

**Education and Families Committee****3 October 2016****Commonwealth Games 2014 – A Legacy for Shetland – 2015-16 Update****CS-30-16- F****Report Presented by: Executive Manager
Sport and Leisure****Children's Services****1.0 Summary**

- 1.1 In March 2015 Audit Scotland published its third report on the Commonwealth Games 2014 and recommended that all Councils should “monitor and report to the appropriate Council committee on the legacy impact in their own areas”.
- 1.2 An initial report on this subject was presented to the Education and Families Committee on 17th August 2015 when it was agreed that an annual report on legacy outcomes for Shetland from the Commonwealth Games 2014 should be presented to the Education and Families Committee during the proposed reporting period to 2019.
- 1.3 A description of some of the national programmes and how they have benefited Shetland can be seen in section 3 of this report. In addition, a copy of the Sport and Leisure Services, Active Schools and Sports Development annual report for the academic year 2015-16 is attached as Appendix A to this report, which features a number of the projects and initiatives that have taken place and were directly managed and/or supported by Shetland Islands Council.

2.0 Decision Required

- 2.1 That the Education and Families Committee NOTE the contents of this report and its appendix and RESOLVE to approve the recommendation in 3.6 that the format for monitoring legacy outcomes in Shetland be the presentation of the Sport and Leisure Services Annual Report for Active Schools, Sports Development and Community Sports Hubs to the Education and Families Committee during the proposed reporting period.

3.0 Detail

- 3.1 In addition to organising and running a successful sporting event, the decision to bid to host the Commonwealth Games in Glasgow in 2014

included a commitment to ensure the Games had a lasting legacy for the people of Scotland. This included both immediate and longer-term benefits such as economic growth and improved health outcomes, through the promotion of healthier lifestyles and exercise. It was agreed that these outcomes should be assessed over the period from 2009 to 2019.

3.2 In order to deliver these benefits the Scottish Government and its partners developed a Legacy Plan for Scotland which had 4 main themes, which are summarised below:

- **Flourishing** – using the Games to contribute to the growth of the Scottish economy.
- **Active** – using the Games to help Scots be more physically active.
- **Connected** – using the Games to strengthen connections at home and internationally through culture and learning.
- **Sustainable** – using the Games to demonstrate environmental responsibility and help communities live more sustainably.

3.3 The Scottish Government and its partners also put in place over 50 national programmes to support the 4 legacy themes identified above, which included programmes that were offered to all areas of Scotland and programmes that had to be requested through a grant application process.

3.4 Shetland certainly benefited from a range of these programmes and has secured significant levels of external funding to deliver them. Some examples of the programmes that Shetland still benefits from are highlighted below:

3.4.1 **Active Schools** – External funding of £762,880 has been agreed with **sportscotland** for the Active Schools Programme in Shetland between 1st April 2015 until 31st March 2019 – i.e. £190,720 per financial year. This funding is for the employment of 6 FT staff and the delivery of a range of outcomes including increasing extra-curricular sport and physical activity opportunities for children and young people, delivering a school sports competition programme and developing a range of coaching, volunteering and youth leadership initiatives.

3.4.2 **PE Support Programme** – Funding and support for local authorities and schools to help deliver physical education, physical activity and sport within the curriculum and the wider community. To Support this programme, funding of £144,000 has been approved from **sportscotland** for the PE Support Programme in Shetland between 1st April 2012 and 31st March 2017.

3.4.3 **Cash Back for Communities** - Taking funds recovered from the proceeds of crime, and investing them into free activities and programmes for young people across Scotland. Between 1st

April 2015 and 31st March 2017 the Sport and Leisure Service will have received £12,022 to deliver a range of activities including FAST Football and the Young Mums Activities Programmes.

3.4.4 **Community Sports Hubs** - Homes for local clubs and sport organisations, based in places and spaces like sport centres, community centres and schools. In Shetland 6 community Sports Hubs have been established with a proposal to establish up to 8 in the future. In order to deliver this programme **sportscotland** have agree to provide funding of £82,916 to Shetland Islands Council 1st April 2015 until 31st March 2018.

3.4.5 **Young Ambassadors** – A partnership between **sportscotland** and the Youth Sport Trust to recruit 14-17 year olds to help inspire other young people to take part in sport, and drive opportunity, engagement and change through sport. Young Ambassadors offer young people a pivotal role as advocates, role models and leaders within their school and wider community. There are currently 37 Young Ambassadors creating after school clubs, sport festivals and school to club links for other young people in secondary schools across Shetland.

3.5. As indicated in 3.1 Legacy outcomes from the Commonwealth Games are being monitored until 2019, with each local authority being advised by Audit Scotland to put in place a monitoring and reporting system to review their impact in each area of Scotland. At present there is no detailed guidance for local authorities on how to undertake this task.

3.6 Therefore, in order to achieve this requirement it is proposed that the Sport and Leisure Service's annual report for Active Schools, Sports Development and Community Sports Hubs be used as a means of monitoring progress against this requirement. This annual report includes monitoring of a number of National Key Performance indicators and descriptions of a number of projects and activities that have happened over the previous academic year. A copy of the 2015-16 report can be seen as Appendix A to this report.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – The recommendation in this report is consistent with the following corporate priorities:

Our Plan – 2016 - 2020

More children will be taking part in physical and cultural activities – developing healthy lifestyles to help them play a full and active part in Shetland community life.

People will be supported to look after and improve their own health and well-being, helping them to live in good health for longer.

The strengths of individuals and communities will be built on, with increased levels of volunteering across Shetland where possible.

- 4.2 Community /Stakeholder Issues – The delivery of legacy outcomes for Shetland have been achieved in partnership with a range of public and voluntary sector groups and this will continue into the future. Many of the projects undertaken have emerged as a result of community feedback and the identification of a need.
- 4.2 Policy And/Or Delegated Authority – In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, all matters relating to leisure and sport come under the remit of the Education and Families Committee.
- 4.3 Risk Management – The recommendations in this report will meet the requirements of Audit Scotland to put in place a method of monitoring and reporting on legacy outcome for Shetland during the reporting period. Failure to report to the appropriate committee on the legacy outcomes for Shetland from the Commonwealth Games could result in a negative report from Audit Scotland.
- 4.4 Equalities, Health And Human Rights – Many of the projects that have been, and will continue to be developed in this area of work will have a positive impact on the Councils obligations for equalities, health and human rights.
- 4.5 Environmental – None

Resources

- 4.6 Financial – Over the years Shetland Islands Council has received significant amounts of external funding to deliver on the legacy projects for Shetland, some of which has been matched by Council funding. In order to continue to receive this external funding in the future there will be a requirement to continue making a financial contribution, which will be at different levels for different projects. At present, the Council has already received a commitment from **sportscotland** to continue its funding of Active School and certain other projects in Shetland until 31st March 2019, which requires a financial contribution of approximately £94,000 from the Council each year in order to receive annual funding of up to £190,720. Any match funding requirements will be included in Sport and Leisure Service budget proposals within the Children's Services Departmental budget each financial year, which will then be presented to Education & Families Committee for approval.
- 4.7 Legal – None
- 4.8 Human Resources – No direct implications
- 4.9 Assets And Property – None

5.0 Conclusions

- 5.1 This report is intended to meet the recommendation from Audit Scotland that all Councils should monitor and report on the legacy impacts of the Commonwealth Games in their own areas. In accordance with the recommendation, this report highlights a number of projects and includes a copy of the Sport and Leisure Service's Active Schools, Sports Development and Community Sport Hub Annual Report for Academic year 2015-16 as a means of monitoring progress.

For further information please contact:
Neil Watt, Executive Manager – Sport and Leisure
01595 744046
neil.watt@shetland.gov.uk
Report Finalised: 27 September 2016

List of Appendices

Appendix A – Active Schools, Sports Development, Community Sports Hub Annual Report – Academic Year 2015-16 –

http://www.shetland.gov.uk/sport_and_leisure/documents/ActiveSchools-SportsDev-CommSportsHubAnnualReport2015-16LowRes.pdf

Background documents:

Audit Scotland Report – Commonwealth Games 2014 - http://www.audit-scotland.gov.uk/docs/central/2015/nr_150312_commonwealth_games_third.pdf

END

**Education and Families Committee****3 October 2016****Annual Report from Chief Social Work Officer****CS-28-16-F****Report Presented by Chief Social Work Officer****Children's Services****1.0 Summary**

- 1.1 This report presents the annual Chief Social Work Officer report 2015-2016.
- 1.2 It provides an overview of social work and social care activity, performance and key achievements during the period 1 April 2015 to 31 March 2016. It provides information on the statutory responsibilities of the Chief Social Work Officer on behalf of Shetland Islands Council and highlights challenges for services in the forthcoming year.
- 1.3 This report is for information only and reflects the requirements set out in Guidance published by the Scottish Government in February 2009, which requires Shetland Islands Council to consider a report from the Chief Social Work Officer on an annual basis.
- 1.4 This report is shared with the Chief Social Work Advisor for the Scottish Government. The structure of the report follows the template produced by the Office of the Chief Social Work Advisor to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity.

2.0 Decision Required

- 2.1 That the Education and Families Committee NOTE the Annual Report from the Chief Social Work Officer.

3.0 Detail

- 3.1 The report begins with a reflection on challenges and achievements over the past year. It gives an overview of how social services are delivered in Shetland then provides detail on service quality and performance. There is a section on partnership structures and governance arrangements, and the statutory responsibilities of the Chief Social Work Officer are highlighted. The remainder of the report covers finance, workforce, examples of user and care empowerment and improvement approaches.
- 3.2 By way of introducing this report, I would highlight the following:
- a) I want to commend social work and social care staff for their continued commitment and dedication to delivering very good services to the people of Shetland. We have a skilled workforce that works with others to make a positive difference to our children, young people, families and communities.
 - b) It is important that we continue to support the workforce as there are challenges in achieving and maintaining the quality of services that we currently have. These include: capacity challenges, particularly amongst our managers; recruitment challenges, especially for foster carers, social care staff and experienced social workers; increasing complexity of need; and, a changing service delivery context. A valued and motivated workforce will deliver improvement through innovation.
 - c) Exploring ways to improve our recruitment and retention of staff by investigating the impact of pay, conditions and workload impact on our workforce and ultimately on the quality of care and support provided. Over the next year the Chief Social Work Officer will work with Human Resources to better understand our organisational challenges in relation to social services staff with a view to identifying opportunities to improve.
 - d) Alongside this, there is a focus on strengthening and protecting the professionalism of social work and social care, especially as we progress towards greater integration of health and social care. Implementing clear governance frameworks and providing clarity around professional and operational supervision and accountability will support new integrated service delivery models.
 - e) Over the reporting year, progress has been made to ensure that formal structures are in place to support the functioning of the Integration Joint Board. Social services are delivered across two Directorates with Children's Services reporting to Education and Families Committee and Community Health and Social Care reporting to the Integration Joint Board. The Clinical Care and Professional Governance Committee remit was revised to include all social work and social care matters across both children and adult services. Going forward, the impact of the developing health and social care agenda on children's services will need consideration and in particular, to ensure that the two separate

governance structures for social services does not result in a widening gap.

- f) It is recognised that some services are experiencing growth, for example, children's residential and foster care. Adult Social Work and Criminal Justice services report increased activity but in other areas demand can fluctuate, for example, off island placements and direct payments, for which any unexpected demand may be costly.
- g) In order to meet the demands of increasing complexity of need, changing demographics and shrinking resources, services must change and adapt and explore different models of service delivery that can deliver positive outcomes to individuals.
- h) We have statutory obligations to fulfil, corporate priorities to meet and a vision for excellence and sustainability to realise. There are inevitably tensions within these as we balance risk, rights and needs of individuals and communities. Developing strong leadership across our social services will help us take bold steps to deliver prevention, early intervention and enablement whilst continuing to respond to immediate need.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – Social Care and Social Work services contribute to the following Corporate Priorities:

Support older people across Shetland so they can get the services they need to help them live as independently as possible.

Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.

Vulnerable children and young people in need of our care and support will continue to be protected from harm.

Older people and people who are living with disabilities (including learning disabilities) or long-term conditions will be getting the services they need to help them live as independently as possible.

More people will be able to get the direct payments and personal budgets that they want, so they can make the best choices for their own lives.

Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer.

People in Shetland will feel more empowered, listened to and supported to take decisions on things that affect them, and to make positive changes in their lives and their communities.

- 4.2 Community /Stakeholder Issues - Social services are delivered, often in partnership with other services, and takes account of the views of carers and service users.
- 4.3 Policy And/Or Delegated Authority - In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concerning matters relating to Children and Families, are within the remit of the Education and Families Committee.

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of the Council's statutory social work duties. The CSWO is also required to assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

- 4.4 Risk Management - None. This report provides Members with information in relation to adult and child care and protection. Risk management of services is dealt with by the respective Directorates responsible for social services.
- 4.5 Equalities, Health and Human Rights - None. Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the core of social work practice.
- 4.6 Environmental - None.

Resources

- 4.7 Financial – There are no financial implications arising from this report.
- 4.8 Legal - The legal framework in relation to the Chief Social Work Officer is provided by the Social Work (Scotland) Act 1968, which requires local authorities to appoint a single Chief Social Work Officer. The Public Bodies (Joint Working) (Scotland) Act 2014 is also relevant.

Guidance on the Chief Social Work Officer role (Scottish Government, July 2016) summarises the scope of the role of the Chief Social Work Officer.

Legal Services provide advice to the Chief Social Work Officer to support the role including support to ensure that the Council's Social Work Complaints handling is in accordance with the relevant legislation.

- 4.9 Human Resources - There are Human Resources implications in relation to the challenge of recruiting and retaining staff and the need to

ensure that aspects of training and development are prioritised in line with the Council's Workforce Strategy.

4.10 Assets and Property - None.

5.0 Conclusions

- 5.1 The Chief Social Work Officer has statutory responsibilities that are specific to the role. These are embedded in legislation and statutory guidance, and relate primarily to the issues of public protection and the promotion of professional standards. This annual report summarises activity related to professional social work and social care functioning.
- 5.2 It is evident that high quality and effective social services are delivered in Shetland by staff committed to making a difference to some of our most vulnerable people in our communities. They make a vital contribution to the sustainability of our services.
- 5.3 The demands on the workforce will undoubtedly increase as the needs of the people in Shetland continue to change. Investing in this service area is likely to improve outcomes and we can do that by developing leadership, strengthening the professionalism of social work and social care and ensuring clear governance arrangements are in place to support greater integration and collaboration.

For further information please contact:

Martha Nicolson, Chief Social Work Officer

Tel: 01595 744402 Email - martha.nicolson@shetland.gov.uk

Report Finalised: 20 September 2016

Appendix 1 – Chief Social Worker Officer Annual Report 2015-16

Appendix 2 – Role of the Chief Social Work Officer

Shetland Islands Council



CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

2015-2016

Contents

Section		Page
1	Introduction	3
2	Summary Reflections	3
3	Partnership Structures/Governance Arrangements	5
4	Social Services Delivery Landscape	6
5	Finance	8
6	Service Quality and Performance	9
7	Delivery of Statutory Functions	16
8	User and Carer Empowerment	18
9	Workforce	20
10	Improvement Approaches	21
11	Contact Details	22
Appendix 1	Social Work Inspection Grades	23

1 Introduction

This Annual Report from the Council's Chief Social Work Officer is intended to provide an overview of social work activity, performance and key achievements during the period 1 April 2015 - 31 March 2016. It will provide information on the statutory responsibilities of the Chief Social Work Officer on behalf of Shetland Islands Council and highlight key challenges for services in the forthcoming year.

This report is not intended to be exhaustive and generally summarises activity relating to professional social work functioning. The structure of the report follows the template produced by Scottish Government and Social Work Scotland to aid consistency across Chief Social Work Officer annual reports.

