



**care**  
inspectorate

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

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

17 October 2023





## **Keeping The Promise at the heart of what we do**

<b>Contents</b>	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Key facts</b>	<b>5</b>
<b>Key messages</b>	<b>7</b>
<b>Statement 1: Children and young people are safer because risks have been identified early and responded to effectively</b>	<b>8</b>
<b>Statement 2: Children and young people’s lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm</b>	<b>13</b>
<b>Statement 3: Children and young people and families are meaningfully and appropriately involved in decisions about their lives and influence service planning, delivery and improvement</b>	<b>18</b>
<b>Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery</b>	<b>22</b>
<b>Conclusion</b>	<b>27</b>
<b>What happens next</b>	<b>27</b>
<b>Appendix 1: The quality indicator framework and the six-point evaluation scale</b>	<b>28</b>
<b>Appendix 2: Key terms</b>	<b>30</b>

## Introduction

### Our remit

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

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

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

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

### The terms that we use in this report

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

When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.

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

When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives.

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

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15% up to 49%; 'the majority' means 50% up to 74%; 'most' means 75% up to 89%; and 'almost all' means 90% or more.

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

## Key facts

**Total population:  
341,400 people  
on 30 June 2021**

This was an increase of 0.1% from 2020. Over the same period, the population of Scotland increased by 0.3%

NRS Scotland

In 2021, 18% of the population were under the age of 16, slightly higher than the national average of 17%

NRS Scotland

In 2021/22, North Lanarkshire had a rate of 1.4 per 1,000 of the 0-15yr population, for the number of children with their names listed on the child protection register, lower than the Scottish average of 2.2 per 1,000.

The rate of child protection investigations was 11.0 per 1,000 of the 0-15yr population. This was lower than the Scottish average of 12.6 per 1,000.

CHILDREN'S SOCIAL  
WORK STATISTICS 2021-22  
PUBLICATION TABLES

North Lanarkshire had 140 incidents per 10,000 population of domestic abuse recorded by Police Scotland in 2021/22. This was higher than the national average of 118.

DOMESTIC ABUSE RECORDED BY THE POLICE IN SCOTLAND  
2021-22

144 (35%) of North Lanarkshire data zones are in the 20% most deprived communities in Scotland.

SCOTTISH INDEX OF  
MULTIPLE DEPRIVATION  
2020

In North Lanarkshire 14,841 children (24.1%) of the population aged 0-15 were living in relative low-income families. This was higher than the Scottish average of 20.8%

CHILDREN IN LOW-  
INCOME FAMILIES: LOCAL  
AREA STATISTICS 2014 to  
2021



## Our approach

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

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

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the North Lanarkshire community planning partnership area took place between 17 April 2023 and 13 September 2023. It covered the range of partners in the area that had a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 59 children and young people and 42 parents and carers. This included face-to-face meetings, telephone conversations and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 1316 responses from staff who worked in a range of services.
- We met with 217 members of staff, including senior leaders and those who worked directly with children, young people and families.
- We met with 10 elected members.

We are grateful to everyone who spoke to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in North Lanarkshire who may be at risk of harm.

## Key messages

- The partnership had a strong multi-agency approach to early intervention, collaborative working and information sharing.
- Staff were confident in their knowledge, skills and ability to recognise, report and respond to signs of child abuse, neglect and exploitation. They worked together to ensure timely identification and response to safety concerns for children and young people at risk of harm.
- Staff demonstrated trauma informed and relational practices, which helped children and young people experience supportive and trusting relationships with them.
- Children and young people had early access to services to support their mental health and emotional wellbeing, before concerns escalated. Partnership approaches were helping to identify need and to secure support earlier.
- Although chronologies assessments and plans were in place and staff were confident in assessing risks and preparing plans, the quality was inconsistent.
- The majority of children and young people were meaningfully and appropriately involved in decisions about their lives. Staff listened to children and young people and understood them.
- Senior leaders had a clear vision, which was understood by staff. It was threaded through strategic documents, plans and outcomes. The partnership was highly aspirational and had a strategic focus to improve outcomes for children and young people.
- Collaborative leadership was strong across the partnership. Leaders were aware of strategic risk and jointly deployed resources to the areas of greatest need.

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

### Key messages

- The partnership had a strong multi-agency approach to early intervention, collaborative working and information sharing.
- Relationship based and creative approaches to extra-familial harm were helping to keep children and young people safe.
- Staff were confident in their knowledge, skills and ability to recognise, report and respond to signs of child abuse, neglect and exploitation. They worked together to ensure timely identification and response to safety concerns for children and young people at risk of harm.

### Early recognition and response to concerns

Effective processes were in place to help staff identify risk at an early stage and to respond effectively to concerns. Almost three-quarters of staff who responded to our survey said that Getting it Right for Every Child (GIRFEC) was having a positive impact on the lives of children at risk of harm.

An improved understanding of GIRFEC principles had helped promote a culture of collaborative working and shared responsibility. This sat alongside the Scottish Children's Reporter Administration (SCRA) seeing a consistently lower number of referrals per head than in comparator areas between 2018 and 2022. Almost three-quarters of staff who completed our survey agreed that the GIRFEC approach was having a positive impact on the lives of children and young people at risk of harm. Most parents who completed our survey told us that staff responded quickly when concerns were first identified about their child and most children and young people told us that they felt safe where they lived.

