle choices through initiatives, for example, 'Well Good' explored health issues through drama and ASSIST dissuaded young people from smoking. Increasing numbers of children and young people are obese; those involved with the Paediatric Overweight Service Tayside experienced practical help to reduce their weight.

Lesbian, gay, bisexual and transgender young people engaged well with **The Corner** in promoting their sexual health and wellbeing, and advice for young people about sex and relationships through the Cool2talk interactive website was very well used. However, some children and young people's emotional and mental health needs were not met sufficiently well and therapeutic help was not readily available at school and in the community. The physical health of children and young people accommodated away from home improved due to the attentiveness of carers and looked-after-children nurses. The health needs of some children looked after at home did not receive sufficient attention. Some vulnerable young people aged 16 to 18 years and beyond, particularly care leavers, struggled without a holistic approach to meeting their health and wellbeing needs.

How well are children and young people helped to achieve?

Young children were benefitting from diverse opportunities for play and improvements in the quality and availability of nursery places. They benefited from staff enhancing the capacity of both mothers and fathers as first educators. Those growing up in the most deprived areas needed more help to improve early learning. As a result of challenging learning experiences through Curriculum for Excellence, children and young people were becoming more confident and benefitting from experiences of leadership, volunteering and mentoring. Children and young people's achievements were recognised and celebrated and overall, they felt that staff with whom they worked wanted the best for them. Children and young people participated in rewarding activities provided by libraries such as the Dundee Picture Book Award, Book Bug and Tesco Bank Summer Reading Challenge. Many children and young people's lives were enriched by involvement in youth clubs and arts and cultural events for example, ASPIRE Dundee, which uses a range of cultural activities as an innovative way of tackling the impact of deprivation.

Young people were gaining important skills for life and work through initiatives to increase employability through the work of staff in the public, voluntary and private sectors. A few young people with additional support and complex needs were not supported sufficiently well with transitions from school to post school activity and learning and to develop skills to live more independently. Some looked after young people and care leavers were not being helped by effective approaches to raise their aspirations and experience greater success. Positive alternatives to excluding young people from school were not well embedded although the circumstances of those who were missing nursery and school or frequently late were starting to be improved by staff taking more proactive steps to address the problem.

How well are children and young people helped to experience nurturing care?

Children from birth onwards felt the positive impact of increasing efforts by staff to strengthen attachment to their carers and create nurturing experiences. Children's relationships with carers were strengthened through programmes such as Busy Bees, the Incredible Years, nurture groups in primary schools and the 101 project that was providing helpful support, information and guidance. Children and young people were encouraged to share concerns with staff in nurseries and schools who got to know them well. Children moving from nursery to primary, and primary to secondary school were supported to make successful transitions through approaches such as buddying arrangements and friendship benches. Some vulnerable children and young people were better nurtured as a result of staff working effectively with their parents to improve parenting and promote more child-centred lifestyles.

Children and young people who were no longer able to live at home experienced warm relationships with foster carers and residential staff although for a few, unplanned moves of care placements further impaired their capacity to establish trusting relationships. Well-supported contact arrangements with family members helped children and young people understand their past and move on. Young people appreciated the continuity of being able to remain in care placements beyond their 16th birthday. Recognition of the need for continued nurturing for those who had left care was reflected in plans to establish a homely drop-in place in the city centre and satellite accommodation near children's houses to provide closer support.

How well are children and young people helped to be active?

Many children and young people were participating in a wide range of organised play, sporting, arts, culture and leisure activities which had a positive impact on their health and wellbeing. Being active was supported through the introduction of the 'daily mile' in a few primary schools, the active schools programme and a recently appointed iBike officer who was promoting cycling to and from school. Children and young people were being helped to overcome barriers to participation due to cost by the Family Splash Initiative and Golden Tickets whereby families can access leisure centres and sports camps in summer holidays at a nominal charge. Children and young people needing financial support to access activities were helped through being given leisure passes. Children who had needs that are more complex were encouraged to be more active through holiday play schemes. Those with disabilities and mental health concerns were encouraged to take part in physical activities. Young people spoke positively about enjoying various activities that were supported by carers and through Capability Scotland, including horse riding at a summer activity camp.

Children and young people looked after away from home in foster care, kinship care and residential care were encouraged and supported to take part in various physical activities, such as trail biking, dancing, badminton, kickboxing, tennis and judo, and to develop a wide range of interests and leisure activities. A few children and young people looked after at home and those subject to voluntary measures were not participating enough in physical activities and this area of their wellbeing was not always being well enough addressed for them.

How well are children and young people respected?

Overall, children and young people experienced positive, trusting relationships with staff and carers. Positive engagement and a variety of approaches to communication enabled children and young people to express their unique views and individual personalities. This was evident in decisions made regarding contact arrangements with parents and siblings having been influenced by looked after children and young people.

A range of accessible support, advocacy and children's rights services was available to the benefit of children and young people. Participant feedback on the new Child Protection Buddy Scheme, which offers support to children and young people in child protection processes from a known and trusted worker, was overwhelmingly positive. However, some workers had yet to recognise the value of independent advocacy in supporting children and young people to participate in decision-making meetings. In case records, we saw examples of young people, particularly those with complex family relationships, or transitioning to adulthood, who would have benefitted from access to independent support to enable them to confidently express their views and exercise their rights.

There were useful forums within which children and young people expressed their views and which allowed them to influence decisions that affected them. The views of care-experienced young people were central to the effective operation of the Champions Board. They felt respected by senior leaders and set the agenda for meetings. Users of The Corner felt valued and that their views were listened to.

How well are children and young people helped to become responsible citizens?

Children and young people were supported to be responsible at home, in school and within their communities. Leadership and representational skills were developed within pupil councils, the Leadership Academy and through being sports ambassadors. Peer support within education such as the Healthy Transitions programme reached large numbers of children and young people, both as participants and providers. Buddy systems enabled older children to take responsibility for supporting younger peers and the Eco Schools project enabled children and young people to take responsibility for broader positive change within the community.

There had been a significant reduction in the number of recorded incidents of concern or antisocial behaviour involving children and young people. A number of imaginative diversionary projects had been developed which were having a positive impact, as had the dedicated Community Safety Hub. The Safe Taysiders programme provided opportunities for all primary seven children to consider a range of issues related to responsible behaviour and gave children a better understanding of the impact of risk-taking behaviour on themselves and others. A number of vulnerable children and young people were not experiencing the individualised support to help improve their emotional wellbeing, social skills and peer interactions within their schools and communities to enable them to take on appropriate levels of responsibility.

How well are children and young people helped to feel included?