2 Summary Reflections

The joint inspection of Children's Services recognised some of the very good work taking place. Shetland is recognised as a good place for children growing up: children are generally in good health, they perform well at school and benefit from accessible sport and leisure facilities. Inspectors considered that planning for individual children and young people is also good and many families receive flexible support, which is making a real difference to them and their children. However, there were areas that needed prioritisation, one of which was for Shetland to develop its supply of both residential and fostering placements. In response to this, two new sets of carers were approved and a further residential service in Lerwick opened for one young person. As a result, all children requiring a placement on care grounds have been provided with this within the Shetland community. Within a more strategic context, the social work service has been developing a business case for the longer term provisioning of residential care and will launch a Carer Recruitment Strategy for the period 2016 - 2019 later in the year.

Self directed support works well for a handful of Shetland families but there are ambitions to make this support available to all who are eligible. Working with colleagues in adult services and learning from their experiences will help to promote care that is flexible to meet the needs of young people and their families.

Key management posts across Children's Social Work services have been successfully recruited to this year. A new Executive Manager was appointed in November 2016 and key middle management posts were successfully recruited to for Family Support, Family Placement and Children and Families services. The next step in 2016 for children's residential services will be to implement the findings of the CELCIS Residential Review and appoint Registered Managers. One important post remains unfilled, the Independent Reviewing Officer, responsible for chairing child protection case conferences and looked after children reviews. This has put additional strain on services and the benefit of arms length scrutiny of these key processes is missing. Interim temporary arrangements are now in place with the appointment of an agency worker.

Achieving permanence for children who are unable to remain with their birth family in a more timely way is a strategic objective. Towards the end of the reporting year, Shetland agreed to work in partnership with the Centre for Excellence for Looked After Children and the Scottish Government in a programme aimed at improving practice in permanency. Working collaboratively with partners, a series of workshops were set up to first understand what some of the challenges are in delivering the best outcomes for children and then to develop work streams to address some of these. This will continue to be a priority through 2016/17.

One of the highlights in 2015/16 must be the recognition given to staff and carers for their work and dedication to making a difference for children and young people. At a civic reception in the Town Hall hosted by Shetland Island's Council Convenor, Malcolm Bell, the contribution that local foster carers make through their care and commitment to our young people was celebrated. A few months later, Elinor Thompson, Team Leader Children and Families, was presented with a Social Work Award in Leadership by Children and Young People Minister, Aileen Campbell, at a national event.

Older People's Services were also inspected and performance considered strong with evidence of good outcomes being achieved. The flexibility and motivation of staff was commended, particularly those at the front line and older people and carers were generally happy with the services provided to them. The development of integrated teams and a structure to support locality planning were recognised as being at early stage. The main challenge was the need to develop more integrated ways of working and more joined up services, and to look for opportunities arising from integration to address capacity issues. The Engagement and Participation Strategy for integrated services was approved by the Integration Joint Board and is intended to support community capacity building. A Head of Planning post has been recruited to and more dedicated management support is planned to be put in place in 2016.

Over the year, key developments in Adult Services include the review and implementation of new With You For You pathway tools. Alongside this, a new risk assessment and risk management tool has been developed. The number of people who are delayed in hospital has reduced and the amount of time that people are delayed for has also reduced. Committing specific social work and administrative support to hospital liaison and intake work has helped improve communications and ensure assessments and care management is happening in a more timely way.

The number of people in Shetland with learning disability, autistic spectrum disorder, profound and multiple complex needs known to the Local Authority is slightly above the national average with just over 8 people per 1000 compared to the Scottish average of 6 people per 1000 (*ref: Scottish Consortium for Learning Disability Learning Disability Statistics Scotland, 2014*). At October 2015, this translates into 197 adults with either Learning Disability or Autistic Spectrum Disorder and a further 51 under 16's year olds in Shetland. As the population of people with a learning disability and autism spectrum disorder grows larger and people are reaching older age, it is increasingly important to consider what enables individuals to remain in their own homes and have meaningful lives in their communities. Additionally, it is recognised that the biggest challenge for the foreseeable future will be to maintain, with limited resources, both the level and quality of care the people of Shetland have come to expect.

A national redesign of 'community justice' is taking place in Scotland. From 1st April 2017 responsibility for local strategic planning and delivery of community justice will transfer from the eight Community Justice Authorities to Community Planning Partners in each local authority area. The new model seeks to deliver better outcomes for communities by promoting a collaborative approach to the planning and delivery of community justice services. Locally, responsibility for progressing work in this area has been delegated to a new Community Justice Partnership which will report directly to the Shetland Partnership Board. The development and submission of Shetland's Community Justice Transition Plan for 2016-17 was a key step in the transition process.

3 Partnership Structures/Governance Arrangements

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer. It was established to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory function, as set out in the 1968 Act. It also has a place in integrated arrangements brought in through the Public Bodies (Joint Working) (Scotland) Act 2014. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies both to services provided by the local authority and those purchased by the Council.

In July 2016, the Scottish Government issued revised Guidance on the Chief Social Work Officer role <http://www.gov.scot/Resource/0050/00503219.pdf>. It summarises the minimum scope of the role of the Chief Social Work Officer and will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role.

In Shetland, the Chief Social Work Officer sits with the Executive Manager Children and Families reporting directly to the Children's Services Director, with a line of accountability to the Council Chief Executive in relation to the Chief Social Work Officer function. As a member of the Corporate Management Team and Risk Management Board, the Chief Social Work Officer has the opportunity for involvement in corporate decision making, and provides the professional guidance, governance and scrutiny to ensure risks for the profession and local authority are managed.

There are five Directorates within the Council. Social services are delivered across two of these - Children's Services, reporting to Education and Families Committee and Community Health and Social Care, reporting to the Integration Joint Board. The Chief Social Work Officer is a member of the Integration Joint Board and its associated Audit Committee. To strengthen governance arrangements and support the delivery of integrated services, a Governance Framework was developed and the terms of reference for the Clinical Care and Professional Care Committee revised to include all social work and social care matters. The Chief Social Work Officer is a member of this Committee and also sits on the Integrated Children and Young People's Strategic Planning Group. These partners from across sectors provide leadership and direction to the Children's Forum, responsible for the delivery of the Integrated Children and Young Peoples Services Plan.

The Chief Social Work Officer is a member of the Chief Officer's Group, the remit of which is to provide strategic leadership and scrutiny to the public protection work of their respective agencies and to inter-agency work. The key areas overseen by the Chief Officers' Group are child protection, adult protection and offender management. The Chief Social Work Officer is also a member of Shetland's Child Protection and Adult Support and Protection Committees.

4 Social Services Delivery Landscape

Shetland is situated 338km north of Aberdeen and 360km west of Norway and consists of a group of 100 islands with 15 of these being inhabited. The mainland is the largest island and the third largest island in Scotland. Approximately 30% of the population live in Lerwick with the remainder dispersed across a rural and island landscape, dependent on good transport links to access services, work, education and leisure.

The population of Shetland is just over 23,000, accounting for 0.4% of the total population of Scotland. 16.4% of the population are aged 16-29 years compared to the Scottish average of 18.2%. Persons aged 60 and over make up 25.1% of Shetland, whilst the Scottish average is 24.2%.

Although there was a slight decrease in population in 2015, the population of Shetland has risen overall since 1989. By 2037, the population of Shetland is projected to be 25,147. Over the 25 year period, the 75+ age group is projected to increase most in size. The population aged under 16 is projected to decline by 2.8% over the same period (*ref: National Records of Scotland, 2016*).

Unemployment in Shetland has been very low for three decades although some fragile island communities experience higher rates. In 2014, 70% of employment was estimated to be in the Service sector. Fishing, agriculture and oil are important industries with tourism also playing a part. Low unemployment and well paid jobs have contributed to the challenge of recruiting social services staff resulting in the use of agency staff in both children's and adults services over the past year.

Shetland is generally considered a good place to live but during 2015, Shetland's Commission on Tackling Inequalities, looked at evidence which indicated inequalities do exist, for example, households in fuel poverty, in work poverty and adults experiencing mental ill health (*ref: On Da Level, March 2016*). Improved local data collection and analysis will help develop the shape and structure of planning and delivering services within localities. Greater integration and collaboration will help Shetland realise its ambition to help people to remain in their own homes.

Most of our health and care services are provided by public services. For example, there are 66 services actively providing care within Shetland, 53 of which are provided by the Council (*ref: Care Inspectorate data*). There are few private providers, none in relation to adult services, and a total of 8 voluntary or not for profit services across children's and adults services.

The Children's and Families social work team is based within Children's Services, alongside a range of complimentary services in Children's Resources supporting families across Shetland. This includes:

- Isleshaven Nursery and Out of School Club;
- Bruce Family Centre;
- Early Intervention Team based at Hayfield House;
- Short Breaks Service provision through two residential services in Lerwick;
- Family Placement Services supporting foster carers and adopters and all aspects of recruitment; and,
- Residential Services supporting children and young people in three services in Lerwick.

At present Shetland is experiencing significant demand for placements as a result of factors affecting families in relation to neglect and drug and alcohol misuse. In order to respond to these pressures a further singleton resource in Lerwick was opened and a further three bed service will be operational later in the year. Alongside this, working is underway to put forward a business case to the Council to support the development of residential services over the longer term in 2016.

The Children's Resources management team are aware of the need to rebalance service provision away from residential services to support families in their own communities and as such will undertake reviews of services in 2016 to ensure they are in line with current best practice and are sustainable in the longer term. The Children and Families social work service is also recognising that we need to strengthen the way we work with families and over the next year this will be further explored.

Work is underway to develop of a Corporate Parenting Strategy as well as exploring the feasibility of introducing a Champions Board to promote the voice of children and young people in service delivery and design. This involves working with all partners across the agencies and provides the opportunity to improve the future of Shetland's looked after children and care leavers.

Adult Social Work sits in the Community Health and Care Directorate along with Criminal Justice and a wide range of social care services delivering supported accommodation and outreach services, care at home, day care, respite care and residential care across ten care/support centres. Whilst we need to ensure that there are services available when people need them, many services also are required to assess and manage risk, to proactively intervene to support people and to provide therapeutic interventions as well as care and support. Services continue to face challenge to meet the growing demand of complexity whilst continuing to deliver on early intervention and prevention, and still meet efficiency demands.

5	Finance
----------	----------------

Shetland Islands Council Medium Term Financial Plan 2015/16-2020/21 provides the financial framework for the delivery of Council services to the people of Shetland. The plan takes account of the desired outcomes of the Council's Corporate Plan recognising the need to improve productivity and efficiency in order to maintain and improve the Services provided, as well as continue to prioritise its spending. In preparing the budget, the public are provided with the opportunity to participate in the process, this is known as 'Building Budgets'.

The 2016/17 budget set for Children's Services totals £41.2m and for Community Health & Social Care Services totals £20.4m. Included in these figures are savings of 3.3% before cost pressures, primarily in relation to pay award, were added in to the budget.

For future years, the MTFP identifies further year on year savings of 3.3% as being a requirement from each Directorate in order to continue to set a financially sustainable budget.

In 2015/16 Children's Services revised budget totalled £41.6m. £5.1m of this budget related specifically to Children's Social Work and showed a slight overspend at the year end, mainly due to the cost of implementing the Social Work Action Plan and increased demand within residential services. This was offset by savings due to staff turnover vacancies across the services.

It is recognised that going forward some service areas are experiencing growth, for example, children's residential and foster care. Whereas in other areas demand can fluctuate from one year to another, for example, off island placements and direct payments, and any unexpected demand for these services may be costly.

The Integration Joint Board (IJB) was established on 27 June 2015. The Council and the Shetland Health Board (the Parties), delegate the responsibility for planning and resourcing service provision of adult health and social care services to the IJB and its Strategic Plan specifies the services to be delivered by each Party. The IJB became live on 20 November 2015 when this Plan was agreed by IJB Members. Only part of the Council Community Health and Social Care budget was allocated to the IJB in 2015/16, as it was apportioned from the point the IJB became live.

The Community Health and Social Care Directorate set a budget of £19.7m for 2015/16. The budget was underspent by just over £2m, which was mainly due to underspends in employee costs across the Directorate, but also reflected the early closure of Viewforth Care Home in February 2014. The quality of service provision within Community Health and Social Care has remained at a high level, as evidenced in Care Inspectorate inspections, despite employee cost underspends.

Self-Directed Support legislation came into force on 1 April 2014, giving people a range of choices over how they receive their social care and support. An increase in demand for SDS packages has been seen during 2015/16 and continues into 2016/17. Most of the new packages being requested represent people approaching the Council for the first time for support.

In order to meet the challenges of changing demographics and shrinking resources, services must have the ability to change and adapt, including exploring different models of service delivery.

6 Service Quality and Performance
--

Adult Social Work Services

The Adult Social Work team has a wide remit and covers all social work and statutory functions in relation to adults over 16 years old (who have left school), apart from those functions which fall under Criminal Justice responsibility. This includes care management duties, which involves assessment and arranging services in line with Self-Directed Support legislation to meet individual's needs. It also involves periodically reviewing care packages and maintaining contact with people in receipt of Self-Directed Support, or if an adult is subject to Welfare Guardianship.

There is a dedicated duty Social Worker in the team who screens referrals and responds to urgent situations. The duty Social Worker role includes liaison with the hospital to ensure people have appropriate support, when required, to facilitate their timely discharge into the community. The post is an example of the more integrated collaborative approach between Acute Services and Community Health and Social Care Services. This post has played a key role in reducing the number of delayed discharges from hospital and reducing the number of bed days lost because of delays.

In the Adult Social Work Team, the number of cases allocated to Social Workers increased by 35 from 393 in 2014/2015 to 428 in 2015/2016. This increase is the equivalent to a full time Social Worker caseload and followed an increase of 26 cases from the year before. The four options of self directed support are routinely being offered to all those eligible for support. The number of people accessing Option 1 - Direct Payments, has increased slightly but overall spend increased from £585k in 2013/2014 to £643k. Option 3 - Council Provided Support, remains the most common form of support to people in Shetland.

Mental Health Officers are based in this team as is the dedicated Substance Misuse Social Worker who works as part of the Substance Misuse Recovery team and assesses people for rehabilitation where they have substance use issues.

Social Workers are responsible for assessing and managing risk in relation to vulnerable adults. Risk Assessment and Risk Management training was undertaken by the Adult Social Work team during this reporting year. Senior Social Workers subsequently developed a new risk assessment and management tool. Social Workers in the Adult Social Work team trained as Council Officers are able to carry out the full range of duties under the Adult Support and Protection (Scotland) Act 2007. Social Workers who have recently joined the team are to undertake Council Officer training in the near future.

Adult Support and Protection

The Adult Protection Committee is required to produce a Biennial Report for the Scottish Government on its work. Its third report was presented to Social Services Committee on 30 October 2014 <http://www.safer-shetland.com/assets/files/APC-Biennial-Report-2014-Final.pdf>. The Fourth Biennial Report will be submitted to Scottish Government on 31 October 2016 and presented to the Integration Joint Board.

Adults are considered to be at risk when they meet the 3-point test. This means they are:

- Are unable to safeguard their own wellbeing, property, rights or other interests;
- Are at risk of harm; and,
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

The table below shows the records held on referrals for Adult Support and Protection for the reporting period and the previous year:

Table 3: Adult Support and Protection Activity

Date	Referrals	No of Conferences	No who did not meet 3 point test	Police Investigations	Social Work Investigations
2014/15	223	01	215	0	01
2015/16	252	00	239	0	01

This evidences a significant increase in Adult Support and Protection referrals being received.