Campus police officers were deployed across North Lanarkshire to work with children, young people, parents and carers around a range of topics. Data and intelligence had been used well to help identify areas of preventative work. For example, a weekend community diversion project had been initiated, that encouraged young people into sport and leisure activities. This correlated with fewer incidents of young people in conflict with the law.

Almost all staff who completed our survey were confident in their ability to recognise and report signs of child abuse, neglect and exploitation. Staff also felt supported to be professionally curious, with the aim of keeping children and young people safe. Almost all staff felt confident that they could assess and analyse risks and needs, and they understood the implications of these for the children and young people they worked with. In the records that we read, the named person, or person acting as the professional point of contact in universal services, was informed about concerns for a child's safety at an early stage. Relevant information was gathered and shared from appropriate sources during the investigation in most cases. In our parent and



carer survey, most respondents said that workers acted quickly when concerns were first identified about their child. The overall quality of the initial multi-agency response to concerns, and the follow-up to concerns, were rated as good or better in just under three-quarters of records read. This suggests that practice could be strengthened to improve the experience of more children and young people. A partnership audit of children's records was conducted in January 2023, and it reflected similar findings. Managers and frontline managers were briefed on these findings and improvement actions were being taken forward by the child protection committee.

The **Safe and Together** model was in the early stages of becoming embedded across North Lanarkshire in response to children and young people being at risk from domestic abuse. Over 500 staff had been trained in the model. An awareness raising event took place in March 2023 and funding to implement the approach has been agreed. A baseline evaluation had been undertaken with support from the Improvement Service and arrangements were in place for multi-agency evaluation.

### **Staff competence and confidence**

Policies, procedures, guidance and a comprehensive multi-agency training programme supported staff to identify risks and concerns and to assess and plan for children, young people and their families. When staff were aware of concerns, they responded quickly and efficiently. Almost three-quarters of those who completed the staff survey were confident that local child protection arrangements responded in an effective and timely way to reports of child abuse, neglect, and exploitation. However, that left a significant number of staff, over a quarter, who were not confident, or who did not know. In almost all the records we read, concerns were shared with police or social work without delay.

### **Inter-agency referral discussion (IRD)**

When risks to children and young people were identified, staff worked collaboratively to share information and undertake joint assessment.

The Police Scotland risk and concern hub triaged and screened all child concern reports for a variety of risk factors, including child protection, extra-familial harm and sexual exploitation. These reports were shared where appropriate with partner agencies and an IRD was considered. An escalation process was in place to identify those children and young people who had been subjected to repeated concerns. IRDs were not conducted outwith normal office hours but when a risk was identified for a child or young person, information was shared between agencies, risk was assessed and safety plans were put in place. An IRD was then held during office hours when considered necessary.

A review of pre-birth planning processes, involving multi-agency support teams (MAST) had identified inconsistencies in initiating pre-birth IRDs across localities within North Lanarkshire. In response to the review, procedures were updated and a pre-birth pathway was introduced in August 2023. Although it was too early to report on the progress of the new pathway in terms of outcomes, we were assured by what staff told us and the partnership's position statement and supporting evidence

confirmed that agencies communicated at an early stage to assess risks for unborn babies and to support families.

We could see that an IRD had been conducted in most of the records we read, and most were held within expected timescales, although just under a quarter were not. The criteria for holding an IRD had been reviewed, but some children and young people were still being referred directly to child protection case conference by a social work manager, due to the level of risk. There was no evidence that this impacted negatively upon children and young people, but the partnership was updating local child protection procedures to reflect the National Guidance for Child Protection in Scotland. Staff spoke to us about the increased number of incidents going to an IRD because of prompt action and early intervention. The partnership's audit activity indicated a significant increase in the number of IRDs, which had resulted in some delays. Where there was a delay, although not initially conducted as an IRD, the child or young person was kept safe through information sharing and interim safety planning. In response, the partnership had established a short-life working group to analyse data and seek alternative solutions to address any delay, including the reallocation of resources. It was positive that education attended all IRDs for children of nursery and school age, which ensured enhanced information sharing and joint assessment of risk.

In almost all cases, clear decisions were made about the next steps and immediate action was taken to keep the child and other children safe. The need for emergency protective action or legal measures was considered and appropriate action was taken. The multi-agency team developed an interim safety plan for the child in almost all cases. Information was shared between agencies and immediate safety and wellbeing measures were put in place where relevant. The IRD overview group quality assured a random sample of 20 IRDs every 10 weeks. Staff told us that this has led to improvements in recording and decision making.

### **Joint investigative interviews and Scottish Child Interview Model (SCIM) interviews**

North Lanarkshire and South Lanarkshire were the first areas of the country to adopt and implement the **SCIM** model. Senior managers told us that they had received positive feedback from children, young people, parents and carers on how these interviews were conducted.