The impact of poverty and inequality on the wellbeing of children and young people was well recognised by partners. Funding for school clothing had been increased and made available to families of children and young people affected by poverty to promote inclusion within schools. The Youth Housing Options Service was making a positive contribution to reducing youth homelessness and **third sector** partners were offering homeless young people open-ended support. Whilst children and young people with complex, additional support needs were included within schools and local communities, a number of parents told us that their children would benefit further from a greater range of supports, out of school activities and safe play areas in their communities.

Looked after and accommodated children and young people were supported to develop a strong sense of being part of the families they lived with and were being helped to maintain important relationships. Foster carers and staff in children's houses helped children and young people to benefit from access to a range of activities and new experiences. A primary school with a city-wide remit to promote inclusion for deaf/hearing impaired children was providing a wide range of activities such as a signing choir, charity events and the mixed ability classes were promoting a signing culture across the school. The Allsorts youth group operating from the Corner was providing a safe space for young people identifying as lesbian, gay, bisexual or transgender to meet.

Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

The impact of services on families was evaluated as adequate. Pregnant women were being well supported and were receiving specialist help and intensive support if necessary. Families were being helped to manage the impact of low income and poverty through timely advice and practical support. Changes of health visitor for some families had reduced the positive impact of consistent support and advice. While some families with young children had positive experiences of supports and services, some were not getting the right help early enough. Families were positive about the range of initiatives that provided and supported activities and play, particularly in school holidays. However, some would have benefitted further from more accessible information about the help, support and services that may have been available to them. This contributed to significant inconsistencies in the impact of services on families. Helpful initiatives were being developed including an analysis of services with a view to improving consistency and benefits for more families.

Expectant mothers experienced positive relationships with midwives, enabling their health and social needs to be identified and followed up. Vulnerable pregnant women, including those misusing substances, were being helped by more intensive support from the **New Beginnings team** to help them safeguard the wellbeing of their babies. First time teenage mothers who participated in the Family Nurse Partnership programme were increasing their skills and resources as parents and there were promising indications of increased participation by fathers within this programme. A greater focus on help for fathers with parenting and family relationships would be beneficial, especially when there were concerns about domestic abuse. Some families with young children had experienced frequent changes of health visitors and inconsistent contact with the service. This had reduced the benefits of trusting relationships and opportunities to signpost sources of additional support. However, staffing levels had recently improved leading to more reliable support becoming available. Families appreciated the advice and guidance available from a wide range of staff to help them maximise incomes, manage debt and find ways to reduce the impact of poverty on their lives, for example through making low cost but healthy meals and increasing the employability of parents.

Family Splash cards had provided very well received and affordable access to swimming for families in one area. However, plans to roll this out across the city were still to be implemented. The provision of summer play schemes and school holiday activities were highly valued by families as a positive way of reducing stress levels, for example, the well-established Dundee Family Support Team run by Barnardo's for children and young people with learning disabilities. Stay and Play provided after school activities in one area and was challenging partners to consider whether families could benefit further from school premises being treated as community assets. Overall, families did not have sufficient information about the help and support available to them from across services to promote their self-reliance. This included additional information about accessibility for parents of children and young people affected by disabilities.

Our review of case records identified significant inconsistencies in the extent to which intervention was impacting positively on families' resilience and confidence. While the majority of families experienced positive outcomes from intervention, we assessed the impact on resilience as weak for a quarter of families where relevant, and impact on parental confidence as weak for a third. This picture of significant variability in the impact of services for families was reinforced when we later met with families and staff. Some families had very positive experiences of timely help provided by a range of early years staff, home-school link workers and third sector services such as Homestart and Women's Aid. Parents reported very positively on their involvement in a number of support groups and participation in well-recognised programmes such as the Parent Early Education Partnership (PEEP) and the Incredible Years. However, the needs of families were not sufficiently well matched to appropriate levels of support. Universal and more specialist approaches to improving skills and confidence in parenting both children and young people were not always available or co-ordinated well. Consequently, some families did not get the right help at the right time and ended up reaching a crisis point. Earlier and more proactive exploration of the strengths of extended family members would have helped to prevent difficulties from escalating in some cases. Improvements for a few families were not sustained when support reduced too quickly from an intensive level to mainstream support without any stages in between.

Socially isolated families were not supported sufficiently well to make better use of services available in their local area. Some families who were reluctant to seek help benefited from the persistence of staff in engaging with them. Nevertheless, there were significant difficulties in successfully engaging some of the most disadvantaged families and practical help was not always available to overcome some of the difficulties they faced. Some families where substance misuse was an issue were not receiving appropriate targeted help and support.

Partners were beginning to develop more flexible approaches to promote engagement starting with a more detailed analysis of the uptake of existing services. Many families with children under 12 years were being successfully helped to prevent difficulties arising or getting worse by flexible help provided, for example by the Intensive Family Support Team and Dundee Early Intervention Team which we feature as a good practice example in appendix 1.

5. How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provide early help and support at an early stage was adequate. The use of the wellbeing indicators was helping staff recognise when something could be getting in the way of a child, young person's or family's health and development. Staff were supported to share information at an early stage by well established processes and the Multi-Agency Screening Hub. Staff, in particular those who are working with school age children, recognised problems early and put in place effective supports to prevent difficulties increasing. A strong focus on vulnerable pregnant women affected by substance misuse ensured supports are put in place early. However, for very young children and their families who are not in receipt of statutory services, processes were not working so well and the Team Around the Child process was not always consistent and effective. This was resulting in some families having to wait until they reached crisis point before supports were put in place.

Partners recognised the key contribution of staff acting in a named person role towards identifying and helping to meet the wellbeing needs of children and young people. A Team Around the Child staged intervention process had been introduced, supported by guidance and training, and was seen as the key delivery mechanism for supporting the implementation of **Getting it Right for Every Child** principles. Solution focused Team Around the Child learning events had helped some social work, education and health staff to establish a common language and understanding of different thresholds. However, there was still a high number of staff, in particular those working in health, who did not have the same level of confidence in their role of supporting children at an early stage, or a common understanding of thresholds of intervention in relation to children's wellbeing. The consistent and effective application of Team Around the Child as a key process was not yet in place. This was resulting in some families having to wait too long to receive a service, or their circumstances having to reach crisis point before supports were provided.

Health visitors and family nurses were routinely screening new mothers for low mood and postnatal depression and key transition points, such as moving home or starting school, were acting as triggers for health visitors to review assessments and check that wellbeing needs were addressed. Staff recognised that some children, young people and their families move in and out of situations where there are identified risks and needs. There was a strong focus on identifying and supporting vulnerable pregnant women who were affected by substance misuse. In almost all cases when staff identified that additional support was necessary, appropriate referrals were made and services appropriately arranged, ultimately ensuring mothers were able to bond well with their babies following birth. However, there had on occasion been delay between the identification of concerns for unborn babies and onward referral to the Multi-Agency Screening Hub. Robust quality assurance arrangements were not in place to ensure consistency of practice standards.