In 2015/16 there was an increase in referrals that raised concerns about the safety and well being of adults. 252 referrals were received of which 13 met the 3 point test. The majority of referrals came from Police Scotland (226), 1 from SIC Housing, 1 from the Community Mental Health team, 9 from Primary and Acute health services, 2 from NHS 24, 9 from Social Work, 1 from a member of the public, 1 from family member and 2 from unknown sources. There were a number of highly vulnerable individuals who were referred on more than one occasion - 71 referrals related to 56 people including one person who was referred on 9 occasions. For the 239 referrals which did not meet the 3 point test a range of other appropriate supports and interventions were put in place - 75 required no further action, 40 were passed on to social work services for assessments of need, 46 referrals were passed to a number of mental health services (CMHT, MHO, Annsbrae, CPN, Psychiatrist), 26 were passed to substance misuse services (Substance Misuse Social Worker, CADSS, Substance Misuse Recovery Service), 14 were referred to the Criminal Justice Service and the remaining 38 referrals were dealt with by a variety of local services (for example, Shetland Women's Aid, Maternity, Children and Families Social Work, Citizens Advice Bureau, SIC Housing Services, Dementia Care Services, etc.)

There were no Adult Protection Case Conferences held in 2015/16 as a result of the referrals received as noted above and no legal orders sought. One adult was subject to a protection plan until October 2015 and there were 2 review conferences to discuss this adult, but the original referral relating to this individual fell outside this reporting period. Agencies continued to meet to discuss referrals, although with good interagency contact and information gathering by Senior Social Work staff it has proved possible to deal with lower level adult concerns and hold more formal interagency meetings only when it was necessary to discuss higher risk situations.

Mental Health Officers

Mental Health Officers are registered Social Workers who have been qualified at least two years and undertake intensive post qualifying training at Master's level, to gain their Mental Health Award. The Chief Social Work Officer has a duty to ensure the appointment, and continued registration of Mental Health Officers who undertake duties as required by legislation. Currently, there are two full-time equivalent Social Workers and two Senior Social Workers who are qualified to act as Mental Health Officers. In addition, there are two Mental Health Officers employed on a relief basis in Aberdeen to undertake statutory duties when individuals are admitted to hospital there. This avoids Shetland based MHOs having to constantly travel to Aberdeen to undertake such work. The current Mental Health Officer staffing quota meets demand, but there has been an increase in work under the Adult's with Incapacity (Scotland) Act 2000 and to ensure adequate numbers of Mental Health Officers in the future it will be essential that Social Workers continue to undertake Mental Health Award training. There is one Social Worker due to start the Mental Health Officer Award training in September 2016. The Scottish Government is in the process of updating the Mental Health Act and it

is expected that amendments will be introduced during 2017. Mental Health Officers will require training in the new legislation when introduced.

Mental Health Officers undertake statutory duties on behalf of the local authority under the Mental Health (Care and Treatment) (Scotland) Act 2003, the Adults with Incapacity (Scotland) Act 2000, the Criminal Procedure (Scotland) Act 1995. Where an adult is at risk of harm and may have a mental disorder Mental Health Officers are also involved in Adult Support and Protection (Scotland) 2007 work. They work autonomously and have to make complex decisions independent of the local authority or NHS. These are decisions which reduce risk to individuals, and on occasion to the public. Statutory duties include: assessing, consenting or refusing consent to detention, making applications and providing reports to the Mental Health Tribunal for Scotland and the Sheriff Court. Depriving a person's of their liberty is a serious event and Mental Health Officers must ensure that any statutory intervention is lawful, and that all voluntary alternatives have been exhausted. They also work closely with the Community Mental Health Team and Annsbrae Support Services to support people in the community and avoid hospital admission.

A summary of activity over the past two years is illustrated in the table below:

Table 4: Mental Health Officer Activity

Category	2014/15	2015/16
MHO Contacts	82	63
Individuals subject to Compulsory Treatment Orders	5	7
Emergency Detentions	12	5
Short Term Detentions	16	13
Social Circumstances Reports	12	7
Other Mental Health Assessments	4	4
Assessment Order	0	1
Adults With Incapacity Reports	4	7
Mental Health Reviews	10	21
Mental Health Tribunals	8	7
Welfare Guardianship Reviews	10	21
Consultations under the Mental Health (Care and Treatment) (Scotland) Act 2003	5	5
Individuals subject to Welfare Guardianships	12	15
Individuals CSWO Guardianship	2	3
Compulsory Treatment Order Applications	1	2
Consultation under Adults with Incapacity (Scotland) Act 2000	6	11
Mental Health Officer report for Compulsory Treatment Order Extension / Variation	3	3

Criminal Justice

The management of sexual and violent offenders remains a priority for Criminal Justice Social Work. The Executive Manager Criminal Justice continues to report Multi Agency Public Protection Arrangements (MAPPA) to the Chief Officers' Group. The governance of MAPPA in relation to high risk offenders continues to be managed by the Public Protection Unit in Inverness.

Multiagency Risk Assessment Conferencing (MARAC) is established for people who are experiencing high risk domestic abuse. MARAC was run by the Adult and Child Protection team up until March 2016 then following formal agreements it was taken over by a full time Highland Coordinator, who is also providing this service for Western Isles and Orkney. A Highland and Island Operating Group has

been established and the Lead Officer for Adult and Child Protection represents Shetland as part of that group. In the reporting year, there were 26 MARAC referrals.

The Community Payback Order is the main community based sentence in Scotland and is a direct alternative to custody. The Criminal Justice service has been involved in the following community payback activity over the past year:

Table 5: Criminal Justice Service Activity

Category	2014/15	2015/16
Criminal Justice Social Work Reports/203's	70	114
Community Payback Orders	56	82
Offender Supervision Requirement	28	48
Unpaid Work Requirement	46	60
Other Requirements	8	12
Unpaid Work Hours Imposed	4615	6289
Unpaid Work Hours Completed	2965	4948
Total Number of CPO Requirements	138	202

From the table above, it is apparent that compared to 2014/15 there was a significant increase in all areas of work. This placed pressure on the service in meeting deadlines for court reports and other government benchmarks and social work staff had to work additional hours to meet these. The service has been unsuccessful in recruiting to the vacant part time community service post and has relied on the existing part time supervisor undertaking additional hours but this is unsustainable in the long term.

Unpaid Work Requirements enable offenders to do unpaid work to benefit communities. 4948 hours of unpaid work were carried out across Shetland including: painting and decorating of community premises in Scalloway, Ollaberry and Whiteness and environmental projects such as tree planting, grass cutting and beach road restorations. Feedback from beneficiaries is consistently positive with many saying that they would struggle to maintain community venues without unpaid work support.

Addressing offender behaviour is essential if individuals are to be helped to make changes to their lives and stop offending. All individuals subject to a Supervision Requirement have an individual plan to address their criminogenic need. Examples of the types of general work undertaken include offending behaviour, restorative justice, victim awareness, substance misuse and employability programmes. Specialised work included domestic violence and sex offender programmes.

The main challenge facing the service at present is the new model for Community Justice which is to be introduced throughout Scotland in April 2017. This sees Community Planning Partnerships being responsible for strategy, delivery and commissioning of Community Justice Services and will include Criminal Justice social work. The service has been working alongside community development and the Shetland Partnership to ensure a smooth transition to the newly formed Shetland Community Justice Partnership. Funding for Criminal Justice social work remains a concern as the Government has not yet announced what this may look like for 2017/18.

Care Services

Since the Regulation of Care (Scotland) Act 2001 came into effect, a range of services have been registered with the Care Inspectorate and inspected against National Care Standards. The inspections

are based on four quality themes and graded on a six point scale. Within each quality theme there may be two or three aspects inspected, with the final grade reflecting the lowest.

Inspection activity and the accompanying action plans are reported to the relevant committees for adults and children's services. The table below provides a summary of the 19 inspections that took place during 2015/16:

Table 6: Inspection Activity of Registered Services (April 2015 to March 2016)

Grade	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership	Total	%
6 - Excellent	1	0	0	0	1	1
5 - Very Good	8	8	5	4	25	33
4 - Good	8	7	13	11	39	51
3 - Adequate	2	0	1	4	7	9
2 - Weak	0	0	0	0	0	0
1 - Unsatisfactory	0	0	0	0	0	0
Not Inspected	0	4	0	0	4	5

During the reporting period, a total of 19 services were inspected. The quality of our services are good with most (84%) graded as good and very good. Some are some consistently very good across all areas, for example, the Adoption Service, Nordalea Day Care, and Annsbrae, which was considered excellent for quality of care and support. There were no services with a grade mix of 1&2 in the reporting year but some services were assessed adequate, particularly in quality of leadership and management. In all areas, this represented shift from a previous grade of good. Some of the reasons provided for this are change in structures and vacant posts, but also the need to further develop quality assurance processes and strengthen leadership across management teams. The interim Executive Manager Community Care Resources is working with Team Leaders to focus on consistency within care services across Shetland in order to ensure that processes and structures remain robust and fit for purpose. Services inspected and grades for this year and the previous year are listed at **Appendix 1**.

Community Care Resources provide services direct to individuals who require assessed support to remain living within their own community. Although registered for individuals over the age of 16, the majority of people who receive support are over the age of 65 years. The number of people in care homes is below the national average (24 per 1000 of the population compared to 36 per 1000 across Scotland). In Shetland, 85 people per 1000 population receive care at home, compared to the Scottish average of 53 per 1000 population.

Adult Services comprises of a range of services to meet the assessed needs of adults over the age of 16 years with learning disability, autism spectrum disorder and complex needs. Services include Supported Living Service (SL) which works in close association with SIC Housing and Hjaltland Housing Association to provide supported tenancies. Some outreach support for people living in their own or family home is also delivered.

Supported Vocational Activity Service, the Eric Gray Resource Centre (EGRC), provides a needs led, day support service to adults with learning disabilities and autistic spectrum disorder that recognises the rights of the individual to participate as meaningfully and as independently as possible in everyday life. Assessed needs are met through a range of vocational, learning and recreational

opportunities and experiences to promote inclusion, choice and independence and encourage each person to fulfil their personal goals and aspirations.

Supported Employment opportunities are provided through third sector providers including: COPE, which offers a range of supported employment placements in their small businesses and works closely with EGRC; and the Moving On Employment Project (MOEP), which provides Job Brokerage and Tapered Support to sustain people into mainstream employment.

Short Break and Respite Service, Newcraigielea, is committed to supporting unpaid carers manage their caring role and be enabled to have a life outside of caring. Good quality and flexible support to meet the assessed needs of adults with a learning disability, autistic spectrum disorder and complex needs and those of the unpaid carer is provided. Newcraigielea also offers a day care service through the GOLD Group for older people with learning disability.

Children's Social Work Services

The Social Workers in Children's Social Work are predominately engaged in fulfilling statutory duties in relation to children and young people in need of protection or additional care, including permanent alternative care. They provide advice, guidance and direct support to children, young people and their families and carers, ensuring that the best interest of children are paramount in any decision making about their lives. Social Workers work closely with colleagues in other agencies to such as Schools, Health, Police, Children's Reporter and Voluntary Services, to promote good communication and collaboration, essential for Getting it Right for Every Child.

Child Protection

Shetland Child Protection Committee recently reported on the period 2015/16 <http://www.safer-shetland.com/assets/files/CPC%202015-16%20Annual%20Report.pdf>. During the year, the Inter-agency Child Protection procedures were revised and are now consistent with the National Guidance for Child Protection (2014). It also includes new protocols addressing the emerging issues of internet safety and self-harm and supporting vulnerable young people aged 16-18, where there is a risk that they may fall between gaps in services.

In the year 2015/16, there was a reduction in child protection referrals, 183 compared to 235 the previous year, and fewer joint police/social work interviews, 54 compared to 71 in 2014/15. There were fewer names recorded on the child protection register, 43 compared to 48 in 2014/15. Data is collected on the categories of abuse of children whose names are on the register. In individual cases where domestic abuse or parental substance misuse is a recognised risk to children protection plans are drafted to ensure these issues are fully addressed and wherever possible risks reduced. Additionally, Shetland Child Protection Committee is working closely with social work staff and the Substance Misuse Team to look at ways of improving support to families where parents misuse substances, particularly those situations where a parent relapses and risks for children increase again. Shetland Child Protection Committee will give consideration to further work to address the issue of domestic abuse and look at any additional work that can be undertaken in partnership with local agencies Shetland Women's Aid and also Shetland Domestic Abuse Partnership.

In last year's Chief Social Work Officer report, the marked increase in child protection activity compared to previous years was discussed. Over this reporting year an Intake Service has been established within the Children and Families team, which has ensured consistency in the recording and management of all referrals, including those relating to child protection. This will provide better data for quality assurance activity.

The table below summarises child protection case conference activity over the past two years:

Table 1: Child Protection Case Conference Activity

Child Protection	No of children 2014/15	No of children 2015/16
Initial Child Protection Case Conferences	50	15
Review Child Protection Case Conferences	59	33
Number of children on the Child Protection Register	48	43
Number of children on the Child Protection Register on 31 March 2016	17	13

Looked After Children

Looked After Children are defined as those for whom the local authority has a responsibility for their care. Some of these children will remain at home but others are looked after away from home. National data indicates that Shetland has the lowest percentage of looked after children per population group aged 0-17. On 31 March 2016, there were 30 looked after children in Shetland.

Children with additional support needs, who access over night stays with the Short Breaks for Children service, are regarded as looked after for the period of time that they have the respite for. These children are not included in these figures. During the reporting period, a total of 35 children and young people had overnights. This service also provides day care, outreach and activity weekends to a further 63 children and young people.

Residential care is a positive choice for some children. There is one established full-time house for three children, but additional properties have been made available to meet need. In total, six children have been accommodated in this way over the past year. Off island placements are still considered for young people that have needs that are not being met locally. Some of these have placements are for the longer term, others are on a short term basis. On 31 March 2016, four young people were accommodated off island. Developing resources within Shetland and delivering more family focused interventions will ensure that more children in the future will have the opportunity to achieve their potential within their communities. No children have been in need of secure placements during this year.

When children are unable to remain safely within the family home, social work has a duty to explore placements with extended family relatives and friends in the first instance. This type of arrangement is known as kinship care. In Shetland, there are currently 19 kinship care households. Foster care is another way in which the care needs of children can be met. Between April 2015 and March 2016, 3,977 nights were provided for children and young people with foster carers. This is a decrease of 4.3% on last due mainly to children moving on into different long term placements, for example from fostering to adoption.

Families are supported to make the necessary changes to have children returned to their care but where this is not possible, planning for permanency should take place in a timely and child centred way. This can be achieved through kinship, foster care or residential options but for younger children especially, adoption is often the best route to secure permanence. There are 21 adoptive families in Shetland, 4 of which were approved over the past year.

Table 2: Adopters, Foster Carers and Kinship Carers Approved

Category	2014/15	2015/16
Adopters approved	2	4
Foster carers approved	2	3
Kinship placements approved	2	2
*Children adopted	1	1
Children approved for adoption, still not concluded	1	0

* This figure represents the number of children from Shetland who have been adopted. During the reporting period 2015/16, three children were adopted into Shetland.

Out of Hours Service

The Chief Social Work Officer has a duty to ensure that social work services are provided 24 hours per day. In larger authorities, this service is provided by dedicated Out of Hours social work teams. However, in Shetland all Out of Hours work is undertaken by Social Workers in addition to their contracted hours. This is a significant commitment, with the Out of Hours service required to cover 130.5 hours each week. Social Workers are required to respond to difficult and challenging situations working single-handed and responding to need across all social work services. On call Social Workers also undertake out of hours duties on behalf of Housing and Occupational Health services. They are supported by senior social work managers who also work a rota system and are essential to provide professional guidance and ensure safe decision making. Concerns have been raised by social workers regarding payment for out of hours. During 2016, priority will be given to working with Human Resources, in order to consider this further.

Mental Health Officers participate on a first contactable rota as there are insufficient to establish a paid on-call rota. Most requests for a Mental Health Officer out of hours relate to emergency situations. The majority of requests are responded to and appropriately dealt with due to their willingness to be contacted out with their contracted hours.

7 Delivery of Statutory Functions

The Chief Social Work Officer has statutory responsibilities that are specific to the role. These are referred to in legislation and Scottish Government guidance, and relate primarily to issues of public protection and the promotion of professional standards.