However, the partnership also told us that there were questions about the sustainability of the SCIM. A revised model for joint investigative interviews was introduced in April 2023, in response to a significant increase in the volume of child SCIM interviews; over a two-third increase from 2020. Some SCIM interviews had taken more than two weeks to conclude, causing delays for some children and young people. This was potentially causing a negative impact on their wellbeing and ability to safely speak about their experiences. Cases were triaged by a detective inspector and cases that were less complex were allocated to trained police officers and social workers for legacy joint investigative interview. This enabled a quicker response and reduced the wait time for the child or young person. Whilst it is positive that interim partnership solutions were enacted and joint resources deployed, this

may impact upon the experiences of children and young people and the quality of evidence obtained.

In the records we read, social work representatives attended all initial multi-agency meetings and police, health and education attended almost all meetings. Potential risks and needs were considered in full, in the majority of cases and partially in just over a quarter. The initial multi-agency meeting was held within the required timescales in most cases and clear decisions were made in the meetings in almost all records read. The overall quality of the initial multi-agency meeting was evaluated as good or better in most cases.

### **Extra familial harm**

#### **Practice example: contextual safeguarding**

In 2020, significant case reviews (SCRs) identified a complex mix of extra-familial and familial harm, which required an improved response. There were also concerns from children's houses about high numbers of missing episodes for care experienced young people. The partnership took the decision to introduce a contextual safeguarding approach, supported by a contextual safeguarding panel and a steering group. The purpose was to co-ordinate safeguarding interventions for children and young people over the age of 12 years, who were identified as being at risk or who had been subjected to extra-familial harm. This necessitated a cultural shift in the way that risk was understood. North Lanarkshire's approach to embedding trauma informed practice within contextual safeguarding had been evaluated by the University of Sussex as part of the innovate project. The innovate project report noted an embedded culture of rights-based, relational practice and collaboration between young people and staff. They found that young people spoke to staff in difficult times and that staff knew the young people well.

The pathway to the contextual safeguarding panel was through an IRD, or through updated care and risk management (CARM) procedures. We heard some impactful examples of the process working effectively in practice. Almost 30 young people had been kept safer through the lens of contextual safeguarding.

During our inspection, we heard from staff that there had been a real shift in the recognition and response to community-based harms, with a collaborative approach. The change has been received positively by police leaders in North Lanarkshire and police had taken alternative approaches to arresting young people when appropriate, such as involving other services to provide support.

There was strong collaborative working in response to children and young people who either went missing, or who were at risk of going missing. Opportunities were identified within the contextual safeguarding approach to overlap intelligence about young people who were missing. Police Scotland had created an intelligence portal,

which helped identify locations where a missing child or young person may have gone to, or who they may have been with. The partnership had introduced a comprehensive missing person's protocol, which contained detailed information for all relevant staff dealing with any missing person. Barnardo's Scotland had been commissioned to facilitate return home welfare discussions for missing children and young people. This involved identifying factors which may have led to them going missing and enabled staff to assess how risk could be reduced through meaningful support and interventions.

In addition, Police Scotland's missing person co-ordination unit participated in weekly meetings with partners to discuss every missing child episode from the previous week. They discussed safeguarding concerns and shared information. All missing children were also discussed at Police Scotland daily sub-divisional meetings and daily senior management meetings. Since the revised approach to missing children and young people, the number going missing from children's houses had halved.

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

### Key messages:

- Staff demonstrated trauma informed and relational practices, which helped children and young people experience supportive and trusting relationships with them.
- Children and young people had early access to services to support their mental health and emotional wellbeing, before concerns escalated. Partnership approaches were helping to identify need and to secure support earlier.
- Although chronologies assessments and plans were in place and staff were confident in assessing risks and preparing plans, the quality was inconsistent.
- Transition planning had been enhanced and additional support was available for children and young people who had been the subject of child protection processes.

### Relational practice

There was an embedded culture of relational practice across the partnership. Staff spoke to us about how they valued relationships in all aspects of their work and whilst there was some professional conflict and challenge, it was managed with respect and focus on the child or young person.

Supported by a strategic group, the partnership was working hard to embed a culture of trauma-informed practice and this too supported meaningful relationships. While some staff told us that they were not yet aware of trauma-informed practice and how it applied to them, many other staff spoke about how it was becoming established in how they understand their work with families and with each other. We heard examples from staff about how trauma-informed practice was understood through child protection investigations, interviews of children and young people, contextual safeguarding and in staff training. Leaders understood the impact of vicarious trauma on staff and positive support and supervision arrangements were in place.

The majority of respondents to our staff survey felt that children at risk of harm were thriving because of nurturing and enduring relationships with their carers and people working with them. Most children and young people who responded to our survey said they knew why staff were involved with them. In most records we read, the child had had an opportunity to develop a relationship with a member of staff. The majority of children and young people told us that they got the right help to make and keep loving and supportive relationships with people they cared about, most or all of the time. Most parents and carers who responded to our survey told us that their child

had the right help to keep loving and supportive relationships with people who they cared about.

Children and young people we met spoke about positive relationships with staff and described how staff had helped to make their lives better. They told us they felt listened to and respected. Staff had helped them develop coping strategies and encouraged continued contact with siblings and parents whenever possible. A few children and young people had experienced frequent changes of staff, which affected the trust they had in them.