Staff in schools were increasingly undertaking early intervention work. For example, one primary school had introduced support for learning into its nursery class, which had enabled staff to identify need and provide early support before the children started their primary education. Most education staff were sufficiently skilled and confident at recognising when a child or young person required additional help and support. Appropriately, they primarily looked for assistance and supports from within their own services. Support was generally available and was being provided in a variety of ways, for example through pupil support workers, parenting groups, and the third sector organisation Includem. This was helping children and young people develop confidence and self-esteem.

The Dundee Early Intervention Team was providing invaluable support to families who had been referred to them. A range of supports was tailored and targeted to meet their individual needs in a variety of creative ways. Newly introduced procedures were being used well within a recently formed Police Scotland Risk and Concern Hub which screens all police child concern reports. Front line operational police officers were routinely completing Police Cause for Concern reports which were assessed and shared appropriately with the named person. However, there was no clear pathway for ensuring a named person in receipt of concerns advised other professionals of emerging or ongoing concerns. Helpfully, the introduction of the Police Missing Persons' Co-ordinator had ensured that a new more robust partnership approach to dealing with missing persons was being provided, particularly for those who were looked after. Information sharing processes with regard to registered sex offenders who posed a risk to children had been agreed with partners and were working well.

The Corner project had received 2,000 contacts from young people about sexual health issues in 2014 and had revised a first visit questionnaire to include questions about sexual exploitation. A counselling service was provided to those identified as most at risk and staff from the Corner and Barnardo's were jointly running a campaign in the city to communicate key messages about healthy relationships.

Regular multi-agency Early and Effective Intervention Forum meetings were taking place and working well to appropriately divert offence referrals from the Scottish Children's Reporter Administration. There was a focus on considering the holistic needs of a child or young person who may have come to the attention of services through anti-social or offending behaviour and appropriate support and intervention was being provided. The actions of partners were achieving performance on a par with the national trend of a reduction in youth offending.

Not all staff were clear where they could go to obtain additional support to help meet identified need for children and young people. Although there was the Dundee Children & Families Information Service, which was providing a wide range of information on line, not all staff or families were aware of it or used it.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

Assessing and responding to risks and needs was evaluated as good. Staff recognised when children were at risk of abuse or neglect and acted swiftly to help keep them safe. Information was gathered quickly from a number of sources and an appropriate response was identified. An Initial Referral Discussion was held quickly if needed. Joint investigations were carried out effectively and children were kept safe as a result of intervention. The impact was positive for children who had reached this threshold of concern. However a few children waited longer for help before action was taken. Chronologies were not recorded well and inspectors considered only just over half of those read as fit for purpose. Staff did not always see the benefits of using chronologies. Recording them was seen as an additional task to be completed following the assessment rather than being seen as being helpful to inform assessments. The quality of assessments was good overall although staff were slightly more able in assessing needs than risks. Information sharing to inform assessments was problematic from some services such as general practitioners, adult mental health staff and particularly the Tayside Substance Misuse Service.

Initial responses to concerns about safety and wellbeing

Most staff recognised when children needed help and took prompt action to ensure they were kept safe. However, a few children had had to wait until their circumstances escalated to higher levels of concern before effective action was taken. Staff shared concerns with colleagues in the Multi-agency Screening Hub, which comprises a multi-agency team that considers the circumstances of children and young people for whom there are immediate concerns about their safety. Staff quickly gathered information from across all services to inform an initial joint risk assessment with appropriate responses being made according to the risks being presented. Possible actions resulting from initial risk assessments included the option of referring back to the named person for a Team Around the Child meeting to be convened, an Initial Referral Discussion or joint investigation to be commenced or no further action to be taken.

Increasingly, Multi-agency Screening Hub staff were supporting the named person to hold Team Around the Child meetings when concerns relating to wellbeing were identified. Although the role and responsibility of the named person was becoming more embedded in practice, support was still required to ensure the most appropriate action was taken. Thresholds of concern were unclear to some staff, for example, when to hold a Team Around the Child meeting and when a referral to the Multi-agency Screening Hub was appropriate. The role of the third sector in contributing information to inform initial risk assessments was also unclear. If children were at risk of significant harm then an Initial Referral Discussion took place and decisions were made about the best course of action to take. The content of these discussions and the decisions taken were not always recorded fully, which made it difficult for managers to ensure the quality and appropriateness of the actions taken. Managers had identified this as an area for improvement through self-evaluation.

Joint investigative interviews were carried out by suitably qualified staff and, if necessary, medical examinations were arranged promptly. Helpfully, debrief meetings following joint investigations were beginning to be held more routinely. When children were no longer able to remain with their parents, suitable emergency accommodation was found without delay, either with other family members, foster carers, or in residential care. Child protection orders were used to ensure children were placed in suitable emergency care placements. From a review of national data, managers had noted that significantly higher numbers of child protection orders had been taken than in other areas. Managers had reviewed practice and processes and identified improvements to make in early intervention and timely referrals to the Children's Reporter. Action including joint training and clarifying roles and responsibilities between children's reporters and social workers had resulted in a reduced number being used. Staff were alert to potential pre-birth concerns and referred women appropriately to the Multi-agency Screening Hub for information gathering across services. Referrals were made to the New Beginnings service where a multi-agency assessment of risk and need was undertaken and a range of support offered to reduce risk to unborn babies, often very successfully.

Effective liaison was taking place between those working in children's residential houses and police about young people who go missing. Social workers, residential staff and foster carers had a much greater level of confidence in the police response to missing young persons. The Vulnerable Adolescent Partnership was overseeing a pilot missing person's protocol developed by the Children and Families service and Police Scotland along with Edinburgh City and South Lanarkshire child protection committees. Safe and Sound multi-agency meetings were convened routinely to discuss individual young people where concerns had arisen about child sexual exploitation and a group work programme run by Barnardo's was providing support to young people identified as at risk.

The quality and use of chronologies

The quality of chronologies was variable. Although almost all lead professional files contained a chronology, only just over half of them were considered fit for purpose. Many lacked detail or were not up to date and others mainly listed contacts with staff while recording very little in relation to the impact on the child. Some had significant information missing and there was rarely evidence that chronologies were analysed, reviewed or integrated between services. Importantly, some staff did not see the benefits of using chronologies to inform assessments and completing them was often seen as a task to be done following the completion of the assessment. Staff had no access to up-to-date guidance on how, what, and when to record significant events. However, managers had recognised inconsistent practice and were producing guidance for staff to help them compile more meaningful chronologies.