Registered Social Workers seek to promote the principles of social justice and social inclusion in their day to work. This is challenging as they find themselves often making decisions that impact on individual's liberty, for example, the compulsory detention of people with mental health problems, the restriction of liberty for offenders who may pose a risk and the removal of children from their parents care. These decisions call for a careful balance between risk, rights and needs both of and to the individual and the wider community. Social Workers are personally accountable for their professional decision-making. A governance framework is being developed which is intended to both clarify and strengthen the governance arrangements of the social work profession. This is particularly important at this time of increasing integration between health and social care.

Risk Management for key service user groups in Shetland is located primarily in three services areas: Community Care for Adult Protection, Children's Services for Child Protection and Criminal Justice for offenders. Reflecting the importance of joint working, the following multi agency mechanisms are well established in Shetland:

- Shetland Child Protection Committee (CPC)
- Shetland Adult Protection Committee (APC)
- Multi Agency Public Protection Arrangements (MAPPA)

The Chief Social Work Officer is a member of both APC and CPC and their respective quality assurance sub groups and sits on the Strategic Group for MAPPA. The Chief Officers Group provides strategic leadership and scrutiny to the public protection work of their respective agencies and to interagency work, and oversees the work of the three groups listed above. It is chaired by the Chief Executive NHS Shetland, and the Chief Social Work Officer is a member. These arrangements ensure that the Chief Social Work Officer has an overview of related risk management activity across agencies. The volume of activity relating to the discharge of statutory duties and decisions and public protection are outlined above at **Service Quality and Performance**.

In July 2015, the Scottish Social Services Council published the Standard for Chief Social Work Officers (<http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/standard-for-chief-social-work-officers-2015>). The Standard is based on the specific requirements of the role of the Chief Social Work Officer. Around the core of modelling social work values, there are four aspects of the standard: self-leadership, setting direction, achieving outcomes and working with others. As well as being a reference point for Chief Social Work Officers, the Standards underpins the new Postgraduate Diploma Chief Social Work Officer. Shetland's Chief Social Work Officer was part of the first cohort studying for the qualification.

8 User and Carer Empowerment

In Shetland, we have many good examples of how we are engaging with service users and gathering information on their experience of the services they receive. These are some examples that services have provided:

- The Stepping Out Club operating in Yell offers support and social activities to individuals and their carers. The Club is run by Voluntary Action Shetland and Isleshavn Care Centre and takes place in community halls across the island of Yell. It is well attended and feedback from those who attend is very positive.
- Day support and short term respite breaks has been increased specifically to support carers to maintain their caring role.
- Care experienced children in Residential Services gathered their views on what they need from their carers and this was shared with new staff. A care experienced young person also spoke at a training event for new foster carers.
- Families using Short Breaks for Children service, the Family Centre and Nursery regularly complete surveys which inform service improvements. Foster carers and adopters likewise complete annual evaluations that help with service improvement.
- Foster carers and adopters are involved in the recruitment of staff. Foster carers have met new prospective to share their views about the rewards and challenges of fostering. They also have been involved in training and mentoring carers, which been highlighted as good practice.
- Four young people went to Glasgow for an event organised by 'Who Cares?' during care leavers week to share their experiences of being looked after. On their return, they wrote up their experiences, which were then used to improve the service.

The following two case examples provide insight into how legislation can be applied to support people in need.

- Tom (fictitious name) was thought to have learning difficulties, to be living in squalor and often appeared distressed in public. He refused the help of services over many years. There were concerns he was at risk. An assessment by a doctor established that Tom lacked the capacity to make significant decisions, for example about where he lived or the medical treatment he needed. A meeting of all agencies involved agreed that the local authority should make an application to become Welfare Guardian, as there was no family member who could undertake this. A Mental Health Officer carried out an assessment and prepared a report. The Sheriff approved the Welfare Guardianship order which meant that the Social Worker who was delegated welfare guardian, on behalf of the Chief Social Work Officer, was able to make decisions of Tom's behalf. Decisions included that Tom should move to supported accommodation where staff could help him with cooking, budgeting, attending appointments and other tasks which he had previously struggled with. It became apparent Tom had not known how to cook when he had lived alone; he had also struggled with managing his money and run up a massive amount of debt. Tom was reassured to have his Social Care Worker attend appointments with him. He had been afraid of attending these appointments in the past and his health had suffered as a result. Tom benefited from the Welfare Guardianship order in that it enabled him to receive the support he needed, it reduced risk and significantly improved his quality of life.

- Mike (fictitious name) was diagnosed with a mental disorder several years ago, but he disagreed with the diagnosis. He lived chaotically, abusing illegal substances and missing appointments with his psychiatrist and community psychiatric nurse. He informed his family that someone had planted hidden cameras in his house and was sending him threatening messages. He presented as frightened and was at risk. He had not been taking his medication for a long time. The Consultant Psychiatrist assessed that Mike needed treatment in hospital, however Mike refused this. A Mental Health Officer consented to Mike being detained in hospital under a Short Term Detention Certificate for a period of up to 28 days. There was no alternative to ensure his safety or that he received the medication he needed. During his hospital admission the MHO made an application for a Compulsory Treatment Order [CTO]. The admission to hospital and subsequent CTO ensured Mike received the care and treatment he needed. Medication stabilised his condition and he accepted that he needed to continue to take the medication to avoid a recurrence of the symptoms he had been experiencing. When Mike returned home he felt safer and more relaxed. He was able to engage with treatment to begin addressing his substance misuse.

9	Workforce
----------	------------------

The Chief Social Work Officer has a responsibility to have an overview of workforce development across social services. Workforce planning and development is fundamental to ensuring that we have both the capacity and the skills to meet the care and protection needs of our population. We want our workforce to be competent, confident and valued.

The social work and social care workforce is regulated with an emphasis on continuing professional development in order to meet the registration requirements of the Scottish Social Services Council (SSSC). Social Care Workers working in Support at Home are not yet required to be registered although managers and supervisors are required to be registered by 2017. Failure by an employee to achieve or maintain compulsory registration will result in their removal from a post, in line with employer responsibilities. This has the potential to impact on our capacity to deliver services. A new level 9 qualification requirement for the residential child care workforce was announced in November 2015. Managers and supervisors will be the first groups required to hold this award, which is to be phased in from October 2017.

Managers in social work and social care, working closely with Workforce Development, have ensured effective staff training and development programmes are in place for staff groups as well as individuals. Increasingly, there is a need to maintain strong links with Workforce Development staff in health and social care, both in Council and NHS in order to ensure there are properly joined up approaches that can meet the needs of integrated teams. Important too is the need for flexibility to ensure swift responses to emerging need. A draft Joint Organisational Development Strategy has been developed in order to direct the activities of the joint workforce of the Integrated Joint Board.

Recruitment and retention of qualified staff still poses difficulties in some areas. Some social worker posts have been successfully recruited to over the past year, mainly through a well established process of 'growing our own'. However, where experienced social workers are required either to deliver specialist services or to undertake higher duties, recruitment is problematic with services having to use agency staff to fill gaps. Later in 2016, there will be work undertaken by Human Resources and the Chief Social Work Officer to explore more fully some of the recruitment and retention issues.

10	Improvement Approaches
-----------	-------------------------------

Learning from Complaints

The Council is committed to improving social work services for people in Shetland and recognises that complaints are an important source of customer feedback. The Social Work (Scotland) Act 1968, as amended by the National Health and Community Care Act 1990, requires Local Authorities to publish information on complaints received and action taken, in relation to services either provided or purchased by the Social Work Service.

During the period, 1 April 2015 to 31 March 2016, one formal complaint was investigated under the Social Work Complaints Procedure. This related to a Children and Families matter. The timescale for responding to this complaint was extended with the agreement of the complainant. There were three aspects to the complaint, one was upheld and two were not upheld. There is always learning from complaints and in this case, recommendations for improvement were made and implemented. The particularly low number of complaints over the reporting year may in part reflect the work in progress to resolve complaints at an earlier stage, in line with Council policy.

Where a complaint had not been resolved to the complainants satisfaction they may have the matter referred to a Complaints Review Committee. During the reporting period, one Complaint Review Committee was held in relation to an historic complaint. The Committee did not uphold the complaint but made some recommendations for improvement. All recommendations relating to the service have been fully responded to and where action has been required, this has been taken.

It is recognised nationally that the social work complaints system is in need of reform in order to ensure that there is alignment across health and social care. Presently there is a four stage process with local resolution, an investigation stage, Complaints Review Committee, and then complaints about maladministration can be investigated by the Scottish Public Services Ombudsman. In 2015, the Scottish Government launched a consultation on changes to remove the Complaints Review Committee stage entirely and extend the powers of the Scottish Public Services Ombudsman to allow them to investigate complaints about social work including around the professional judgment of social work professionals. In due course our procedures will change to reflect the new model.

Health and Social Care Integration

Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 with the inaugural meeting held the following month. The Standing Orders, Scheme of Administration and Financial Regulations have been approved and an Audit Committee for the IJB has been established. The IJB Participation and Engagement Strategy is in place and informs the way in which communities will be actively engaged in decision making about services. An important strand relates to supporting capacity building for locality planning and this will be a key feature in 2016. Across Shetland, seven planning localities have been identified. Multi-disciplinary teams for health and social care is not a new concept and already some projects, such as the recent success of an intermediate care team, have demonstrated the potential that greater integration and coordination can bring. This will require greater clarity about professional governance and accountability and to this end a paper on Governance for Social Work and Social Care Practice in Shetland, is being prepared by the Chief Social Work Officer. Developing a matrix of management could provide clarity around operational and professional supervision and help support the progress of locality planning.

Integrated Childrens Services

Although not formally integrated, Children's Services in Shetland work collaboratively to deliver services to children, young people and their families driven by the Integrated Children and Young People's Strategic Planning Group. The work is supported by a Quality Assurance Group which combines the function of quality assuring the work of Child Protection Committee as well as the delivery of the Integrated Children's Services Plan. It remains the aspiration of Children's Services to be co-located and share space to work with children and families as well maximising the benefits that working in closer proximity can bring.

Going forward, it will be important to give deeper consideration to the impact of the developing health and social care integration agenda on Children's Services and, particularly in relation to social work and social care, how to strengthen rather than fragment services across both Directorates, in order to ensure that we remain focused on our overall objective to deliver excellent social services and achieve improved outcomes for the people of Shetland.

11 Contact Details

Further information can be obtained from:

Martha Nicolson
Chief Social Work Officer
Shetland Islands Council
Hayfield House
Hayfield Lane
Lerwick
Shetland
ZE1 0QD

martha.nicolson@shetland.gov.uk

Social Work Inspection Grades

Appendix 1

Service	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Leadership & Management	
	2015/16	Previous Grade	2015/16	Previous Grade	2015/16	Previous Grade	2015/16	Previous Grade
Adoption	5 Very Good	5 Very Good	N/A	N/A	5 Very Good	5 Very Good	5 Very Good	4 Good
Fostering	4 Good	4 Good	N/A	N/A	5 Very Good	4 Good	5 Very Good	4 Good
Children's Residential	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	4 Good	4 Good
Short Breaks for Children	5 Very Good	5 Very Good	5 Very Good	4 Good	4 Good	5 Very Good	3 Adequate	4 Good
Short Breaks for Children Support Service	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	5 Very Good	3 Adequate	5 Very Good
Eric Gray Resource Centre		5 Very Good		5 Very Good		5 Very Good		5 Very Good
Edward Thomason & Taing	4 Good	4 Good	5 Very Good	4 Good	4 Good	4 Good	4 Good	4 Good
Fernlea	4 Good	4 Good	5 Very Good	5 Very Good	4 Good	4 Good	4 Good	4 Good
Fernlea Day Care		5 Very Good		5 Very Good		4 Good		4 Good
Isleshavn	3 Adequate	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good
Mental Health Support Service	6 Excellent	5 Very Good	N/A	N/A	5 Very Good	5 Very Good	5 Very Good	4 Good
Montfield Support Service	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	3 Adequate
Newcraigielea	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	3 Adequate
Nordalea	5 Very Good	4 Good	5 Very Good	4 Good	4 Good	4 Good	4 Good	4 Good
Nordalea Day Care	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good	5 Very Good
North Haven	3 Adequate	4 Good	4 Good	4 Good	3 Adequate	4 Good	3 Adequate	4 Good
North Haven Support Service		4 Good		4 Good		3 Adequate		3 Adequate
Overtonlea	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good
Overtonlea Support Service	5 Very Good	5 Very Good	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good
Support at Home Shetland	4 Good	4 Good	N/A	N/A	4 Good	4 Good	4 Good	4 Good
Taing House Support Service		4 Good		4 Good		4 Good		4 Good
Wastview	4 Good	4 Good	4 Good	4 Good	4 Good	4 Good	3 Adequate	4 Good
Wastview Support Service	5 Very Good	5 Very Good	5 Very Good	5 Very Good	4 Good	5 Very Good	4 Good	4 Good

The Role of Chief Social Work Officer

Guidance Issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968

Revision of Guidance First Issued In 2009

Revised Version – July 2016

**This guidance has been developed in partnership
with local government and supported by COSLA**

July 2016

INTRODUCTION

1. The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.
2. This document contains statutory guidance. It is issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. The local authority must have regard to this guidance. It must follow both the letter and the spirit of the guidance. It must not depart from the guidance without good reason. The Guidance replaces guidance previously issued in 2009.

PURPOSE

3. The guidance is for local authorities and will also be of use to bodies and partnerships to which local authorities have delegated social work functions. Local authorities must have regard to this guidance when carrying out their functions under the 1968 Act. Recognising the democratic accountability which local authorities have in this area, clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in delivery of social work services.
4. This guidance summarises the minimum scope of the role of the CSWO. It will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role. Effective delivery of and support for the role will assist local authorities to be assured that there is coherence and effective interfacing across all of their social work functions.
5. The guidance is intended to:
 - (a) support local authorities in effective discharge of responsibilities for which they are democratically accountable;
 - (b) help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally;
 - (c) provide advice on how best to support the role so that the CSWO can be effective in their role both within the local authority and in regard to other entities, such as Community Planning Partnerships, whilst recognising that local authorities operate with different management and organisational structures and in different partnership landscapes;
 - (d) assist Integration Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act).

- (e) be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued relating to the 2014 Act.
- (f) be sufficiently generic to remain relevant in the event of future management or organisational structural change.

REQUIREMENT

6. The requirement for every local authority to appoint a Chief Social Work Officer is set out in section 3 of the 1968 Act. This requirement is for the purposes of the local authority functions under the 1968 Act and the enactments listed in section 5(1B) of the Act. The role provides a strategic and professional leadership role in the delivery of social work services. In addition there are certain functions conferred by legislation directly on the CSWO by name.

7. The Scottish Office explicitly recognised that the need for the role was driven by *“the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not.”* (Circular: SWSG2/1995 May 1995)

8. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority. The CSWO’s responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

THE CHIEF SOCIAL WORK OFFICER ROLE

Overview

9. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority’s statutory functions as described in paragraph 6. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority’s social work functions to provide a focus for professional leadership and governance in regard to these functions.

10. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

11. It is for local authorities to determine the reporting and management structures that best meet their needs. Where the CSWO is not a full member of the senior management team or equivalent, elected members must satisfy themselves that the officer has appropriate access and influence at the most senior level and is supported to deliver the complex role described in this guidance.

Competencies

12. Scottish Ministers' requirement is that the CSWO role will be held by a person who is qualified as a social worker and registered as such with the Scottish Social Services Council. Local authorities will also want to require this as they will need to ensure that the CSWO:

- can demonstrate extensive experience at a senior level of both operational and strategic management of social work and social care services and;
- has the competence and confidence required to provide effective professional advice at all levels within the organisation and with the full range of partner organisations
- receives effective induction to support them in full delivery of their role

(NB At the time of writing, SI 1996/515, which sets out minimum qualifications for a CSWO is being reviewed with a view to amendment so that the social work degree is specifically included.)

13. Further information on the skills and competencies required of a CSWO is available in the Standard for Chief Social Work Officers (issued by the Scottish Social Services Council in July 2015) which underpins the Level 11 Award for CSWOs which was launched in August 2015 as a further professional accredited qualification aimed at enhancing CSWO competence.