### **Assessment, planning and review to reduce risk**

There was a chronology in all the records we read, and the majority contained a multi-agency chronology. Staff understood the importance of chronologies, but the quality was not of a good standard in the majority of records.

Almost all records contained an assessment that considered needs, protective concerns and risks. Most assessments contained information from different agencies. Almost all staff we surveyed agreed that they had the knowledge, skills and confidence to assess the risks and needs of the children and young people that they were working with. While the majority of assessments were evaluated as good or better, a third were not yet of a good standard.

Almost all the records we read contained a plan which set out how the needs, protective concerns and risks identified in the assessment were to be addressed. The majority of staff we surveyed were confident that they knew how to prepare an outcome focused child's plan and that these were produced in a timely way. However, in more than half of the records we read, the quality of plans was evaluated as adequate or weak.

There was a disconnect between what staff were telling us in terms of their confidence and competence and what we were seeing in documents. Staff were clear on what they had to do to support children and young people and relationships were strong, but this did not translate into consistently good quality chronologies, written assessments and plans. Through established self-evaluation processes, the partnership recognised assessment, chronologies and plans as areas of practice improvement. They had started updating assessment and planning training and guidance, supported by briefing sessions and peer review. It was too early to evidence the impact of this work on improvement at the time of our inspection. In almost all records we read, either one or both parent of children had had the opportunity to develop a relationship with a member of staff.

The partnership had conducted quality assurance work around referrals from child protection case conferences to SCRAAs as a result, training which included grounds for referral and the role of the Reporter to the children's hearing was provided to help improve competence and understanding of those making referrals. Although the number of referrals to SCRA were overall lower than in comparator authorities, there were higher numbers of referrals on offence grounds relative to the national position. A Lanarkshire pilot, reducing the criminalisation of care experienced young people, had been put in place for those referred to SCRA on offence grounds. The aim of the



pilot was improving relationships and family support, while ensuring orders were supporting the care plan and accounting for risk and need.

### **Support for children and young people at risk of harm**

The majority of staff survey respondents were confident that children and young people who had experienced abuse and neglect were being supported to recover from their experiences. Most staff agreed that they were confident effective processes were in place to help prevent or reduce accumulating signs of child abuse, neglect, or exploitation.

The partnership's audit activity had identified increasing numbers of children who had experienced neglect with their names on the child protection register. SCRA had also noted that a high number of referrals were neglect related. The partnership had introduced an assessment of care toolkit to assist staff in their identification of neglect, response to it and support provided to families. This involved a change in language and a more explicit focus on improved wellbeing. Early self-evaluation involving a small sample of families demonstrated that almost all parents found that the toolkit gave them a clear indication of what had to change. The empowering clusters model with the aim of building strong networks of practice and improving effective community-based support services for children, young people and their families, had been implemented across all secondary school cluster areas. In line with GIRFEC, when a child or young person was identified as needing additional help, they were considered at a multi-agency meeting with a view to determining the best support for them. Taking a whole family approach, the cluster also effectively facilitated access to services to support parents and carers, including housing, mental health and addictions.

A data dashboard had been created to record performance information. It held a specific focus on analysing the outcomes for children and young people at risk of harm during attainment reviews. Data was analysed at cluster and whole authority levels. This helped identify trends, areas of practice for sharing and areas of concern, which then informed ongoing review and development. The empowering clusters approach had been shared as good practice across the eight local authorities that made up the West partnership improvement collaborative.

#### **Practice example: virtual school**

The virtual school was a small team, created to deliver an intensive and bespoke service to care experienced children and young people who may have needed extra support within education. The team also supported and monitored education planning for the wider cohort of care experienced children and young people. Children and young people remained the responsibility of the school they were registered at, and support was drawn from a range of services, including social work, housing and health staff. The virtual school had a positive impact on attainment, achievement, health and wellbeing, with a marked reduction in exclusions since its establishment. It had helped reduce exclusions of care-experienced young people and those close to being accommodated by 89% since its establishment in 2019/20. In 2022/23, there were 19 exclusions in comparison to 158 in session 2019/2020. The virtual school was helping young people access education in a flexible, strengths-based way.

An aftercare hub had been developed for care leavers during Covid-19 restrictions and remained in operation. Funding from the mental health and wellbeing support and services framework was used to resource additional intensive social work support, seven days a week. The partnership had increased the number of care leavers it was supporting by 50%. The out-of-hours social work service was able to access the intensive support service to help young people when in crisis.

The partnership had identified the need to take a holistic approach to planning for whole families, rather than focusing on one individual. Albeit at an early stage, there was an aspirational programme in place for the integration of family support within the community, where a range of services could be accessed through community hubs.

### **Transition planning**

The partnership recognised that the transition from children's services to adult services was not always a positive experience for young people. The child and adult protection committees were both aware that transitional safeguarding processes required some improvement. The transitions policy had been revised in August 2023. This meant that a young person was considered for enhanced transition planning from their third year of secondary school if they required an intensive level of support through GIRFEC planning; had additional support needs; had been subject to child protection processes; or if they were care experienced. Aftercare hub staff supported locality staff to provide intensive support for young people who required it during their transition from care and into adulthood.