The quality of assessments

An assessment of risks and needs was completed in almost all relevant cases. Most were of an acceptable standard with a quarter of risk assessments being evaluated as very good or above. Processes were in place to facilitate gathering information from a number of sources and the Multi-agency Screening Hub contributed to this process in the initial stages of assessment. However, information sharing to inform risk or needs assessments was inconsistent. General practitioners were noted by staff as a particular group who do not share relevant information about school-age children or care leavers well with staff from other services. Adult mental health services and child and adolescent mental health services (CAMHS) were also seen as barriers to gathering relevant information when completing assessments. Substance misuse remained a significant health and wellbeing challenge in the city and although information sharing between The Tayside Substance Misuse Services and other services had improved, it remained extremely inconsistent.

Staff across services used the national practice model to structure their assessments. Some staff were becoming more confident using a range of assessment models and specialist assessments such as parenting capacity assessments. However, 20% of staff who completed our staff survey stated that they had not received training or had access to guidance to help them assess risks and needs. Multi-agency assessments were generally completed by social workers and shared with partner agencies. This was resulting in partners not owning these assessments. The need to integrate assessments better was identified by partners in their joint self-evaluation. Wellbeing wheels which use the Getting it Right for Every Child indicators of wellbeing to guide discussion about key areas of an individual's life were being used by some staff, although managers' expectations about when these should be used were not fully clear to them. These rarely informed assessments but staff told us that they found them to be useful tools to discuss progress with some children and families.

The parenting capacity of vulnerable pregnant women was assessed very effectively by a multi-agency team within the New Beginnings service. This included women with learning difficulties, mental health and substance misuse problems. The involvement of the Intensive Family Support Team led to timely, evidence-based assessments, including parenting capacity being completed which contributed to effective decision making.

Planning for individual children and young people

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was evaluated as adequate. Most children and young people who needed a plan had one in place and staff generally used the national indicators of wellbeing to record the desired outcomes for children and young people. However, plans did not always accurately reflect the assessment of risk and need. Plans were not always SMART (specific, measurable, achievable, relevant and time bound) and the purpose of plans was not always clear. Some children had more than one plan. While plans were reviewed regularly, the quality of review meetings was not consistently high. Despite this, effective joint working between front line staff contributed to improving the wellbeing of most children and young people. In some cases, a lack of appropriate involvement of substance misuse services was detrimental to progressing children's plans. Effective joint planning for looked after children and young people was successfully securing nurturing and stable environments and delays in securing permanency were being successfully reduced. The quality, consistency and usefulness of plans were not being driven by systematic quality assurance processes.

The quality of children and young people's individual plans

Plans were in place for most children and young people who required them. Staff generally used the national indicators of wellbeing to help them record how they were going to manage risk or meet need, setting out the desired outcomes for individual children. Although planning for children and young people was often supported well through a good quality plan, some plans were only just good enough and a significant minority were not of an acceptable standard. Plans were often not SMART, their purpose was not always clear and it was not unusual for children and young people to have a number of different plans.

Staff generally recorded information under all of the wellbeing indicators, but plans did not always reflect well the assessment of risk and need. Staff were reviewing how best to record the views of children and their parents in the child's plan. A significant number of staff who completed the staff survey agreed that they had not received training, guidance or tools needed to help them prepare a child's plan. The quality of plans was variable and there was no systematic quality assurance process in place to ensure consistency and usefulness of plans in directing work with children. As with assessments, staff were encouraged to use the wellbeing wheel to help them measure progress and improvements with families however some staff were unclear about how useful this was.

The quality and effectiveness of planning and reviewing

In most cases, staff worked well together to plan for and meet the needs of vulnerable children and young people. Regular communication and effective working relationships between front line staff across services was contributing to improving the wellbeing of children and young people. Plans were reviewed often enough, though the quality of reviewing was not always of a high standard. In the majority of children's records we read there was appropriate partnership working, however this was not the case for a quarter of records. Difficulties in achieving the full involvement of relevant substance misuse services was detrimental to progressing some children's plans. A number of child protection case conference and reviews had been deferred in the four months before the inspection and managers had identified a range of causes which included staff capacity, lack of prioritisation, difficulty in securing a venue and lack of understanding of the timescales to be achieved. Improvements were being implemented and managers were continuing to monitor this area of work.

Families could find themselves attending different meetings about their children. Although work was at an early stage, where children and young people were looked after, managers were beginning to merge the Team Around the Child meetings with other review meetings to help reduce duplication. Helpfully, Team Around the Child meetings continued to monitor and review the child's circumstances when risks were reduced and children's names were removed from the child protection register. Staff described a task list arising from a Team Around the Child meeting being used to inform the day-to-day work with children and their families rather than using a child's plan; there was not a comprehensive understanding of the child's plan as the overarching plan for each child.

Reviews for children and young people looked after away from home and for care leavers benefited from an independent person chairing their meetings. This was not yet the case for children looked after at home, although there were plans for a fully integrated reviewing system. Most of the parents we spoke with were aware of the plans for their children and contributed to reviewing progress although some were unclear about what was planned and which staff were responsible for actions.

There were some difficulties in relation to planning and meeting the needs of children with disabilities as a result of the availability of services. Third sector services supporting families with disabilities had waiting lists but were prioritising children according to their need. At the time of the inspection, Barnardo's had closed its waiting list for the next few months and Cornerstone had a waiting list of several months. Some families had to wait for a service from the children with disabilities social work team. Self-directed support was at a very early stage for children's services although a designated post had been established to encourage uptake.

Securing nurturing and stable environments

Effective joint planning for looked after children and young people was successfully securing nurturing and stable environments for many children and young people. Staff had reduced the number of placements for each child. Increasing numbers of children and young people were being successfully supported within their own communities with kinship and foster carers, with fewer children being in residential placements.

The Alternative Community Experience carer scheme comprised salaried, professional foster carers with a qualification in working with children. This scheme allowed children and young people who had experienced significant trauma and other issues to stay in a family care setting. More care leavers were continuing to live with foster carers. Delays in securing permanent alternative family care arrangements were being successfully reduced as a result of support and guidance from the Centre for Excellence for Looked After Children in Scotland (CELCIS) and improvements identified through a self-evaluation exercise were being put in place. The throughcare and aftercare team (Moving On) and neighbourhood service were working together to ensure young people's pathway plans were up to date and shared with housing staff to identify and meet accommodation needs, helping to avoid young people presenting as homeless. Housing staff were prioritising looked after children and care leavers, resulting in homeless figures for this group being amongst the lowest in Scotland. The third sector organisation Action for Children was providing a supported housing service – Dundee Youth Housing Services - and there were examples of young people being supported well into adulthood and being able to remain in children's houses.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

Planning and improving services was evaluated as weak. Partners had not been reporting publicly on the delivery of improvements in the wellbeing of children and young people through implementing an integrated children's services plan. They had completed a strategic assessment of the needs of children and young people which provided a sound foundation for the intended publication of a new plan. The Child Care and Protection Committee did not have effective processes in place to identify priority areas for business planning. Committee members had responded well to the national child sexual exploitation agenda. Chief officers were clear about their role in managing and mitigating emerging risks to groups of children and young people. However, their effectiveness in doing so was constrained by limited information on performance from the Child Care and Protection Committee on which to base their assessment and decision-making.