Scope

14. The scope of the role relates to the functions outlined in paragraph 6 whether provided directly by the local authority; through delegation to another statutory body or in partnership with other agencies. Where social work services and support are commissioned on behalf of the authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support. The CSWO also has a role in providing professional advice and guidance to an Integration Joint Board or NHS Board to which social work functions have been formally delegated.

Responsibility for values and standards

15. The CSWO should:

- (a) promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers.

- (b) work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;
- (c) establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance, including, for example, - the *Practice Governance Framework: Responsibility and Accountability in Social Work Practice* (SG 2011);
- (d) ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically.

16. The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate (or the Chief Executive of a Health Board if appropriate in the context of a lead agency model), in regard to:

- (a) effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- (b) appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice.
- (c) the development and monitoring of implementation of appropriate care governance arrangements;
- (d) approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;
- (e) requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- (f) workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;

- (g) continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;
- (h) the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

Decision-Making

17. There are a small number of areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions. These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed;
- decisions associated with the management of drug treatment and testing orders
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

18. In addition to these specific areas where legislation confers functions on all CSWOs, there will be a much larger number of areas of decision-making which have been assigned by individual local authorities to Chief Social Work Officers reflecting *“the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not”* noted in paragraph 7. These areas may include responsibilities assigned through guidance or other routes. For example:

- the 2014 guidance on Multi Agency Public Protection Arrangements (MAPPA) makes explicit reference to the role of the CSWO in responsibility for joint arrangements, in co-operation with other authorities.
- although mental health services are delegated to Integration Joint Boards, some of these functions require to be carried out by local authority officers with a social work qualification (Mental Health Officers). Local authorities will want to be reassured via the CSWO that these functions are discharged in accordance with professional standards and statutory requirements

It is for each local authority to make transparent which additional specific areas of responsibility in regard to their social work functions they have assigned to their CSWO

Leadership

19. The CSWO is responsible for providing professional leadership for social workers and staff in social work services. The CSWO should:

- (a) support and contribute to evidence-informed decision making and practice – at professional and corporate level – by providing appropriate professional advice;
- (b) seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery;
- (c) support the delivery of social work's contribution to achieving local and national outcomes;
- (d) promote partnership working across professions and all agencies to support the delivery of integrated services;
- (e) promote social work values across corporate agendas and partner agencies.

The CSWO role in the context of partnerships and integration

20. In the context of Health and Social Care Integration and the 2014 Act, the CSWO is required to be appointed as a non-voting member of the Integration Joint Board (IJB) (or, in lead agency models, the Integration Joint Monitoring Committee). Scottish Ministers are strongly of the view that the influence of high quality professional leaders in the integrated arrangements is central to the effectiveness of improving the quality of care locally and nationally.

21. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board, as set out in the partnership Integration Schemes and [relevant guidance](#).

22. The local authority should ensure that appropriate arrangements are in place to include the CSWO in relevant strategic and operational forums that provide direct access to the Chief Executive and elected members so that the CSWO is in an optimum position to support and advise them in regard to their social work function responsibilities in their partnership contexts.

Reporting

23. The CSWO has a role in reporting to the local authority Chief Executive, elected members and IJBs – providing comment on issues which may identify risk to safety of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and carers, for individual teams/members of staff/partners as appropriate;
- implications for delivery of national and local outcomes;
- proposals for remedial action;
- means for sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

24. The CSWO should also produce and publish a summary annual report for local authorities and IJBs on the functions of the CSWO role and delivery of the local authority's social work services functions (however these are organised or delivered). A template for this report is available from by the Office of the Chief Social Work Adviser, Scottish Government.

ACCESS, ACCOUNTABILITY AND REPORTING ARRANGEMENTS

25. To discharge their role effectively, the CSWO will need:

- (a) direct access to people and information across the local authority, including the Chief Executive, elected members, managers and frontline practitioners and also in partner services, including in Health and Social Care Partnerships. Specific arrangements will vary according to individual councils, but should be clearly articulated locally;
- (b) to be able to bring matters to the attention of the Chief Executive to ensure that professional standards and values are maintained;
- (c) to be visible and available to any social services worker and ensure the availability of robust professional advice and practice guidance;
- (d) to provide professional advice as required to senior managers across the authority and its partners in support of strategic and corporate agendas.

26. Local authorities will need to agree:

- (a) how the CSWO is enabled to inform and influence corporate issues, such as managing risk, setting budget priorities and public service reform;

- (b) the specific access arrangements for the CSWO to the Chief Executive and elected members;
- (c) the relationships, responsibilities and respective accountabilities of service managers and the CSWO;
- (d) a mechanism to include an independent, professional perspective to the appointment of the CSWO;
- (e) procedures for removal of a CSWO postholder, bearing in mind the need for continuity in the provision of the CSWO functions, the value of independent professional advice and the arrangements for the appointment and removal of the local authority's other proper officers;
- (f) clear and formal deputising arrangements (with similar skills and experience available) to cover any period of absence by the CSWO and appropriate delegation arrangements where scale of business requires this.

27. This document complements the wide set of guidance underpinning the delivery of safe, accountable and effective social work practice and high quality social services in Scotland.



© Crown copyright 2016

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78652-358-7 (web only)

Published by The Scottish Government, July 2016

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS76000 (07/16)

w w w . g o v . s c o t

**Education and Families Committee****3 October 2016****Shetland Child Protection Committee: Annual Report and Business Plan****CS-20-16-F****Report Presented by Director of Children's Services****Children's Services****1.0 Summary**

- 1.1 This report presents to Education and Families Committee details of the work of Shetland Child Protection Committee for the period April 2015 to March 2016, as set out in its Annual Report for 2015-16.
- 1.2 The Annual Report was presented to Child Protection Committee members on 26 April 2016; to the Shetland Partnership Board on 2 June 2016 and on 24 June 2016 to Chief Officers (Chief Executive of NHS Shetland; Chief Executive of Shetland Islands Council; Chief Officer, Shetland Integrated Health and Social Care and Chief Inspector Police Scotland, Shetland Area Command). In addition to being presented to the relevant Shetland Islands Council committee, the Annual Report will also be presented to the NHS Shetland Board on 4 October 2016, giving opportunities for further comments. Once this process is complete, Chief Officers will sign off the Report.
- 1.3 The Annual Report has been placed in the public domain on the Child Protection section of the website www.safer-shetland.com. This Report sets out some of the main matters covered in the full and detailed Annual Report, which can be accessed via the link: <http://www.safer-shetland.com/assets/files/CPC%202015-16%20Annual%20Report.pdf>
- 1.4 A hard copy is available in the Members' room or from Children's Services.

2.0 Decision Required

- 2.1 The Education and Families Committee is asked to note the Annual Report, as part of its scrutiny role under the approved Planning and Performance Management Framework.

3.0 Detail

- 3.1 Shetland Child Protection Committee is an inter-agency body constituted under the National Guidance for Child Protection Scotland issued by Scottish Government in 2010 and updated in 2014. The Shetland Child Protection Committee works to a constitution agreed by Chief Officers which is currently being updated for October 2016.
- 3.2 This requires statutory agencies and the voluntary sector, including Shetland Islands Council to work closely together in seeking to promote the protection of children from all forms of abuse and neglect. Shetland Child Protection Committee provides the mechanism for this to happen, with the Annual Report showing how it fulfils each of its specified functions. Whilst Children and Families Social Work and Children's Resources play key roles, the guidance provides additional information on the role in child protection expected of a wide variety of professionals. This includes services working primarily with adults as well as those working with children.
- 3.3 Other local authority services with a specified role include criminal justice, adult support services, schools, housing, sports and leisure services. In Shetland the relevant services are all represented on the Child Protection Committee and/or its constituent Sub-Committees.
- 3.4 The National Guidance also provides that, 'The local authority should ensure that staff across all services know who to contact if they have concerns about a child.' Additionally the National Guidance gives Child Protection Committees the responsibility of publicising information about child protection and helping everyone in the community to know what to do to protect children.
- 3.5 The Child Protection Committee's Annual Report makes it clear that its core child protection work is undertaken within a broader safeguarding context, other aspects of which are overseen through Integrated Children's Services Planning arrangements. Safeguarding includes helping families before problems escalate, taking action to protect children and young people when they may be at risk from abuse and neglect, and meeting their needs to enable them to go on to lead fulfilling lives. Additionally, links have been built with adult protection and the management of sex offenders through Multi Agency Public Protection Arrangements to move forward on the public protection agenda for Shetland.
- 3.6 Support to families experiencing difficulties is coordinated through Getting it Right for Every Child – a system of interagency working that intervenes before concerns reach the level of significant harm. Work on strengthening and improving the system in Shetland has been completed and training rolled out. Meeting the needs of children and young people who have had adverse experiences also links with the Council's Corporate Parenting Policy in respect of its Looked After children and young people.

3.7 Appendix 4 of the Annual Report, the Business Plan for April 2015 – March 2016 gives details of progress made during that year.

3.8 Key achievements during the year:

In 2015/16 Shetland Child Protection Committee focussed its activity on:

- Ensuring all child protection referrals were responded to appropriately and safely,
- Developing improved quality assurance systems to support continuous improvement and better outcomes for children, young people and families following recommendations from the Care Inspectorate in their 2015 Inspection Report ([click here to read report](http://www.careinspectorate.com/index.php/publications-statistics/28-inspection-reports-local-authority/inspection-reports-joint-inspections-of-children-s-services), available from <http://www.careinspectorate.com/index.php/publications-statistics/28-inspection-reports-local-authority/inspection-reports-joint-inspections-of-children-s-services>),
- Updating and improving the Shetland Inter-agency Child Protection Procedures ([click here to read](http://www.safer-shetland.com/child-protection), available from: www.safer-shetland.com/child-protection),
- Ensuring continued good quality child protection training was available to all agencies and developing new training to address online safety, self-harm and child sexual exploitation,
- Working in partnership with Shetland Youth Work Services, Yell Youth Café and young volunteers to deliver an event by and for young people – #VirtuallySafeVirtuallySound,
- Improving the section of the www.safer-shetland.com website for children and young people and using responsive design to make the website more user friendly.

3.9 Following recommendations from the Care Inspectorate's July 2015 inspection of children's services ([click here to read report](#)), membership of the Child Protection Committee's existing Quality Assurance Sub-Committee was expanded to enable it to take a lead on continuous improvement across children's services whilst retaining a focus on child protection and specifically on implementing the action plan following the inspection.

3.10 With regard to statistics, the 2014/15 CPC Annual Report noted a significant rise in Child Protection referrals for that year. Further analysis of the source and reason for the referrals was undertaken by the Team Leader, Children and Families Social Work and reported to the September 2015 meeting of the expanded Quality Assurance Group. This showed in detail that initial analysis had been correct – a change in counting methods, an improved system of recording in Social Work, coupled with a rise in referrals from Schools, NHS staff, parents and members of the public had all contributed to the increase in referrals. Of significance was an increase in referrals related to children and young people self-harming and of incidents relating to online safety and inappropriate activity – sexting and the sharing of naked images between young people.

- 3.11 Statistics from 1 April 2015 to 31 March 2016 showed a noted reduction in child protection referrals – 183 as compared with 235 in 2014/15 and fewer children’s names recorded on the child protection register in the year – 43 as opposed to 48 in 2014/15. Numbers of children on the register have remained relatively high, but this again is partly attributable to a few larger families. In discussing referral rates with social work staff and other agencies there is a sense that the reduction in overall numbers is not an issue to be concerned about as a peak in numbers in 2014/15 was unusual and that led to considerable debate and analysis. However this change is worthy of more examination and Shetland Child Protection Committee will undertake further examination of statistical information. The interpretation of changes to relatively small numbers needs to be approached with caution as it can be difficult to interpret trends.
- 3.12 Children whose names are placed on the child protection register following an interagency child protection case conference will have experienced or are at risk of experiencing significant harm, such as physical injury, physical neglect, emotional abuse and/or sexual abuse and there is serious doubt about the parents’ capacity to protect their children or care for them better. Shetland Child Protection Committee notes the reasons why children’s names are placed on the Child Protection Register and this is reported in detail in section 10 (Shetland Statistics on pages 14-15) of the Annual Report. Of the 25 children whose names were placed on the Child Protection Register at an Initial Child Protection Case Conference, 16 were affected by domestic abuse and 11 were affected by parental substance misuse (more than one concern can be recorded for each child). Work is ongoing with the Substance Misuse Team to ensure effective long term support is available for parents and the Child Protection Committee will give some consideration to further work with Shetland Domestic Abuse Partnership.
- 3.13 The work done by child protection professionals across all agencies, but particularly in the Children and Families Social Work Team, Children’s Services, is amongst the most demanding undertaken by staff in Shetland. It is vital that they are well supported and have access to high quality professional supervision by appropriately qualified and experienced managers. On World Social Work Day, 15 March 2016, the Scottish Association of Social Workers presented a Special Award for Leadership to Elinor Thompson, Team Leader, Children and Families Social Work, Shetland. Elinor had been nominated by her team members as the person they saw as having led the team forward. The nomination described her as having “championed multi-agency working and forged excellent relationships with other agencies and is a reflective, thoughtful and genuinely child-centred social worker”.
- 3.14 It is also appropriate that Members have a good understanding of child protection and the work that staff who are employed by Shetland Islands Council do to investigate the circumstances of and safeguard children at risk.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – Shetland Islands Council has endorsed, through the Local Outcome Improvement Plan and the Council's Corporate Plan 20 by 20 to 'ensure the needs of our most vulnerable children and young people are met.'
- 4.2 Community /Stakeholder Issues – NONE
- 4.3 Policy And/Or Delegated Authority – In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has delegated authority to make decisions on matters within its functional areas in accordance with the policies of the Council, and the relevant provisions in its approved revenue and capital budgets.
- 4.4 Risk Management – This report presents an assessment of the work undertaken to address one of the key community safety risks, namely keeping children and young people safe from harm. There are no specific risks associated with reporting the Annual Report of the Child Protection Committee.
- 4.5 Equalities, Health And Human Rights – The work of the Child Protection Committee and the services it delivers make a positive contribute to supporting the equality, health and human rights of vulnerable children.
- 4.6 Environmental – NONE

Resources

- 4.7 Financial – There are no direct financial implications arising from this report.
- 4.8 Legal – NONE
- 4.9 Human Resources – There are no HR implications arising directly from this report, however, an essential aspect of delivering effective child protection services is that staff within Children's Services are supported through regular professional and performance review and supervision. This includes the identification and delivery of appropriate training and development as set out in the Annual Report.
- 4.10 Assets And Property – NONE

5.0 Conclusions

- 5.1 This report presents to the Education and Families Committee details of the work of Shetland Child Protection Committee for the period April 2015 to March 2016, as set out in its Annual Report for 2015-16.

For further information please contact:
Helen Budge, Director of Children's Services
Tel: 01595 74 4064. E-mail: helen.budge@shetland.gov.uk
Report Finalised: 21 September 2016

List of Appendices
None

Background documents:

<http://www.safersheland.com/assets/files/CPC%202015-16%20Annual%20Report.pdf>

END

**Education and Families Committee****3 October 2016****Inspection of Services for Children and Young People****CS-31-16-F****Director of Children's Services****Children's Services****1.0 Summary**

- 1.1 This report presents to Education and Families Committee the up dated action plan which is how services are taking forward the areas for improvement. The up dated action plan is attached as Appendix 1.
- 1.2 Services were evaluated during the inspection on how well services in Shetland are improving the lives of children, young people and families using nine quality indicators. During the process, inspectors analysed a sample of files and spoke to children, young people and their families as well as staff and managers.
- 1.3 The action plan was presented to Education and Families Committee on 5 October 2015 (min ref: E&F 38/15). An updated action plan was presented to Education and Families Committee on 13 June 2016 (min ref: E&F 22/16)
- 1.4 Two of the inspectors returned for a visit on 14 April 2016. At this meeting the inspectors provided us with an 'areas for improvement table' which they would be focussing on when they return in November 2016. This table was then updated in August 2016, this is attached as Appendix 2.
- 1.5 The inspectors will return again in November 2016 for a progress review, work has begun to prepare for this.