### **Mental health and emotional wellbeing support**

The partnership had been tackling long waiting times for the child and adolescent mental health service (CAMHS) and had reduced the wait for those longest on their lists, while continuing to see urgent cases. The community mental health and wellbeing support and services framework created easier access to community-based support. This included broadening the availability of school-based interventions and the introduction of the Kooth app, which provided accessible online counselling and mental health service supports for 10- to 26-year-olds in North Lanarkshire. The Today not Tomorrow (TNT) group of care experienced young people participated in the co-production and procurement of a dedicated counselling service for care leavers, who had struggled to access other services. NHS Lanarkshire had worked with North Lanarkshire Council to find solutions to support children and young people experiencing poor mental and emotional health earlier. There was additional investment in school nursing. School nurses were all trained in 'Let's introduce anxiety management' (LIAM) and were aligned with school clusters. They worked alongside a range of school-based staff and the educational psychology services to deliver LIAM to younger people in the lower tiers of mental health concerns. Supervision was provided by CAMHS. Children and young people accessed these services with no waiting list and the number of referrals to CAMHS was reducing.



The partnership had identified a rising need for therapeutic support to help children in primary years four and five with low-level anxiety and emotional difficulties. An additional play therapy resource was established for this group of children. Regular reviews were in place through 'team around the child' planning meetings, led by the cluster improvement integration leads. Data from Outcome Star, an evidence-based tool designed to measure and support change when working with people, was showing improved wellbeing outcomes for children and young people.

Although we found strong evidence that children and young people received valuable support for mental health and emotional wellbeing at an early stage, there was a disconnect with the overall perception of the staff we surveyed. Just over a third of staff surveyed agreed that mental health outcomes for children at risk of harm were improving. This may indicate that further work may be required to fully embed this approach and help staff understand the support available.

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

#### **Key messages:**

- The partnership had a strong commitment to participation. Children and young people were enabled to share their views, supported by a range of useful tools and resources.
- The majority of children and young people were meaningfully and appropriately involved in decisions about their lives. Staff listened to children and young people and understood them.
- Children and young people were able to influence service planning, delivery and improvement. They were active participants in children's services planning and had direct access to elected members.
- Parents and carers' views, while still sought, were used less well to inform delivery and improvement. The partnership was aware it had to improve the ways it fed back how the views of parents and carers influenced key planning processes.

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

In almost all the records we read, the views and experiences of parents and carers were considered in initial investigations and initial multi-agency meetings. The majority of children and young people at risk of harm were meaningfully and appropriately involved in decisions made about their lives. This was more evident for older young people and those who were looked after. We saw that the views of children and young people were included in initial investigations and initial multi agency meetings in approximately two-thirds of records read. Also, in over two-thirds of records read, the quality of how well the child had been listened to, heard and included by staff was evaluated as good or better. Many children and young people we spoke with gave us examples of being involved in their assessment and planning processes, being asked for their views and being heard at meetings.

In just over two-thirds of records read, the quality of how well the child had been listened to, heard and included by staff was evaluated as good or better. However, there was a small number of records in which this was evaluated as either weak or unsatisfactory. The views of children and young people were obtained using a range of tools, including the Mind of My Own app, the outcomes star and 'What I think' form.

Less than one-third of children and young people attended their children's hearing, and the rate of independent advocacy or legal representation for them was just over 40%; both statistics slightly below the Scottish average. The partnership was aware of this through quality-assurance activity and was taking steps to better understand what was beneath the figures and what else it could do to improve.

Almost two-thirds of staff surveyed also expressed confidence that children and young people at risk of harm and their parents and carers were able to participate meaningfully in decisions that affected their lives. The partnership was investing in family group decision making to help families find their own solutions to provide support and prevent children and young people in their own family being taken into care.

In our survey, almost all children and young people said they had someone who could help them express their views; over two-thirds of children felt that a member of staff listened to their views and opinions about what mattered to them. Most said they had an adult they could trust to talk about things that were important to them, or if they were unhappy about something.

Of the parents and carers we surveyed, most responded that staff communicated well and helped them to understand what needed to change to keep their child safe. Over three-quarters of parents and carers said that workers listened to them and took their views seriously when decisions were made to help keep their child safe. However, just under a third of all of the parents and carers we heard from also said that to varying degrees, they did not feel they had been fully included in decisions about their child's life or in planning processes to keep their child safe. A few of those felt that services had been initiated only at the point of crisis in their child's life, despite requests for help at an earlier stage. Once the crisis was perceived to be over, those parents told us that some services had been withdrawn even when they felt additional help was still required. We heard from different staff groups that they recognised they had to further improve how they communicated with parents and better involve them in their child's planning, without making them feel overwhelmed with processes.

### **Independent advocacy**

Not all children and young people or parents and carers recognised the title of independent advocate but recognised that they had a worker to talk to who helped them express their views. Once the role of independent advocate was explained, many children, young people, parents and carers said they had been offered an independent advocate.