Integrated children's services planning

The Single Outcome Agreement for 2013-17 clearly demonstrated the importance the partnership placed on tackling the impact of child poverty, deprivation and inequalities experienced by so many children and young people growing up in the city. It had prioritised four ambitious areas for improvement, namely the protection of children and young people, particularly those affected by substance misuse or complex needs; getting the best start in life during the early years; school attainment and healthy, active lifestyles. Responsibility for achieving improvements in these four priority areas was delegated to the Joint Management Group chaired by the recently appointed Executive Director of Children and Families Services within the Council. Under his leadership the group was showing promising signs of effectiveness. The Joint Management Group was supported by a number of strategic planning groups but their performance was variable. Scrutiny arrangements were not robust and the Joint Management Group did not have sufficient oversight of strategic planning group work to know what was working well and what required intervention.

The relationship between the Single Outcome Agreement and integrated children's services planning was not explicit in the integrated children's services plan nor were links between integrated children's services planning, community safety and youth justice. The child protection committee (known as the Child Care and Protection Committee) was intended to have a broader remit than most other child protection committees in Scotland. However, governance and accountability arrangements for the delivery of integrated children's services and child protection were not sufficiently well understood by staff and other stakeholders.

In 2013, partners published a four-year **Integrated Children's Services Plan** (ICSP) in an accessible format for children, young people and families. This outlined important principles for partnership working; a focus on prevention and early intervention from pre-birth onwards; and participation by families and local communities in service design and delivery. Aspirations for improving the lives of children and young people were stated under each of the wellbeing indicators. However, the plan did not determine what resources the community planning partnership collectively had to deploy, what activities they would jointly undertake or how they would collectively measure progress within agreed timescales and against the agreed priorities in the Single Outcome Agreement. Partners had not reported annually to children, young people and other stakeholders on the difference they had made to their lives through implementation of the Children's Services Plan. Progress on the Single Outcome Agreement was reported in an annual update but the information provided on improving trends was limited.

Improving outcomes for children and young people through the development of integrated children's services planning had lost momentum over the last two years. The management of acute services by NHS Tayside, restructuring within the council to create a Children and Families Service and the health and social care integration agenda had preoccupied senior managers to the detriment of joint planning of services for children and young people. In 2015, a delivery plan for integrated children's services had been reviewed and updated. This now specified the activities partners would take forward under the wellbeing indicators and introduced more meaningful measures of progress while the Joint Management Group was working towards producing a revised Children's Services Plan.

The Joint Management Group had adopted the Dartington Social Research Unit's Improving Children's Outcomes Approach. Using this, it had carried out a comprehensive assessment of the needs of children and young people living in the different localities within the city. This work was supplemented by intelligence about local communities and some additional work to ensure the needs of children with complex and additional support needs were captured fully. As a result, there was now a sound foundation from which to plan integrated children's services and establish the right balance between universal, targeted and specialist services. The Joint Management Group had also begun to audit all children's services being delivered across the city with a view to achieving a better match to children and young people's assessed needs. Representatives of the third sector were highly committed partners to integrated children's services. They were testing out an outcome-focused tool for evaluating the services they delivered as a basis for rational decision-making about future funding. This tool had potential to support the Joint Management Group in developing the joint commissioning and decommissioning of services across all sectors.

The Getting it Right for Every Child Implementation Group was set up in 2013 and tasked with delivering significant cultural and practice change. Much of the activity to date had been about making changes within individual agencies and on the development of processes and paperwork. Members of the group had not ensured that staff were freed up from all agencies to attend regular, inter-agency briefings and training events to support consistent understanding and application of processes. Inconsistent application of the Team Around the Child approach had not yet been effectively addressed by the Getting it Right for Every Child implementation group, accountability arrangements had been too loose and they were not sufficiently well sighted on barriers to progress or risks regarding implementation of Children and Young People (Scotland) Act 2014 provisions required for 2016.

Child Protection Committee Business Planning

Elected members took an active interest in the work of the chief officers group and briefings on child protection issues were well attended and received. They made appropriate demands on officers to ensure they kept up to date with key developments. Members of the Health Board were not as well informed about child protection and had yet to demonstrate leadership in raising awareness about child protection, and child sexual exploitation in particular, with all NHS Tayside staff.

Under the leadership of the chief executive of the Council, the chief officers group met every six weeks. This group was becoming more effective as a dynamic forum for collective problem solving and decision-making. The chief fire officer had recently joined the chief officers group further extending its influence. The group had decided to appoint an independent chair for the Child Care and Protection Committee with the aim of strengthening scrutiny and challenge of its work who was due to start in January 2016. Work across the whole public protection agenda was becoming more efficient as links were made across the work of the Child Care and Protection Committee, Adult Support and Protection Committee, Multi Agency Public Protection Arrangements and Violence Against Women Partnership. However, joint working between the Child Care and Protection Committee and the Alcohol and Drug Partnership was developing. They had not yet collated and analysed all available information to provide a comprehensive understanding of the population of children and young people affected by parental substance misuse.

The Child Care and Protection Committee had invested a great deal of time and effort in ensuring that the initial responses to child protection concerns were working well to keep children safe when risks and concerns were identified. The committee was working to an interim business plan to take it to March 2016. This was described as a legacy plan to complete actions relating to findings from the joint inspection of services to protect children and young people in 2012 plus a focus on child sexual exploitation and Kings Park special school where there had been child protection concerns. The Child Care and Protection Committee anticipated that with the support of the independent chairperson and lead officer its new business plan would be in place by April 2016.

The Child Care and Protection Committee had successfully applied the University of Bedfordshire self-assessment tool to evaluating progress in protecting children from child sexual exploitation. Implementation of an improvement plan had been delegated to the established Vulnerable Adolescent Partnership, with progress reported to the Child Care and Protection Committee and the chief officers group. There had been a number of notable achievements to date in terms of raising awareness, staff training and identifying gaps in intelligence. Partners were now beginning to put systems in place to share information more purposefully about the night time economy. They had identified the need for further awareness raising amongst children with complex and additional support needs and those from minority ethnic backgrounds.

The Child Care and Protection Committee had not been gathering sufficient quantitative and qualitative information about child protection from which to identify priority areas for improvement and provide assurance about how much better children were protected. Partners had begun to gather more meaningful performance management information about key processes and outcomes. Joint self-evaluation including regular joint analysis of practice through case file reading was taking place but was limited in its scope.