2.0 Decision Required

- 2.1 The Education and Families Committee are asked to note the up-dated action plan on the joint inspection of services for children and young people in Shetland, as part of its scrutiny role under the approved Planning and Performance Management Framework.

3.0 Detail

- 3.1 The inspection team did recognise the good work which services undertake in Shetland. Inspectors judged that the lives of children and young people are improving through early intervention and prevention approaches; that services are of benefit to the wellbeing of children and young people; and families are being supported to become more resilient and able meet their own needs.
- 3.2 Children are in very good health, they perform well at school and they benefit from high quality, accessible sport and leisure facilities. Children who were not able to live at home benefit from consistent and trusting relationships, and outcomes for children with disabilities is very positive.
- 3.3 Inspectors noted that young people in Shetland have a strong sense of cultural identity and feel that they 'belong'.
- 3.4 In relation to how well partners work together to improve the lives of children, young people and families, the inspectors liked the way in which children and young people are involved in developing services. They also considered that planning for individual children and young people is good.
- 3.5 Many families receive flexible and highly valued support which is making a real difference for them and their children but sometimes services are slow to recognise when families and children need some extra help and decision making by partners in responding to concerns about children could be clearer.
- 3.6 Inspectors noted that service planning has improved significantly and all partners are committed to the integrated planning process, and we are working to improve that further.
- 3.7 Leadership is good, and continuing to improve. Managers are enthusiastic and open to new ideas, and are dealing with significant change agendas such as *Getting it right for every child*, in a context of significant financial pressure.
- 3.8 In conclusion, the inspection team was confident that the lives of many children and young people growing up in Shetland are improving as a result of the services delivered to them by the Shetland Partnership.
- 3.9 The key strengths they highlighted were:
 - Positive and sustained responses to recent difficulties and challenges, based upon good leadership, improved service planning and the determination of the Shetland Partnership, its stakeholders and staff to improve outcomes for children and young people

- Innovative responses to meeting need in sparsely populated areas – staff working creatively and collaboratively to achieve positive outcomes
- Staff at all levels in the Partnership who were outward looking, looking to import new ideas, and eager to collaborate with prospective partners outwith Shetland
- A clear commitment to Getting it right for every child, which was becoming established at the core of strategy, policy and practice.

3.10 The five areas the Shetland Partnership should focus on were:

- ‘Take effective and timely action to address the shortage of appropriate local placements for looked after children and young people, and prioritise the recruitment of foster carers, including fee paid carers, and the development of residential services to meet the range of needs
- Ensure that weekly multi-agency child protection screening meetings are effective in agreeing and co-ordinating actions in response to at risk children and young people
- Establish more rigorous quality assurance processes, in order to ensure that recent improvements in service responses to risks and needs of vulnerable children are built upon and sustained
- Build on recent self-evaluation by adopting a more systematic approach. This could take the form of an annual programme of joint self-evaluation right across children’s services, based on agreed priorities, reflecting and informing the work of the integrated children’s plan strategic group and the child protection committee
- Review and revise the priorities contained within the integrated children’s services plan, in light of our inspection findings and recently completed self-evaluation, and ensure these are SMART and budgeted for’.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – Shetland Islands Council has endorsed, through Our Plan 2016 to 2020 and Local Outcome Improvement Plan’s priority “Ensuring that the needs of our most vulnerable children and young people are met”.
- 4.2 Community /Stakeholder Issues – NONE
- 4.3 Policy And/Or Delegated Authority – Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has delegated authority to make decisions on matters within its functional areas in accordance with the policies of the

Council, and the relevant provisions in its approved revenue and capital budgets.

4.4 Risk Management – This report presents an assessment of the work undertaken to address one of the key community safety risks, namely keeping children and young people safe from harm. There are no specific risks associated with reporting the Care Inspectorate joint inspection report.

4.5 Equalities, Health And Human Rights – NONE

4.6 Environmental – NONE

Resources

4.7 Financial – There are no direct financial implications arising from this report.

4.8 Legal – NONE

4.9 Human Resources –NONE

4.10 Assets And Property – NONE

5.0 Conclusions

5.1 This report presents to the Education and Families Committee details of the up dated action plan for the Care Inspectorate joint inspection on services for children and young people in Shetland.

For further information please contact:

Helen Budge, Director of Children's Services

Tel: 01595 74 4064. E-mail: helen.budge@shetland.gov.uk

Report Finalised: 27 September 2016

List of Appendices

Appendix 1 – Up Dated Action Plan

Appendix 2 – Table following April Visit

Background documents:

Care Inspectorate Report: Services to Children and Young People in Shetland – July 2015

<http://www.careinspectorate.com/images/documents/2375/Joint%20inspection%20of%20services%20for%20children%20and%20young%20people%20in%20Shetland%20July%202015.pdf>

END

This plan will be overseen by the Integrated Children and Young Peoples Strategic Planning Group on behalf of the Community Planning Partnership.

No	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
Take effective and timely action to address the shortage of appropriate local placements for looked after children and young people and prioritise the recruitment of foster carers, including fee paid carers, and the development of residential services to meet the range of needs.						
1	Ensure clear and timely decision making with regard to permanency.	Executive Manager Children & Families	June 2017	Reduce 'drift' and reduce delay in family finding.	<p>Shetland has agreed to become a PACE (Permanence and Care Excellence) site to build on the work already achieved with CELCIS (Centre of Excellence of Looked After Children in Scotland) in relation to permanence. By applying improvement methodology, we are seeking to secure improvements in permanent practice through engaging in tests of change in the whole system around the child. Work has begun with Linda Davidson (Permanence Team Consultant) and Micky Anderson (Data Analyst, Permanence Team)) to analyse causes of drift and delay in Shetland. In partnership with the Scottish Government (Belinda Robertson and Diana Beveridge), we are planning workshops March/April which CELCIS and Scottish Government will facilitate, to formally start the programme</p> <p>We have already developed a comprehensive tracking sheet, commencing 1 August 2014, which will also be used as a tool for managers to monitor progress with permanency in supervision with social workers.</p> <p>A more recent piece of work has been to gather data from 2011 to provide us with a historic baseline. These data sets will be considered by the CELCIS data analyst and help inform our improvement programme.</p> <p>Integrated Children and Young People's Strategic</p>	<p>We already know that the improvements we put in place in 2014/2015 have made a difference. In 2014/2015, 13 children were in a permanency planning process compared to just 3 children the previous year.</p> <p>LAC Data March 2016 illustrates the progress being made with permanency, recognising that there are 6 children for whom permanence has not yet begun. Of the 30 LAC:</p> <ul style="list-style-type: none"> • Residence Order in place for 1 child; • Residence Order in progress for 1 child; • Interim Residence Orders in place for 5 children. • Permanence secured for 5 children; • Permanence in progress for 4 children; • Permanence not being considered for 6 young people (aged 15 yrs and over) • Permanence not being considered for 1 child in a

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
					<p>Planning Group has a governance role in the project. This was confirmed via a telephone call into the group by the Scottish Government Improvement Officer Belinda Robertson.</p> <p>Multi agency workshops were held in Lerwick on 22 and 23 March with CELCIS and Scottish Government and a local PACE group established to champion the permanency improvement programme. First meeting planned for 12 April.</p> <p>3 work programmes are just beginning on Data sharing, emotional well being, off-island placements and rehab. CELCIS and the Scottish Government will be visiting Shetland in September to keep up momentum.</p>	<p>shared care arrangement;</p> <ul style="list-style-type: none"> • Rehabilitation ongoing for 1 child; • Permanence not yet begun for 6 children. <p>Draft vision and driver diagram for permanence has been developed. Deeper analysis of data sets, including the 6 for whom permanence has not yet begun, is currently underway and will inform priority areas to focus on.</p>
2	Fully establish houses for children who require to have their care needs met in this way for the long term, whilst ensuring there are also facilities for meeting needs for short-term care and respite.	Executive Manager Children's Resources	September 2016.	Young People requiring Looked After in residential care can remain within their community.	<p>Residential provision to be increased by 3 beds with Windybrae opening in September 2016.</p> <p>Arheim has been opened providing a further bed in Lerwick.</p> <p>Registered Manager appointed to Windybrae in August 2016. Staffing complement recruited and being inducted. Plans in place to adopt a rolling recruitment programme.</p> <p>Registered Manager for Grodians to be recruited September 2016.</p> <p>Further property secured from Hjaltland to allow termination of Commercial Road Lease in October 2016.</p> <p>Stakeholder engagement complete with business case to be submitted in September 2016 to council in relation to residential needs over the next 10 years.</p>	<p>11 children who were referred for a residential placement in 2016 have been provided with one.</p> <p>Capacity will have increased by 4 beds from the last inspection by September 2016.</p> <p>Engagement with partners is allowing a vision for future residential care in Shetland to emerge.</p>

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
3	Develop the foster care resource by the ongoing expansion of fee paid carers.	Executive Manager Children's Resources	September 2016	Increase the amount of foster placements available in Shetland through the development of fee paid carer scheme	<p>Two carers appointed as fee paid carers since inspection.</p> <p>Work over the Summer with Sean Ferrer (Do Fostering) has resulted in the creation of a carer recruitment strategy 2016 – 2019 with associated on line presence, publicity and branding materials. This will be published and launched in September 2016. A new message will be publicised every 16 weeks for the duration of the strategy.</p> <p>Proposals will be presented to Education and Families Committee in October in relation to the development of Shetland's fee paid carer scheme.</p> <p>3 assessments are currently ongoing. There remains capacity within the fostering service that was highlighted at the recent Care Inspection.</p>	<p>Two carers appointed as fee paid following inspection.</p> <p>Further respite carer approved.</p> <p>From carer feedback foster carer reception generated a sense of being valued by SIC amongst those carers who attended.</p>
Ensure that weekly multi-agency child protection screening meetings are effective in agreeing and co-ordinating actions in response to at risk children and young people.						
4	Review screening meetings in terms of effectiveness, need and purpose. Questionnaire circulated to group members and other stakeholders to use as a base for	Inspector Paul Daley	November 2015 July 2015 Timescale for completion of recommendations	Improved interagency processes that demonstrate improved outcomes for children and young people. Appropriate and robust QA processes that link with wider QA work across Children's Services.	<p>Briefing paper submitted to ICSQA Meeting on 04.11.15. COMPLETE.</p> <p>Weekly Screening meeting now called Child Concern Collaborative with independent Chair, clear remit and QA processes in place. COMPLETE.</p> <p>Paul Daley is to co-ordinate managers in each agency to do spot checks in their own agency on the cases discussed at the next CCC meeting to see that information from that meeting is passed through to chronologies in the Child's GIRFEC Plan. COMPLETE.</p>	<p>QA reports from Child Concern Collaborative to come to the ICSQAG.</p> <p>May 2016- spot checks in respect of cases discussed at Child Concern Collaborative showed good information sharing with Named Persons.</p>

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
	review. To include in review how work of the screening meeting will be quality assured in future.					
5 a	Develop specific procedures within Child Protection to cover 16-18 year olds that also links to GIRFEC and the role of named people for 16-18 year olds.	Lead Officer with Short Life Working Group amending CP procedures	COMPLETE	Clear processes to support young people aged 16-18 to ensure that they do not fall between gaps in children's and adult's services. Evaluating effectiveness would involve initially having in place child's plans for 16-18 year olds and monitoring their effectiveness.	Update of CP Procedures to include VYP protocol. COMPLETE. (NB National Guidance for CYP Act 2014 issued – LA responsibility to provide a named person for 16-18 year olds not in school) Procedures COMPLETE and being used. SIC Children's Services, Youth Service will provide the Named Person functions for young people over 16 who are not registered at school. The Youth Service team assumed this role in July 2016. COMPLETE	Procedures have been used on two occasions and initial reports are that they have been helpful. To include further audit in QA workplan for 2016/17.
5 b	Establish local process for GIRFEC and the role of named people for 16-18 year olds.	GIRFEC QA Group		Clear sustainable process for allocating Named Persons, their role in CP cases, if to be Lead Professionals, any special arrangements for LAC	A clear process for allocation of Named Person for every child under 18 in Shetland has been established. Work is now taking place to establish clear understanding of the impact on Named Person regarding attendance at all case conferences and Children's Hearings for LAC and children on the CP register.	Consistent appropriate attendance by the Named Person at relevant meetings for LAC and children on CP. An audit of meeting minutes and Child's Plans will provide the data.

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
Establish more rigorous quality assurance processes, in order to ensure that recent improvements in service responses to risks and needs of vulnerable children are built upon and sustained.						
6	Establish a new Quality Assurance Sub-Committee responsible for QA and Improvement for Children's Services (building on the previous work done for Child Protection). Existing CPC QASC to be extended in membership to develop terms of reference.	New Quality Assurance Sub-Committee.	December 2015	System of assurance in place for joint QA process that oversees and evidences improvement in service responses, including quality of initial response to child protection referrals.	Draft Remit was agreed at CPC and ICYPSG in January 2016. COMPLETE and to review remit and framework in December 2016. Link with Single agency QA groups and also Interagency QA groups (LAC and GIRFEC). An analysis of initial responses discussed at ICSQAG on 23 June 2016.	ICSQAG group meeting 6 weekly with consistent interagency attendance . Progress on better benchmarking and evidence gathering (e.g. at Child Concern Collaborative , GIREFC Outcome data). For members of ICSQAG to share information about the group's work and to begin process of seeking quarterly reports.
7 a	Use the QA process that has been produced for GIRFEC and Child Protection to build on and develop framework for QA for Children's Services.	Lead Officer and GIRFEC & Early Years Collaborative Programme Manager to work on initial draft to present to QASC.	Framework in place	Framework in place that will support the development of a systematic and continuous programme of improvement.	framework in progress – to be discussed again and agreed on 18 December 2015. COMPLETE Sections A to G set out in separate action plan in detail. Please see from page 6 COMPLETE and to review remit and framework in December 2016.	Framework COMPLETE

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
b	Improve practice relating to Chronologies using improvement methodology.	Team Leader, Children and Families Lead Officer, GIRFEC Executive Manager, Quality Improvement Protection Nurse Adviser	May 2017	Aim: All chronologies held, for children and young people who need them are compiled carefully, regularly maintained and only contain significant events which may impact on the child or young person's wellbeing.	Improvement methodology has been used to inform small tests of change using a new chronology format. The Children & Families Team have been the site for initial improvement work to be undertaken. Following a number of PDSA tests the project has now been rolled out so that each social worker pilots a chronology in respect of a child for whom they are lead professional. The project has been brought to the attention of the lead inspector for Shetland, Mr Ian Binnie. Feedback is awaited.	Measures are in place to review the benefits and shortcomings of the new style chronology. Early indications is that the tool is proving useful and an improvement to that which was used previously.
c	Improve timeliness of Pre-birth Case Conferences	All frontline managers, Children and Families	November 2016	To ensure that effective planning and quality assurance processes are in place to make timely decisions in relation to pre-birth case conferences.	The issue of timeliness in respect of pre-birth child protection case conferences was raised by Midwifery staff. It was felt that timescales around the decision to proceed to a pre-birth case conference and the timeliness of these meetings could be improved upon. This was taken into account by frontline managers supervising pre-birth child protection casework and every effort has been made to plan together with Maternity services so as to avoid any delays. A Social Worker has also been given the responsibility for liaising directly with the Midwife responsible for parents considered under the Vulnerable Pregnancy Pathways scheme to ensure communication between agencies is timely and effective.	Quality assurance processes are indicative of robust pre-birth planning.
d	Improve quality of assessments of risk and need undertaken by Lead Professionals	All Frontline Managers, Children and Families	November 2016	To improve quality of assessments of risk and need, specifically addressing Disability, Racial origin, Health Assessments, and overall continuation /consolidation of	Children & Families Social Work Team have engaged in training with Reconstruct Training in respect of Assessment Skills. This has helped social workers to improve their use of evidence based / research based practice, improving the quality of report writing. The Children & Families Team have also been	The quality of assessments continue to improve and are consistently of good standard. Case work evidences anti-discriminatory practice. Health Assessments are