Who Cares? Scotland was commissioned to provide advocacy for children and young people who were looked after, had their names listed on the child protection register and who attended children's hearings. In our staff survey, just under half of staff felt that independent advocacy support was routinely made available to children and young people at risk of harm. However, almost all social work or social care staff agreed that advocacy was made available. The partnership's multi-agency self-evaluation noted that further work was required to improve the uptake of advocacy. Who Cares had started wider awareness raising of the service to support staff awareness beyond SCRA and social work services.

## **The influence of children, young people and their families on service planning, delivery and improvement.**

Overall, the partnership had a comprehensive approach to the participation and involvement of children and young people and their parents and carers in decisions about their lives and in wider children's services development. The partnership had made significant, effective efforts to consult with children and young people and, to a lesser extent, parents and carers, to influence and develop services and had committed to this in strategic plans.

A **Promise** development team had been established in 2021 and included care experienced young people. The team was involved in, and represented on, strategic planning fora such as the children's services planning board. Established groups such as the Youth Council, Youth Voices and the Champions Board were the main conduits for senior managers to hear directly from children and young people.

Similarly, parents, carers and families were involved in a range of consultations. This included one by North Lanarkshire council to make decisions about the best use of the winter support and social protection fund. This fund was allocated in 2020 to help people on low incomes, at risk of homelessness or social isolation pay for food, heating, warm clothing and shelter. Families were themselves enabled to identify what would make a difference and what would enhance their wellbeing. The [Cash-First](#) approach was taken. This supported the local tackling-poverty strategy and saw over 2000 families allocated funds to help to address their child's wellbeing needs.

Our young inspection volunteers found the GIRFEC, North Lanarkshire council and NHS Lanarkshire websites easy to navigate. They found the language used on websites was not always child-friendly but noted there was detailed information with helpful resources and external links. The partnership had already identified the need to improve the GIRFEC website.

The partnership acknowledged that it needed to be more effective at involving parents and carers in strategic developments and service improvements. It also recognised that it had to improve how feedback was provided on how the views of parents and carers had influenced key planning processes. This was an area for improvement in the children's services plan 2023-2026.

A revised youth participation and engagement infrastructure called Future NL had been formed by North Lanarkshire council in 2021. This was made up of members of the Scottish Youth Parliament, young people representing North Lanarkshire's nine youth voice groups and elected members with cross-party representation. The group discussed and actioned any issues raised by young people, or through committee structures.

The Voice task group promoted and led participation specifically for the children's services partnership. This group had eight priority areas to ensure the voices of children and young people supported and influenced work to embed the aims of the children's services plan. For example, the views of children and young people were sought in a consultation to develop the children's services plan 2023-2026. 'My Future Plan' guidance was developed following consultation with young people about

better pathway planning, and a review of youth justice was informed by feedback gathered from young people and their families. Although there was a clear communications framework and strategy in place, neither these or measures of success or evaluation were fully understood by all services and staff involved in supporting participation.

North Lanarkshire council had a dedicated webpage for children's rights. The North Lanarkshire youth council worked with the partnership to conduct a survey to baseline views and awareness of children's rights. Following that a group of young people developed the 'Make it right' campaign to raise awareness of children's rights. The campaign encouraged young people to know what their rights were and signposted them to resources. The majority of children and young people who responded to our survey said that they had someone who had explained their rights to them.

Children and young people's views influenced a change in the use of language, including a move from referring to 'contact' to using the term 'family time' and a 'keeping records' group involving children and young people had worked on more inclusive and supportive language for staff to use. Children and young people, as well as staff, gave us many examples to demonstrate how children and young people were influencing wider children's services planning.

#### **Practice example: Today Not Tomorrow (TNT) group**

TNT was a group of care experienced young people aged between 14 and 26 years, who were aligned to the champion's board. The group came together to influence positive change within North Lanarkshire's care system. Amongst the achievements of the group was the identification of a lack of mental health resources, which was taken to the children's services partnership board for discussion. This informed the decision to commission a dedicated counselling service for care leavers. TNT members were involved in the design of the tender, selection of the service provider and they are to become involved in future evaluation.

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

### Key messages

- Senior leaders had a clear vision, which was understood by staff. It was threaded through strategic documents, plans and outcomes.
- The partnership was highly aspirational and had a strategic focus to improve outcomes for children and young people.
- Collaborative leadership was strong across the partnership. Leaders were aware of strategic risk and jointly deployed resources to the areas of greatest need.
- The partnership collected a range of data to inform its strategic direction. It had identified the need to improve how it used data to measure improvement, outcomes and to further inform service planning and development.

### Vision, values and aims

The partnership was highly aspirational and had a sharp focus on medium to long term outcomes. Leaders shared collective ownership of their ambitions through the plan for North Lanarkshire: programme of work 2023-2028. The vision for children's services was shared and it was clearly articulated. It was embedded across strategic documents and was understood by almost three-quarters of staff. The children's services plan was aligned with the Promise and was framed around the Promise foundations of family, voice, care, people and scaffolding. There was a strong thread connecting the vision, strategic planning and implementation.

The partnership had employed a range of strategically-aligned models, approaches and frameworks, and they had participated in projects and national pilots with the aim of improving services for children, young people and families.