Identifying and responding to emerging risks

The chief officers group recognised that it had a key role to play in scanning the environment for emerging risks to groups of children and young people. The chair was establishing a culture in the group whereby partners felt safe to ask more in-depth questions, explore options and challenge one another. There was increasing preparedness to take prompt and effective joint action. However, the ability of this group to manage and mitigate risks was largely dependent on receiving high quality information from the Child Care and Protection Committee so that members had a reliable knowledge base. The Child Care and Protection Committee had commissioned research into the scale of child sexual exploitation in Dundee and the extent of the risk with a report due by the end of 2015. However, it was not sufficiently knowledgeable of practice through joint self-evaluation to be able to identify potential risks and propose remedial action quickly when needed.

Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The extent of participation by children, young people, families and other stakeholders was good. There was a clear commitment across the partnership to involve children and young people in policy development. The systems and structures to support this engagement were well established and actively supported. Meaningful communication and consultation with young people was also positively embedded, with multiple examples of improvements to services as a result of listening to young people's views. However, there was no overarching participation and engagement strategy, which made it difficult for partners to be clear that they were consulting with the relevant young people and families on all pertinent policy and integrated children's service planning.

There was a strong commitment from strategic leaders to involve children and young people in the planning and development of the services they used. The operation of the Champions Board demonstrated this, with young people telling us they were confident that senior staff were invested in the engagement process and wanted to see real change as a result of their involvement. There was evidence of several improvements to key policies, practice and service developments as a result of young people identifying gaps and saying what they needed. An example was the On the Whole Project, which offered a safe, homely, relaxed, multifunctional meeting room hosting homework clubs, health and wellbeing workshops and holiday programmes and volunteering opportunities, run by a board of care-experienced young people.

The production of the Integrated Children Services Plan 2013–17 was informed by a series of wide ranging consultation events, with young people directly involved in each stage of its production, including the format and style of the published document. The Dundee Alcohol and Drug Partnership delivery plan was also produced as a result of a range of consultation.

A comprehensive network of engagement was in place to facilitate enable young people's involvement in policy development. This included the Young People's Participation Group, City Wide Pupil Council, Youth Council, and direct representation on some strategic planning groups. Local community engagement plans had enabled meaningful consultation on policy development and there was a determined focus on developing young people's representation in local community planning, with youth councillors becoming involved. However, not all policy development was routinely channelled through these structures as part of a co-ordinated strategy. Some members of the City Wide Pupil Council reported, for example, limited meaningful engagement by the partnership on policy development and follow through on issues raised. Members of individual pupil councils and the City Wide Pupil Council reported having limited training or understanding about their individual roles or their council's role in the decision making structures of the school or wider partnership. This was limiting their effectiveness.

Partners provided opportunities for users of services to provide feedback through a variety of means including online, by telephone, in writing, by email, face-to-face or through focus groups, survey monkeys and questionnaires. It was evident that front line services had an ethos of listening to young people as part of their daily practice and in terms of service development. Services were asked on an annual basis to report on how consultation with users of their services had led to service improvements and there were many illustrations of individual services adapting and improving service provision as the result of feedback from young people and other stakeholders.

The Lochee Pathfinder, Discoverin' Families and Equally Well projects were examples of an embedded partnership approach to consultation in the planning of activities and service provision, in particular with seldom-heard families. Following each visit to The Corner young people were requested to complete a web-based monitoring form to evaluate the quality of the service they received and inform service development. Resulting improvements included specialist nursing input and faster intake assessments.

A 2014 survey of parents of children with disabilities found that 33% believed the provision of information and communication about services was poor and could improve. Engagement events to begin to design and shape improvements had taken place in recognition of both this and other issues identified by parents. However, some parents still did not feel that they had been listened to and were of the view that opportunities to discuss service development with senior officers were limited.

There had been engagement with minority ethnic communities in terms of the protecting people agenda and representatives of the Child Care and Protection Committee had undertaken a series of visits to local mosques. The Partnership recognised however, that engagement with socially and culturally excluded communities was an area for improvement.

Young people appeared confident that they could make suggestions or express concerns and these would be received in an appropriate manner. The high profile of the Champions' Board and Young People's Participation Group also empowered looked after young people and they were confident that expressing their views was legitimate and welcomed. A number of initiatives were available to increase young people's and parents' confidence and skills in representation, team work and citizenship, including the Duke of Edinburgh Award scheme and peer mentoring via the Health Transitions and Discoverin' Bairns projects.

The Children's Rights service, with involvement from Who Cares Scotland, provided a comprehensive and effective service to young people across the range of looked after settings. This included children and young people with disabilities, young people looked after in placements outside the authority's boundaries and those young people beyond 16 years who have previously been looked after away from home. Results of a survey for the Child Care and Protection Committee found most members believed it was effective in ensuring that children and young people were listened to however they acknowledged that further progress was needed to ensure that the committee's work was informed by a wider range of stakeholder views.

There was no overarching strategic approach to participation and engagement in relation to integrated children's services. Partners acknowledged through reviewing their self-evaluation that a more consistent approach including proactive and timely feedback on the impact of engagement was required.

6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was evaluated as adequate. Partners' commitment to improving the wellbeing of children and young people in the area was strongly reflected in the single outcome agreement. There had been valuable investment in activity to develop a comprehensive picture of need across the various communities in the city that could be used to effectively plan how to best direct their resources. Structures for planning integrated children's services had been revised and partners recognised the opportunities to develop new approaches as a result of the council's new children's services arrangements. However, they were not clear how to maximise the potential of these changes across the partnership. Corporate parenting and Getting it right for every child were priority areas for partners although Getting it right implementation was not subject to sufficiently robust scrutiny. While performance management arrangements were continuing to develop, the partnership lacked systematic joint quality assurance and self-evaluation processes. Effective engagement of all partners to achieve transformational change in children's services was yet to be realised. Partners had still to develop and agree an approach to joint strategic commissioning to ensure the most effective use of their collective resources.

Partners had established a shared vision which was recognised by staff across the partnership and leaders promoted a 'whole child' approach. However, for some staff there was a sense of disconnection between the broad vision and how this was being implemented. Some staff told us that they did not feel empowered to be innovative or to contribute to service improvement and development.

We found leaders to be strongly committed to work towards improved outcomes for children and young people. The Dundee City Single Outcome Agreement 2013–17 had a strong focus on improving their wellbeing with reference to the eight wellbeing indicators and equality and diversity was a cross cutting theme of the Single Outcome Agreement. Partners developed the Fairness Strategy in 2012 to challenge poverty and promote inclusion. Partnership working between the voluntary sector, Job Centre Plus and council services was seen as crucial to countering the impact of welfare reform and offering support on housing, income maximisation, inclusion and employability. However, NHS Tayside's audit of health equality highlighted that while there had been some good work, this had not been systematic. A refresh of the 2010 Health Equity Plan was to be completed and there were plans to establish a Health Equity Governance Board.