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
				improvement in practice. Improved Quality Assurance processes.	proactive in discussing anti-discriminatory practice at team meetings. Potential training opportunities are being considered to further raise awareness of anti-discriminatory practice. Health Assessments are arranged for every child and young person on the Child Protection Register as well as Looked After Children. Quality Assurance processes are fully embedded in the Children & Families Social Work Team. Case files are regularly audited. Every Child Protection Referral is quality assured to ensure adequate and timely responses. Case Reviews are regularly undertaken by a multiagency team.	routinely undertaken and timely. Quality Assurance processes are being adhered too and improved.
Build on recent self-evaluation by adopting a more systematic approach. This could take the form of an annual programme of joint self-evaluation right across children's services, based on agreed priorities, reflecting and informing the work of the integrated children's plan strategic group and the child protection committee.						
8	Develop a programme of work to deliver a more systematic approach to self evaluation using the national Quality Indicators, and available evidence (eg examples of practice given by the Care Inspectorate), prioritised against the	QA Group to establish programme	First draft by October 2015 Signed off by ICYPSPG and CPC 2016	Programme of self-evaluation to inform Quality Assurance work that will deliver and demonstrate improvement in outcomes for children and young people.	Self Evaluation Framework agreed. Specific Work Programme to identify inter-agency QA work for 2016/17 to be finalised at ICSQAG on 25/3/16. Programme will focus on areas identified as "weak" in the Care Inspectorate's Children's Services report.	Progress on this is linked to the Childrens Services Plan- evaluating the 2014/17 plan and using information to structure 17/20 plan. Evidence used to identify good and poorer practice and where we need to focus work and services. To use information to identify gaps

N o	Action	Group/Individuals Responsible for Action	Timescale	Desired Outcome/ Evaluation of change	Progress	How do we know that what we have done is making a difference? Evidence of change
	areas assessed as “weak” in the Shetland Inspection.					
Review and revise the priorities contained within the integrated children’s services plan, in light of our inspection findings and recently completed self-evaluation, and ensure these are SMART and budgeted for.						
9	Focus group set up to review priorities within the integrated children’s services plan and ensure they are SMART.	ICYPSPG and individual service managers.	ICYPSPG August 2015	Priorities in Children’s Plan reflect self-evaluation and improvement priorities. Actions in Children’s Plan are SMART.	We have now established thematic groups tasked with updating the Integrated Children & Young People’s Services Plan and making it SMARTER. This group is to meet for the 2 nd time at the end of March 2016. The thematic leads will be updating the sections for which they have responsibility and ownership.	Thematic groups have met twice. Work underway to refresh and re-establish the Childrens Forum
10	Children’s Forum will develop current work on identifying budgets to support Children’s Plan.	Children’s Forum	Progress report to ICYPSPG August 2015	Better planning of resource use linked to Children’s Plan priorities.	Sub group has completed budget information and reported to ICYPSPG. Discussion at national level taking place about how to measure spend on targeted services to children and young people and this will be further analysed at ICYPSPG which will decide on the priority to be given to this work. Clarity given at recent review with Inspectors that specific spend should be collated in relation to specific priorities and integrated projects.	Meeting planned to take forward
11	Further work on developing the programme of self-evaluation and QA will be reflected in future updates to the Children’s Plan.	ICYPSPG	March 2016 and onwards.	Better strategic oversight of improvement work linked to Children’s Plan priorities, and focus on improvement priorities in future planning.	Workshops held November 2015 and January 2016 focussing on improvement methodology and how to make plans SMARTER. Update to Integrated Children and Young People’s Services Plan for 2016/17 in development and to be reviewed by ICYPSPG in May 2016.	Work to begin to look at the 2017/20 Integrated Children and Young People’s plan. Plan to be SMART and include mechanisms to QA progress and deliver evidence

Shetland Progress Review 2016

Areas for improvement directly relating to, and having a bearing on, evaluation for quality indicator 5.2 – *assessing and responding to risks and needs*

Areas for improvement from JICS report, July 2015	Specific issues	Activities to consider
Screening meetings	<ul style="list-style-type: none"> • Monitoring and challenge • quality assurance processes 	<p>Observe screening meeting</p> <p>Focus group – screening meeting members</p>
Shortage of appropriate local placements for looked after children and young people	<ul style="list-style-type: none"> • foster care recruitment • fee paid fostering scheme • development of residential services • Placement availability • Health checks • quality assurance processes 	<p>Focus group – managers responsible for fostering and residential placements; health of looked after children and young people; quality assurance</p>
Practice relating to chronologies	<ul style="list-style-type: none"> • Chronologies fit for purpose • Clarity of purpose • Progress towards shared format /integrated chronology • quality assurance processes • Application – used as a tool to identify risks /patterns • 	<p>File reading</p> <p>Focus group, lead professionals (social work?)</p>
Pre-birth case conferences	<ul style="list-style-type: none"> • Effective planning • quality assurance processes 	<p>File reading</p> <p>Focus group – first line managers responsible</p>
Quality of initial response	<ul style="list-style-type: none"> • Strategy meetings consistently convened • recording decisions • medical input • quality assurance processes 	<p>File reading</p> <p>Focus group – front line staff /lead professionals</p> <p>Focus group, first line managers responsible</p>

Areas for improvement from JICS report, July 2015	Specific issues	Activities to consider
Quality of assessment of risks and needs	<ul style="list-style-type: none"> • Continuation /consolidation of overall improvement • Care leavers /no longer in care • Disability • Racial origin • Health assessments • Named persons – concerns re additional work • quality assurance processes 	<p>File reading</p> <p>Focus group – front line staff /lead professionals</p> <p>Focus group, first line managers responsible</p>
Variable practice in the SW team	<ul style="list-style-type: none"> • Consolidated /continued improvement • Competence issues • Turnover • Vacancies • quality assurance processes 	<p>File reading</p> <p>Focus group – social work staff</p> <p>Focus group, managers responsible</p>

Week commencing 14 November – proposed activities

- File reading
- Observation and meeting with screening group
- Focus group – managers responsible for fostering and residential placements; health of looked after children and young people; quality assurance
- Focus group, lead professionals (social work)
- Focus group, front line staff (multi-disciplinary)
- Focus group – first line managers (multi-disciplinary)

Marc Hendrikson

2 August 2016



Education and Families Committee
Policy and Resources Committee

3 October 2016
24 October 2016

Children's Resources – Family Placement Services – Fee Paid Carer Proposal & Fostering Allowances 2017/18 Proposal

CS-26-16-F

Executive Manager – Children's Resources

Children's Services

1.0 Summary

- 1.1 The purpose of this report is to present Education and Families with a proposal to introduce a new tiered Fee Paid Carer Scheme for Shetland Foster Carers and extend the scheme to include all foster carers who provide full time care for children requiring to live away from home. This report also presents Committee with a proposal to uplift the foster care and approved kinship care allowances by 1.5% from 1st April 2017.
- 1.2 For clarity, the fostering fee is the fee paid to carers to provide the fostering task while fostering allowances are paid to carers to provide consumables for the child to meet their needs e.g. clothing, toiletries, activities etc.

2.0 Decision Required

- 2.1 That the Education and Families Committee RECOMMENDS that the Policy and Resources Committee RESOLVES to:
- approve the introduction of the new tiered Fee Scheme for Foster carers when existing contracts are due for renewal and immediately for all new contracts;
 - implement the proposed allowances for Foster Carers and Kinship Carers for financial year 2017/18.

3.0 Detail

3.1 *Shetland Foster Care – Current Situation*

- 3.1.1 Foster Carers provide Shetland with a dedicated and committed service. They provide care and stability 24 hours per day, supporting many children and young people who present complex and challenging

behaviours. In addition they actively contribute to the planning for the child's future needs. At present, Shetland has the following fostering resources available:

14 Fostering Families of which:

Eight are approved to provide full time care:

No. of Full Time Carers	Approval Age	No. of children
1	0 – 5 yrs	1, or 2 if siblings
1	0 - 14 yrs	1, or 2 if siblings
1	0 – 18+ yrs	1, or 2
1	1 - 14 yrs	1, or 2 if siblings
1	4 – 10 yrs	1, or 2 if siblings
1	5 – 15 yrs	1, or 2 if siblings
1	5 – 18+ yrs	1, plus 1 if over 18 years.
1	Over 18 years	1

Six families are approved to provide respite or emergency care:

No. of Respite Carers	Approval Age	No. of children
1	0 - 4 yrs	1
1	0 - 6 yrs	1, or 2 if siblings
1	0 - 11 yrs	1
1	1 – 8 yrs	1, or 2 if siblings
1	2 – 7 yrs	1, or 2 if siblings
1	5 – 12 yrs	1, or 2 if siblings

- 3.1.2 The numbers of children and young people requiring a foster family continues to grow locally and this coupled with the ageing demographic of our carer population means Shetland has to address both the operational and carer recruitment demands in a more strategic way than has previously been required. This approach is required in order to meet both current and anticipated demand. It is worth acknowledging our situation and needs are similar to other local authorities.
- 3.1.3 Shetland Islands Council is the only fostering agency in Shetland and as such, supports available to other local authorities to address their fostering needs through contracted or commissioned providers is not available to us at this time. Local authorities will *typically* commission or contract between 40% - 65% of their placements which gives an indication of the additional gap in capacity we have to fill in Shetland.
- 3.1.4 The joint inspection of children's services in 2015 identified a lack of foster placements as an area for attention ahead of re inspection in November 2016. The most recent Care Inspectorate inspection of the fostering service highlighted the capacity now available within the service as a strength.

- 3.1.5 Foster Carer recruitment over the past two years has been very challenging. High employment levels and well paid local jobs are factors which have affected the level of recruitment. To address the shortage of carers we have created a carer recruitment strategy for 2016 – 19 which has a new message to engage potential carers every 16 weeks over the period of the campaign. This will be supported by our communications team who will liaise with local media outlets. This activity will be further complemented by the creation of an online presence as we know that in order to attract carers we need to engage in a conversation with them over a period of time and not solely rely on traditional media communication.

3.2 Shetland Foster Carer Fee Scheme – Current Situation

- 3.2.1 13 Fostering Families and one family which provides care for over 18s. Whilst caring for over 18s is not technically fostering, the proposal would be that any such carers of young adults should be entitled to the same fee structure as foster carers. Eight of these fourteen carers provide full time care.
- 3.2.2 Currently fee paid foster carers receive £436.19 per week – a total of £22,681.88 per annum. This figure has remained the same since April 2014.

3.3 Shetland Foster Carer Fee Scheme – Proposal

- 3.3.1 A review of all Scottish local Authorities Fee Schemes has been carried out to ascertain the level of fees paid to Foster Carers. The proposed Shetland Fee Scheme provides parity with other local authorities whilst also building into the fee an amount to reflect the additional costs of living in Shetland by including a *pro rata* distant islands allowance of £1998.00 per family.
- 3.3.2 The scheme seeks to strike a balance between allowing carers to create a normal family environment by, for example, making provision to allow carers to work whilst recognising that those young people with complex needs will require carers to be available 24/7 and as such carers would not be in other employment in these circumstances.
- 3.3.3 The scheme makes provision to recognise those who achieve the relevant qualifications and evidence high quality care as a result of relevant fostering experience with children and young people with complex needs and behavioural issues.
- 3.3.4 Analysis of our current fostering families indicates that this proposal will have a positive effect on our current carers with only one family with slight financial reductions due to the carer working. That contract ends in January 2017 and we will work closely with that family to achieve a satisfactory outcome for all parties.
- 3.3.5 The scheme proposes to allow a more flexible use of our carers by building in capacity to use their skills and experiences across Children's Resources when they do not have a child placed with them.

- 3.3.6 It is proposed that from 2017 all full time carers will be paid as per below - one fee per household for either one or two children/ young people depending on the carers approval and the child's compatibility and need. There will be no changes to those carers providing respite / emergency care- they will continue to receive the requisite fostering allowances.

3.3.7 The scheme proposes three levels:

Level	Weekly Fee	Distant Islands Allowance	Total Annual Payment	Criteria
1	£215.34	£1998.00 <i>pro rata</i> (£918.00)	£12,115.68	The approved carer must be available to provide full time, long term care for a child or young person but can work a maximum of 20 hours paid employment per week, as long as this meets the needs of the child or young person in placement. When a placement ends, the fee will no longer be paid until another child is placed.
2	£342.01	£1998.00 <i>Pro rata</i> (£1458.00)	£19,242.49	The approved carer must be available to provide full time, long term care for a child or young person but can work a maximum of 10 hours paid employment per week, as long as this meets the needs of the child or young person in placement. If the placement ends the fee will continue to be paid. The carer must be able to take children or young people according to their approval, and be available 24 hours per day unless in an agreed holiday period. The carer must be experienced in working with young people with complex needs and behavioural issues. If the carer does not have a placement, they can expect to be used in other aspects within Children's Resources. e.g. providing support or respite to another foster carer; undertaking outreach or family support work.
3	£507.10 (unqualified) £557.97 (qualified and relevant experience)	£1998.00 £1998.00	£26,369.36 £29,014.60	This is the highest fee level and therefore the carer must not work. The carer must be able to take children or young people according to their approval, and be available 24 hours per day unless in an agreed holiday period. The carer must be experienced in working with young people with complex needs and behavioural issues. If the placement ends the fee will continue to be paid. If the carer does not have a placement, they can expect to be used in other aspects within Children's Resources. e.g. providing support, training or respite to other foster carers; undertake outreach or family support work.

3.3.8 The proposed fee is based on a Social Care Workers Unqualified Grade G2 and graduating up to a qualified Grade H2 plus an average of 2 sleep in payments per week. These options are designed to retain the foster carers we have and crucially attract more to come forward for assessment by making fostering an economically viable option to families who wish to foster.

- 3.3.9 As a requirement of the scheme all fee paid carers must undertake at least 21 hours of training each year. This can include mandatory or specialist training identified with their social worker in order to meet the specific needs of children and young people placed with them.

4. Fostering Allowances Current Situation

- 4.1 Shetland Islands Council currently pays foster carers a Fostering Allowance to cover the costs associated with caring for each child/young person. The Allowance covers the costs incurred by carers in the provision of, for example, clothing, food, household expenses, day-to-day living costs and social activities. The allowance is constituted as such:

Age	Food	Clothing	Transport	Personal	Household	Total
0 – 4	34%	22%	8%	6%	30%	100%
5 – 10	32%	26%	7%	8%	27%	100%
11 – 15	32%	26%	11%	10%	21%	100%
16 +	30%	26%	9%	17%	18%	100%

The amount of Fostering Allowance payable depends on the age of the child or young person in placement and the rates are payable over 56 weeks to enable the equivalent of 4 weeks allowances to be paid as holiday, Christmas/Religious festivals and birthday allowances. The table below details the current allowance rate:

FOSTERING ALLOWANCES 2016 - 2017

Age band	Per week	Clothing	Total (4 weeks)
0 - 4 years	142.86	15.62	£633.92
5 - 10 years	162.73	20.27	£732.00
11 - 15 years	202.58	25.40	£911.92
16+ years	246.44	28.34	£1099.12

5 Fostering Allowances Proposed

- 5.1 Historically Shetland Islands Council have paid foster carers the allowance rates recommended by 'The Fostering Network' (tFN). tFN's recommended rate generally increased on an annual basis of around 1.5 – 2.3%. However in January 2016, tFN ceased providing a recommended allowance rate due to the Scottish Government's wish to review this. However no guidance was given from the Scottish Government in time for the new financial year. At 1st April 2016 Shetland Islands Council continued to pay the previous year's rate, as did many Scottish Local Authorities.
- 5.2 The Scottish Government has still not produced advice or guidance on a nation allowance rate, and therefore the proposal before committee is

to increase the current allowances by 1.5% from 1st April 2017, if no national guidance is given. If a National Allowance is produced before the start of the 2017 financial year recommending a rise above 1.5%, the proposal would be to pay the recommended rate subject to affordability within the context of the children's resources budget. The table below shows the proposed allowances for 17/18 with the 1.5% uplift.