### Leadership of strategy and direction

Elected members received, and challenged when appropriate, data for children at risk of harm, either directly with leaders or through the relevant committee. Progress reports were provided to committees with an update on actions taken. Elected members recognised the importance of having children's rights and wellbeing impact assessments incorporated into policies and reports.

The chief officers group had a clear remit, which aligned with national guidance. It met regularly, had consistent multi-agency representation and had effective oversight of public protection. The chief officer group, child protection committee and the children's services partnership provided strategic direction and oversight of partnership activity in respect of children at risk of harm. Working groups and task groups were accountable to the child protection committee and the children's services partnership. The children and families third-sector network was facilitated by

Voluntary Action North Lanarkshire and provided a significant contribution to the leadership of services to protect children, providing enhanced connectivity with the third sector.

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

There was evidence of positive working relationships across the whole partnership. Leaders promoted shared responsibility for outcomes throughout the partnership and staff were supported to work collaboratively.

Staff we spoke with recognised the impact of demand and capacity challenges, but they also largely felt supported and engaged. There was agreement in what we heard from staff at all levels of seniority across the partnership. Almost all staff surveyed knew what was expected of them and almost three-quarters told us they felt valued for the work that they did. Most staff felt listened to and respected, and most received regular supervision or the opportunity to speak with a line manager who supported and challenged them. Staff spoke to us about managers being approachable and their doors being open. Survey respondents told us that leaders and senior managers were visible and leaders understood the work that they were able to deliver on the frontline. Elected members visited services and got to know staff as much as they could across the partnership. This helped them to hear the experiences of staff directly and better understand how well services were operating.

Collaborative working was promoted and visible across the partnership. Staff were well supported to work jointly across services, sharing their knowledge and skills for the benefit of children and young people. Frontline managers told us how they experienced positive collaborative working across agencies, with a strong sense of joint working, mutual trust and good communication. Frontline staff recognised that partnership strategies were all aligned and promoted partnership working. The empowering clusters model was an effective partnership approach, which promoted multi-disciplinary working in delivering services for children, young people and their families.

#### **Practice example: approach to poverty and inequality**

Tackling poverty was a priority for the partnership and there was a solid strategic focus on tackling poverty in the area.

The plan for North Lanarkshire: programme of work 2023-2028 had seven main elements. 'Resilient People' focused on the delivery of whole-family support locally, when families needed it and in a way that addressed the impacts of poverty and reduced inequality. The aim was to work with partners to provide an earlier and more effective response to need. This aligned with the Promise plan 2021-2024, which set out five key priorities, including whole-family support. We saw evidence of this approach in action from strategic planning down to examples provided by frontline practitioners, such as health visitors and midwives undertaking financial screening assessments and connecting families with a financial inclusion officer. An income maximisation approach was taken, and the partnership informed us that in 2022/23, around £1 million was generated for families who had a child with their name listed on the child protection register. In social work, the Cash-First approach was taken, helping to ensure that families had access to financial support when they needed it.



All partners were involved in the tackling poverty strategy (2022-2023). The poverty strategy clearly aligned with the Scottish Government's Best Start, Bright Futures Delivery Plan, which set out actions for partnerships to support families and tackle poverty. Local poverty action reports were published annually and provided updates on what had been achieved and what still had to be done to tackle poverty.

The 2022 report provided many examples of what the partnership were doing to meaningfully address poverty, including employment support and the free delivery of period products in rural areas. One high school listened to young people's concerns about the stigma of school breakfast clubs. This resulted in a free breakfast being offered to every young person in the school. The food poverty referral gateway was introduced to ensure that help was offered to address the root cause of the person's food poverty, as well as providing immediate support. The partnership was able to demonstrate that referrals to foodbanks were down by 22%, with people receiving longer-term financial support through income maximisation and use of the Scottish Welfare Fund.

### **Leadership of improvement and change**

In our staff survey, just over half of staff felt that the evaluation of the impact of services had led to their improvement, while just under two-thirds felt that strategic changes and developments had led to improved outcomes for children at risk of harm. Staff and managers we met with spoke more positively about communication around strategic developments and change processes than those surveyed. Managers told us they were purposefully involved in influencing strategic developments and appropriately represented on the five key task groups to inform and implement change. Frontline staff told us they were routinely made aware of strategic decisions through staff briefings and internal newsletters. The partnership had held several learning events to promote multi-agency understanding of innovations, such a Promise conference and a conference about inclusion. However, senior leaders recognised that the impact of improvement activities and change was not fully understood by all staff and they were taking steps to improve communication.

### **Recruitment, deployment and joint working**

The partnership was experiencing significant challenges with the recruitment and retention of staff. Just over half of staff believed that leaders ensured the necessary capacity to meet the needs of children at risk of harm. Demand was exceeding capacity in some critical service areas and this did impact negatively on some key child protection processes, such as investigative interviews of children and young people. Notwithstanding this, we were reassured to see that senior leaders were alert to the risks and they were taking measures to mitigate them. For example, by improving North Lanarkshire's offer to attract and retain social work staff through revised pay, conditions and development opportunities. Where possible, a partnership approach was taken to find solutions through the strategic redeployment of joint resources, remodelling of service delivery and targeted funding to meet areas of greatest need and risk.