Partners had made considerable investment in establishing a picture of need across the city's eight local community planning areas, placing them in a good position to direct their resources to achieve improving outcomes. The Improving Children's Outcomes social survey of all 9 to 17 year olds and a representative sample of households with 0 to 8 year olds provided rich data on priority needs. As a result, partners were now able to plan changes to services based on the information using a logic modelling approach with the aim of achieving an improved match between needs and services. Similarly, partners were using the **Loughborough Cost Calculator** to map costs against outcomes for all children who were looked after in Dundee during 2013/14 to identify how to focus future resources on improving long term outcomes.

The recently established Children and Families Service in the Council and revised integrated children's services planning structures provided an effective bedrock to support improvement. However, there was lack of clarity about what would change as a result of the Council's reorganisation and how this would impact on partners in health. Staff engagement events on integration had not yet included health staff although this was planned for the near future. Organisational structures were still developing and it was not clear that the momentum for positive change and the motivation of staff was being harnessed effectively to reap the benefits of this change in collaboration with other community planning partners.

Partners demonstrated strong commitment to improving outcomes for care-experienced children and young people through their Corporate Parenting responsibilities. Dundee's Champions' Board was well established. The young people involved were able to share their experiences and opinions and work with agencies to develop solutions to improve services. A large scale multi-agency Corporate Parenting Event was held in 2015 which involved staff from all key corporate parents to inform local actions and improve the support for looked after and care-experienced children and young people.

A multi-agency Getting it Right for Every Child Implementation Group was responsible for support, guidance and advice to the Children's Services Strategic Planning Groups and the Joint Management Group on all aspects of Getting it Right for Every Child implementation in the city. In parallel, a Tayside-wide group, chaired by the chief executive of Dundee City Council had been established to develop a consistent approach across the region and a short-life group was working on the content and format for a single child's plan. There were some tensions between achieving consistency through Tayside-wide group's approaches and the need to address particular issues affecting Dundee City such as the high levels of deprivation, child poverty and parental substance misuse. Strategically, health was less engaged in relation to the local implementation of Getting it Right for Every Child principles. Getting it right implementation locally was not subject to proactive and regular review of progress against a SMART plan with agreed milestones. There was insufficient focus on identifying strengths and areas for development as the Getting it Right approach was being implemented across the Partnership.

Performance management to support continuous improvement was developing. Balanced score cards for the Joint Management Group for integrated children's services and chief officers group for public protection were being reviewed and further developed. Leaders were not yet making full use of a wider range of data and measures to assess performance and identify areas for improvement. There were examples of effective quality assurance across partner agencies but no systematic quality assurance programme with set criteria and guidance to help partners identify how effectively they were working jointly.

Partners were undertaking a range of self-evaluation activity, particularly in the area of child protection, and there was commitment to single agency and joint self-evaluation across the partnership using a range of models in addition to making good use of learning from internal and external reviews. However, partners had themselves identified consistent multi-agency self-evaluation and self-evaluation of leadership activity and structures as areas for improvement. Partners had reflected on their experience of compiling the self-evaluation report and evidence for this joint inspection and had established an improvement group that had a focus on drawing together strands of self-evaluation and driving continuous improvement.

Partners were at an early stage in identifying and sharing the totality of their collective resources for children's services. They had yet to develop joint strategic commissioning with a view to directing resources effectively towards a shared set of priority actions. Full engagement of all partners in the strategic development of local service delivery was still to be realised in order to optimise the use of their collective resources and achieve the transformational, step change to which they aspire at a quicker pace.

The Partnership had established the Lochee Pathfinder three years ago, initially to trial Getting it Right for Every Child principles and early intervention in a locality. A community engagement team had been in place for two years with a focus on exploring and meeting community need and building capacity for preventive services through the co-production of community supports. The project had achieved some success – the development of 'Family Splash' access to affordable swimming for families that was being rolled out across the City and the Stay and Play initiative. However, the Partnership had yet to fully capitalise on the approach and adopt the learning for use in other parts of the city. Furthermore, the absence of the full engagement of NHS partners had limited the extent of achievements through a more joined up approach.

7. Conclusion, areas of particular strengths and areas for improvement

We were confident that committed and motivated staff from across the partner agencies in Dundee were working to improve the wellbeing of children and young people across the eight wellbeing domains. Partners were knowledgeable about the population profile of the area and the circumstances and needs of children, young people and families. Children in need of protection were being helped by the prompt intervention of staff who recognised and acted jointly to assess and respond to risks although a few children deemed to be under the threshold of immediate concern had to wait for help to be provided. Children and young people who were looked after had plans in place to direct staff towards improving outcomes and secure nurturing environments and in most cases staff worked well together. However, the quality of plans and reviewing processes for some required improvement, particularly for those children and young people looked after at home.

Arrangements for integrated children's services planning across partners were not yet delivering on the potential to improve significantly on children and young people's outcomes through more joined up working and shared resourcing. Getting it Right for Every Child principles had informed the development of the Team Around the Child approach to support the early identification of children and young people's wellbeing needs. However, leaders recognised that accountability and governance arrangements required to be strengthened to ensure effective, multi-agency progress of Getting it Right for Every Child and implementation of provisions of the Children and Young People (Scotland) Act 2014 provisions required for 2016.

In the course of the inspection, we identified a number of particular strengths that were making a positive difference for children and young people in the Dundee community planning partnership area. These were:

- the range of health-related advice and services provided by The Corner to children and young people, including those from seldom heard groups
- the early help and support provided to pregnant women and the early identification and specialist support provided to those whose circumstances made them more vulnerable
- the Child Care and Protection Committee's and the Vulnerable Adolescent Partnership's work on to child sexual exploitation based on learning from applying the University of Bedfordshire Self-Assessment tool
- the range of opportunities and structures to support the meaningful engagement of children and young people, particularly those who are looked after away from home.

Our inspection took place shortly after a significant organisational change in Dundee City Council to establish a children and families service to deliver education and children's social work services. There had been recent changes in senior staff and integrated children's service planning arrangements were still bedding in. However, against this backdrop, we were confident that leaders would be able to build on their strengths and make the required improvements identified by the joint inspection. In doing so the Dundee Partnership should now:

- develop a strategic approach to providing parenting and family support to ensure families get appropriate help and support at the right time
- improve the quality and consistency of individual children's plans to be a more effective tool in directing staff's work to improve children's wellbeing
- strengthen systematic quality assurance and self-evaluation arrangements to show what is working well and what needs to improve and drive up quality and consistency
- strengthen collaborative leadership for integrated children's services planning to identify and agree priorities and make the most effective use of partnership resources.

8. What happens next?

The Care Inspectorate will request that a joint action plan is provided which clearly details how the Dundee Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements and will monitor the Partnership's progress in taking forward its action plan, particularly in the area of joint strategic planning of services.