## **Workforce development and support**

Collectively, the partnership had a strong focus on the welfare of staff and were taking practical measures to support them. Practitioners told us about helpful line management support and/or supervision structures. Wellbeing frameworks were in place across the partnership to support staff and there was evidence these were being used.

The partnership had invested in child protection and wider public protection learning and development activities. They had undertaken evaluation, with positive results. Eighty-eight percent of staff agreed that the learning and training they participated in had increased their knowledge and skills in working with children and young people at risk of harm. Of significance, almost all respondents to our staff survey agreed that learning and training had increased their skills and confidence in working with children and young people at risk of harm, while the majority agreed that multi-agency training and development strengthened their contribution to joint working with children at risk of harm. Some staff we spoke with felt there was a reduced range of training offered post Covid-19 restrictions and that they would like to see the return of more face-to-face training.

## **Management of financial resources and commissioning arrangements**

The partnership was investing heavily in strategically aligned models to improve outcomes for children, young people and their families and they retained a strong focus on long-term, strategic objectives. The whole-family wellbeing fund report outlined the proposals for the investment of £2.351m for both 2022/23 and 2023/24. It evidenced helpful work that had been done to engage families in strengths-based and trauma-informed ways of working.

The local authority had sound financial management systems in place. Monthly budget monitoring reports were provided to the corporate management team and quarterly reports were taken to the service committees and the finance and resources committee. There was a well-developed medium-term financial plan.

The children's services plan 2023-26, joint strategic needs assessment was published in June 2023 and it informed the strategic commissioning of services. The strong governance structures in place helped offer assurance to chief officers, that funding was allocated to the right places to meet need.

## **Performance management and quality assurance**

A thorough multi-agency self-evaluation of services for children at risk of harm was published in May 2023. The partnership was clear on what it had to do differently, but it was too early to tell how well the identified areas for improvement were being addressed, or to what extent areas of success had been celebrated and built-on. The partnership had also undertaken a range of other quality assurance and self-evaluation activities, which were specific to children at risk of harm. These included the multi-agency reviews of decisions taken through IRDs, audits of child protection records, child protection registration audit, significant case reviews and learning reviews. There was evidence of a thread between findings and improvement.

The partnership used a range of data tactically to inform their strategic direction and measure improvement, including a helpful set of performance indicators in the plan for North Lanarkshire. The chief officers group told us they retained a focus on data and that decisions were driven by data analysis, quality assurance, self-evaluation, changes to policy, legislation and new frameworks for practice. An example of effective use of data in relation to virtual schools was given, where outcome measures were in place and reported on. Nonetheless, effective use of data was not consistent across the partnership. The partnership was aware that it needed to focus more on how it used data to measure improvement and outcomes, and to further inform planning and service development.

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

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

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

#### **Evaluation of quality indicator 2.1: Very good**

We evaluated the impact of services on the lives of children and young people as very good. The work of partners was making a positive difference to the lives of children and young people at risk of harm. We identified a few areas for improvement that partners were already aware of through their own self-evaluation and were taking steps to address through improvement plans.

- The partnership ensured that children and young people were safer as a result of effective identification and response to risk and the support they received.
- Children and young people were listened to, understood and respected. They were offered a variety of ways to share their views, which took account of their communication and individual needs. They contributed to decisions about their lives and how services were shaped around them.
- Children and young people experienced supportive and trusting relationships with staff, who had taken time to know them and understand their needs, strengths and the impact of their previous experiences.
- An overarching, cultural change in how children's rights were promoted, trauma was understood, and how relationships were approached was having a positive impact on how children and young people experienced services.
- Young people over the age of 12 benefited from the broad-reaching contextual safeguarding approach. Young people received the help and support they needed to be safe. While aspects of the contextual safeguarding

approach were well advanced, more data on outcomes for young people will help the partnership to fully determine its impact.

- Children and young people who required additional help with their education, health and wellbeing were identified early. Multi-agency approaches were taken to support them, including accessible mental health and emotional wellbeing supports at an early stage.

See appendix 1 for more information on our evaluation scale.

## Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership in North Lanarkshire has the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following factors.

- The partnership had effective leadership, with clear strategic direction and focus.
- There was evidence of effective, collaborative working across the partnership, with a focus on improving outcomes for children, young people and their families.
- The partnership was self-aware and demonstrated a sound approach to self-evaluation and quality assurance.
- The partnership had an established record of implementing improvement. They were taking the necessary steps to address areas for improvement already identified, most of which matched the findings of our inspection.
- Leaders worked hard to ensure that staff were supported and engaged in their work. They recognised that the impact of improvement activities and change was not understood by all staff and they were taking steps to further improve communication.

## What happens next?

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

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

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

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

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

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

An evaluation of **good** applies to performance where there is a number of important strengths that, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or

safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

## Appendix 2: Key terms

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

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

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

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

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

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

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

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

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

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

**Inter-agency referral discussion (IRD)** is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18

years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

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

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

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

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

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

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

## Headquarters

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

Website: [www.careinspectorate.com](http://www.careinspectorate.com)

This publication is available in alternative formats on request.



© Care Inspectorate 2023 | Published by: Communications | COMMS-0923-461