Appendix 1: Good practice examples

In each inspection, we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

Dundee Early Intervention Team (DEIT)

This service is an innovative partnership between the third sector organisations Aberlour Child Care Trust, Action for Children Scotland, Children 1st and Barnardos Scotland to provide an early intervention and preventative support service for families in Dundee. It was established in 2011 and developed in partnership with Dundee City Council and NHS Tayside and supported by funding from the Big Lottery Improving Futures Programme.

The four organisations pool resources to provide a single shared assessment, early engagement and intensive support service to children and young people and their families and carers, including kinship and foster carers. The aim is to keep children and young people in their own homes and communities by directing support at families facing health, social, relationship and parenting difficulties.

The service was established with an emphasis on ease of accessibility, without complicated referral processes and duplication of information sharing and assessment. It aims to provide help in the way and when it is needed, with flexibility, consistency and reliability and delivery that reflects the reality of family life and need.

There has been strong support for DEIT from across the four partner third sector organisations, Dundee City Council and NHS Tayside. Governance is through an Early Intervention Steering Group and an Operational Managers Group that is made up of service managers from the partner organisations.

DEIT uses a robust outcomes framework that facilitates the recording, reporting and evidencing of outcomes. During three years of operation, the service has supported over 200 families, including 471 children, meeting the identified needs of 89% of the families engaging with the service. Families have indicated that the times at which support is most needed and of greatest benefit are mornings, evenings and weekends. Providing support flexibly at these times has been an important feature of the service's success, and a key objective has been to ensure short-term intensive support from one consistent worker available to best meet the needs of the family, from 7am to 10pm seven days a week. This approach has led to positive outcomes regarding, for example, school attendance, with workers supporting families in their home in the morning to establish effective routines or overcome obstacles to get children to school on time.

Champions Board: Young People's Participation Group (YPPG)

Dundee's Champions Board was established in 2011 as part of Dundee Partnership's development of corporate parenting. It was designed to give care-experienced young people a voice in strategic decision making and the development of services. Young people were very clear that they needed the work of the Champions Board to be based on their priorities and the Young People's Participation Group (YPPG) was developed to meet that need. Young people argued that the approach to representation on the Champions Board as described in a committee report was not appropriate to their needs, and that the standard 'men in suits' approach to meetings and agenda setting was not what they wanted. They were keen to secure real improvements for the children and young people who would follow them through the care system.

Partners have worked together imaginatively to promote and support the work of the YPPG. Initial support came from a range of services including Who Cares? Scotland, a children's rights officer, a youth offending resource worker, a through care and after care worker, a child protection engagement worker and a looked after children nurse. This network of support has been augmented by Pure Media, a creative organisation which has led to the development of a DVD telling the story of some of the experiences of children and young people in their children's houses.

Regular 'LacAttack' sessions with social work teams, foster carers, children's houses and education resources are encouraging new recruits to join the YPPG and Champions Board and a turnover in representation and involvement. The YPPG meets at least once a month, with a focus on:

- setting the agenda for the quarterly Champions Board meetings
- enabling care-experienced children and young people to tell their stories, providing a tangible context for the work of the Champions Board and YPPG
- helping to challenge societal perceptions of care-experienced young people by being proactive, positive and involved.

Examples of the achievements of the YPPG and Champions Board include:

- the development of On the Whole, a bespoke space which is used for a diverse range of activities including holiday programmes, meetings with professionals, arts and media projects and homework clubs
- care-experienced children and young people being actively engaged in Dundee's Family Firm, with organisations across the Partnership offering employability training and jobs
- action taken to address concerns identified in relation to supervised contact with family members

-
- changes to housing policy within Dundee City Council which have led to improvements in care-experienced young people's ability to access and sustain tenancies and improved joint working with the Through Care and Aftercare Team
 - the removal of some disclosure check obstacles to overnight stays for young people in care.

The development of the care-experienced champions service is a current focus. The aim is to provide young people with training to be able to provide their peers with relevant information about health and social issues, to support them, and to enable them to make, where necessary, lifestyle changes and choices. The champions will also collect and represent young people's views on service provision and development.

Appendix 2: Evaluated indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. *'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'*. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

How well are the lives of children and young people improving?	
Improving the wellbeing of children and young people	Adequate
Impact on children and young people	Good
Impact on families	Adequate
How well are partners working together to improve the lives of children, young people and families?	
Providing help and support at an early stage	Adequate
Assessing and responding to risks and needs	Good
Planning for individual children	Adequate
Planning and improving services	Weak
Participation of children, young people, families and other stakeholders	Good
How good is the leadership and direction of services for children and young people?	
Leadership of improvement and change	Adequate

This report uses the following word scale to make clear the judgements made by inspectors.

Excellent	outstanding, sector leading
Very good	major strengths
Good	important strengths with some areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

Appendix 3: The terms we use in this report

The Dundee Community Planning Partnership is the local community planning partnership for the Dundee City Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The Partnership works together to plan and deliver services in Dundee.

A **single outcome agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

Improving Children's Outcomes is a collaborative project between Dundee City Council, the Scottish Government and the Dartington Social Research Unit that aims to improve the wellbeing of children and young people by:

- finding out how healthy, happy and safe children and young people are using standardised measures of wellbeing that have been proved to be valid and reliable
- helping communities to work together with services
- indicating where investment is needed and what is working well.

The **Family Nurse Partnership** is a voluntary home visiting programme for all eligible first time mothers aged 19 or under at the start of pregnancy. A specially trained Family Nurse visits the mum regularly, from early in pregnancy until the child is two.

The Corner is a service funded jointly by Dundee City Council and NHS Tayside offering health, information and peer-led services for young people in and around Dundee.

The **third sector** comprises organisations that are not for-profit and non-governmental.

Getting it Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators, which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential. www.scotland.gov.uk/gettingitright

The **New Beginnings team** is a multi-agency team established to identify and assess the needs of unborn babies at risk of compromised parenting related to such factors as parental substance misuse, mental health or learning disability.

The **Child Care and 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.

An **Integrated 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.

Loughborough Cost Calculator provides the means for mapping costs against outcomes for looked after children with a view to identifying the optimal use of resources.

Appendix 4: The Quality Indicators Framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improving the well-being of children and young people	2.1 Impact on children and young people	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children 5.4 Involving children, young people and families	6.1 Policies, procedures and legal measures	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	2.2 Impact on families		6.2 Planning and improving services	
	3. Impact on staff		6.3 Participation of children, young people, families and other stakeholders	
	3.1 Impact on staff		6.4 Performance management and quality assurance	
	4. Impact on the community		7. Management and support of staff	
4.1 Impact on the community	7.1 Recruitment, deployment and joint working 7.2 Staff training, development and support	8. Partnership and resources	8.1 Management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self evaluation	
10. What is our capacity for improvement?				
Global judgement based on an evaluation of the framework of quality indicators				

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