FOSTERING ALLOWANCES 2017 - 2018

Age band	Per week	Total (4 weeks)
0 - 4 years	145.00	£580.00
5 - 10 years	165.17	£660.68
11 - 15 years	205.62	£822.48
16+ years	250.14	£1,000.56

- 5.3 Shetland Islands Council has traditionally paid a wholly discretionary clothing allowance as noted above in 16/17 allowances. This discretionary amount to kinship carers was ceased in 2016/17 budget and it is proposed to end this allowance for full time foster carers from 1st April 2017. Respite carers are unaffected by this change as they have never been in receipt of this allowance except where respite went beyond four weeks. In the future such circumstances would continue to attract a clothing allowance to meet the needs of the individual child or young person.

6 Approved Kinship Carers

- 6.1 Kinship Care is the term used to describe the placement of children and young people with extended family members or friends where they cannot live with their parents.
- 6.2 In order to support these arrangements the Local Authority pays an allowance to cover the costs associated with the child to approved kinship carers.
- 6.3 In 2015 the Scottish Government required Local Authorities to give parity for kinship carers and pay the same allowance as foster carers receive. Shetland Islands Council has long recognised the value of kinship carers and has financially supported these carers at the same rate as foster carers for a number of years. It is proposed to increase the 2017/18 Kinship Allowance by 1.5% in line with the Fostering Allowance. The only exception relates to the deduction of child benefit which kinship carers receive. Child Benefit is currently payable at £20.70 per week for the first child and £13.70 for second and subsequent children. The table below shows the proposed kinship care allowances for 17/18:

KINSHIP CARER ALLOWANCES 2017 - 2018

Age band	Per week	Total	
		(4 weeks)	
0 - 4 years	144.29	£580.00	(less eligible child benefit)
5 - 10 years	164.36	£660.68	(less eligible child benefit)
11 - 15 years	204.61	£822.48	(less eligible child benefit)
16+ years	248.90	£1,000.56	(less eligible child benefit)

7 Financial Implications of the Proposals

- 7.1 The financial implications of implementing the new fees and allowances as detailed in this report, and recruiting a further three new foster carers at level 3 were identified as a cost pressure in the 2016/17 budget and as such this additional cost can be met from within existing resources this financial year. Provision will be made within the 2017/18 Children's Resources budget, and this will be presented to Education & Families Committee for approval in December 2016. In future years, budget for the recruitment of carers will be costed according to the service needs at that time in relation to the demand on service and carer demographics, and presented for approval as part of Children's Services overall budget.

8 Implications

Strategic

Delivery On Corporate Priorities

The Fostering service delivers on a number of key priorities for the council with particular reference to:

- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - Ensure there are facilities for meeting needs for short term and respite care
- *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential
- *20 By 20:*
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more

proportionate approaches based on effectively managing risks

- No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most

- *Children's Services Directorate Plan:*

- Our public services are high quality, continually improving, efficient and responsive to local people's needs
- We have improved the life chances for children, young people and families at risk
- We have tackled the significant inequalities in Scottish society

Reporting to Education and Families Committee on the proposed fostering, kinship allowances and the fostering fee scheme contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Community /Stakeholder Issues

Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee.

The Policy and Resources Committee are responsible for securing the coordination, control and proper management of financial affairs for the Council.

Risk Management - None

Equalities, Health and Human Rights – None

Environmental – None

Resources

Financial - Any additional costs incurred in 2016/17 associated with the proposals can be met from existing budgets. In 2017/18 and future years, the required budget will be costed according to service need and included for approval by Education and Families Committee as part of Children's Services overall budget.'

Legal – Detailed advice will be taken regarding the nature of the relationship between the Council and the foster carers. At present foster carers are not treated as employees of the Council and changes to the method of payment and duties may alter that relationship.

Human Resources – None

Assets And Property – None

9 Conclusions

- 9.1 Increasing the number and availability of long term foster placements is a high priority for the council.
- 9.2 The introduction of the fee paid scheme proposal seeks to be an incentive to attractive potential carers to be available on a full and long term time basis to provide the care for some of our most vulnerable children and young people.
- 9.3 The costs associated with the fee paid carer scheme and uplift in fostering allowances can be met from current budgets.

For further information please contact:
Scott Hunter, Executive Manager – Children's Resources
01595 744476
scott.hunter@shetland.gov.uk
Report Finalised: 22 September 2016

**Education and Families Committee****3 October 2016****Disability Shetland – ASN Holiday Club – Inspection Report****CS-25-16-F****Executive Manager – Children’s Resources****Children’s Services****1.0 Summary**

- 1.1 The purpose of this report is to present Education and Families Committee with the Disability Shetland ASN Holiday Club Care Inspectorate Report from the inspection that took place on the 6th July 2016. The report is attached as Appendix 1.

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVES to note the Disability Shetland ASN Holiday Club Care Inspectorate Report (Appendix 1).

3.0 Detail

- 3.1 The Disability Shetland ASN Holiday Club delivers on a number of key priorities for the council with particular reference to:
- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - Ensure there are facilities for meeting needs for short term and respite care
 - *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential

- 20 By 20:
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Children's Services Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

3.2 Shetland Islands Council currently commissions Disability Shetland to deliver holiday provision for children with additional support needs. The Service Level Agreement is to the value of £7,500.00 for 16/17. The SLA has experienced significant reductions in line with the broader savings agenda faced by council departments. The service contributes, along with the SIC Short Breaks Service, to the council discharging its responsibilities to support children and families with additional support needs.

3.3 These services currently supports 26 children and young people aged from 4 – 18 years from across all Shetland communities during the school holiday periods. The service operates from Islesburgh Community Centre in Lerwick.

3.4 The service is managed by Brydon Leslie who is based at Market House in the Disability Shetland office. The service has 6 FTE practitioners and an average of 5 volunteers per session. Staff are registered as part of the Scottish Social Services Council registered workforce.

3.5 The Disability Shetland ASN Holiday Club was only recently registered in 2015 with this inspection being the second the service has experienced. The inspection in July 2016 awarded the following grades:

Quality of care and support;	Grade 5 – Very Good
Quality of environment;	Grade 4 – Good
Quality of staffing;	Grade 5 – Very Good
Quality of management and leadership;	Grade 4 – Good

3.6 The service has seen an improvement in grading for quality of staffing (from good to very good) and quality of management and leadership (from adequate to good).

- 3.7 The inspection reports capture the inspector's perspectives on what they thought the services did well as, "The manager and staff at ASN Holiday Club have created a welcoming and friendly environment for the children and young people to enjoy play sessions and activities during the school holidays. Children can choose from a good range of interesting activities daily as well as enjoying trips and outings each week. The staff were warm and caring towards the children and knew them well. We saw happy children who were relaxed and enjoying their play".
- 3.8 The inspection reports capture the inspector's perspectives on what they thought the services could do better as, "The service should:
- continue with the updating of the staff training records
 - ensure staff were able to attend core training and refresh this when necessary
 - continue with the staff planning meetings which ensures all staff can discuss the service".
- 3.9 There were no requirements made as a result of this report.
- 3.10 There were no recommendations made as a result of this report.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Reporting to Education and Families Committee on the Care Inspectorate report for the Disability Shetland ASN Holiday Club service contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Shetland Local Outcome Improvement Plan

Shetland is the best place for children and young people to grow up

4.2 Community /Stakeholder Issues

Children, young people and their families who use the Disability Shetland ASN Holiday Club service have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.

4.4 Risk Management

The Inspection reports had no requirements and the recommendations have been attended to.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial – None

4.8 Legal – None

4.9 Human Resources – There are no Human Resources implications to this report as Disability Shetland is not within the Council.

4.10 Assets And Property – None

5.0 Conclusions

5.1 Disability Shetland ASN Holiday Club received a positive inspection report in July 2016 (Appendix 1). As there were no requirements or recommendations an action plan is not required to be submitted to the Care Inspectorate.

For further information please contact:

Scott Hunter, Executive Manager – Children's Resources

01595 744476

scott.hunter@shetland.gov.uk

Report Finalised: 20 September 2016

List of Appendices

Appendix 1 – Disability Shetland ASN Holiday Club Inspection Report

Care service inspection report

Full inspection

ASN Holiday Club Day Care of Children

Islesburgh Community Centre
King Harald Street
Lerwick
Shetland

Service provided by: Disability Shetland

Service provider number: SP2014012267

Care service number: CS2014324452

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

The manager and staff at ASN Holiday Club have created a welcoming and friendly environment for the children and young people to enjoy play sessions and activities during the school holidays. Children can choose from a good range of interesting activities daily as well as enjoying trips and outings each week. The staff were warm and caring towards the children and knew them well. We saw happy children who were relaxed and enjoying their play.

What the service could do better

We agreed the service should:

- continue with the updating of the staff training records
- ensure staff were able to attend core training and refresh this when necessary
- continue with the staff planning meetings which ensures all staff can discuss the service.

What the service has done since the last inspection

Since the last inspection the service have looked at all areas we made recommendations on which included:

- reviewing the children's records and how they recorded the care needs
- the senior team who have been more involved with other agencies and attended more of the children's GIRFEC meetings in order to support the child
- the introduction of a staff review and development regime
- staff training and registration with the Social Services Council (SSSC)
- the child protection policy which had been updated
- the induction regime for volunteer staff which had been further developed.

They had kept in touch with the Care Inspectorate about the service and had returned documentation.

Conclusion

Overall a well used service with a dedicated team of staff and volunteers who work hard setting up and tidying away each day. We noted they were kind and caring and put the children at the heart of the service. We saw happy smiling faces and children who were busy and enjoying the activities provided. We found parents and carers were very happy with the service and thought highly of all the staff and volunteer workers.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website www.careinspectorate.com. This service has been registered since 10 July 2014.

The Care Inspectorate is committed to improving the health and wellbeing of all children receiving a care service. We want to ensure they have the best start in life, are ready to succeed and live longer, healthier lives.

We check services are meeting the principles of 'Getting it right for every child' (also known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention.

The approach helps services focus on what makes a positive difference for children and young people – and what they can do to improve. Getting it right for every child is being woven into all policy, practice, strategy and legislation that affect children, young people and their families.

There are eight wellbeing indicators at the heart of 'Getting it right for every child'. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. They are often referred to as the SHANARRI indicators. We use these indicators at inspection, to assess how services are making a positive difference for children.

We carried out a full inspection looking at each quality theme and focused on the experiences of children using the service.

The service operates from Islesburgh Community Centre in Lerwick. They have use of various areas within the centre as well as the enclosed garden at the rear. The service provides a holiday day care for children and young people aged from three years to 19 years of age.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 4 - Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection which took place on Wednesday 6 July 2016. This was carried out by one Inspector from the Care Inspectorate. We gave feedback to the project co-ordinator at the end of the session.

As part of the inspection, we took account of the completed annual return that we asked the service to complete and submit to us. We also took account of the information within the service's self-assessment and documents we looked at within the service.

We sent out ten care standards questionnaires for the service to distribute to parents and carers, and we received six completed questionnaires before the inspection. We emailed the parents who supplied an email address and we received one reply. From this we learned that the parents and carers were very happy with the care provided at the ASN Holiday Club.

During this inspection process, we gathered evidence from various sources.

We spoke with:

- the project co-ordinator, one director and four members of staff
- one of the parents
- approximately four of the children, on an informal basis
- briefly with the manager.

We looked at the:

- completed self-assessment
- certificate of registration
- communication with the parents and carers
- planning regime
- children's records
- complaints policy
- child protection policy and procedures
- medication policy and system of administration of medicines
- risk assessment regime
- accident and incident regime and first aid
- infection prevention and control procedures
- staff review and development regime
- staff and volunteer training
- staff registration with the Scottish Social Services Council (SSSC)
- volunteer induction regime
- environment used on 6 July 2016
- children's engagement and enjoyment of activities
- quality assurance regime.

We also observed:

- the staff and volunteers as they worked with the children
- the children having their packed lunches
- the equipment and resources
- how staff ensure children get fresh air and exercise and outdoor play
- a drumming session with a visiting specialist.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This was satisfactorily completed online and submitted before the inspection took place. This gave us an outline of how the service operated and areas they planned to work on.

Taking the views of people using the care service into account

During the inspection we talked informally with several of the children present. Initially they were shy from the Inspector, therefore, we observed them as they played and during the drumming workshop. We saw they were happy and relaxed with the staff and that warm and caring relationships were established. We saw children playing contentedly with their choice of activities, then having their lunch. We asked if they enjoyed coming to the holiday club and they said: "that they did".

Among their comments were:

- "I like drawing"
- "I have been drumming, did you see me?".

Taking carers' views into account

We talked with one of the parents during the inspection visit. They told us that the staff were friendly and helpful and good at keeping them up to date with what their child was doing. They liked that the staff working in the holiday club were mostly staff from other services or schools that their child attended as this meant continuity of care. They also thought it was good that they took the children for so many trips and outings. They said that there was a very good range of activities to choose from each day.

We also looked at the returned care standards questionnaires and emails we received before the inspection. From this we learned that the parents and carers were very happy with the care and support their child received.

Included were several written comments, two of which were:

- "I can't fault the service provided and have no further comments on how they can improve the service as it's brilliant in my eyes".
- "My child loves the holiday club and looks forward to all of the outings".

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service Strengths

We looked at how the staff team were involving the parents, carers, and children with their service. The project co-ordinator told us that it was important that the parents and carers were kept up to date with a record of their child's time, and how they were enjoying the holiday sessions. We found parents and carers felt included by staff and that they received daily feedback about their child. We saw this in practice during the inspection and heard staff talking with parents and carers.

We noted the staff were helpful, reassuring with parents/carers, and keen that they were involved with the service. We noted that communication and information sharing with parents and carers was very good. The pre-holiday planning meetings were one way they did this as well as phone calls and individual meetings if needed. We asked the parents and carers if they were informed about their child and they told us that information was always current and staff willing to chat with them when needed.

We looked at the settling-in arrangements and noted this included sharing information about the holiday programme and asking parents and carers for information about their child which helped them plan the care and support for each child. Staff were mindful of the difficulties children could experience when separating from their parents, and thought that having a familiar staff team helped with this.

Most of the staff and volunteers were involved in the children's care through other posts or Disability Shetland. See also quality theme 3 - staffing.

We looked at planning, which fully involved the children. Children had free choice of all activities. We observed them choosing activities and saw that staff helped them with this, when necessary. Most attended the drumming session, which was very popular and children enjoyed dancing too. Staff told us this was their leisure time and the emphasis was on leisure and recreation. The children decided what they wanted to do and where they wanted to go for trips.

The care of the children was very good. We saw staff had positive relationships with children and knew them well. Staff demonstrated that they were aware of the children's individual needs. We saw staff working with the children in a calm and caring manner showing them by example how to share, and how to be nice to each other. We heard the staff praising the children and encouraging their efforts. Staff were very good role models for the children to follow regarding good manners and encouraged them to respect each other and the environment.

We noted that the staff encouraged the children to try things for themselves and offered help when needed. This showed us staff were aware of the importance of nurturing the children and making them feel valued whilst encouraging them to develop as individuals.

Areas for improvement

Since the previous inspection they had looked at the recording of care needs. They had further developed the enrolment forms and adapted these to detail what care was needed. Copies are now held in the setting so staff can access these at any time.

The project co-ordinator told us they were looking at ways to keep records that are easily managed and can be transported with the club. This was the model they had decided to use as personal plans for the holiday club and they planned to continue to monitor this.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

We discussed the importance of maintaining healthy lifestyles and saw this was an area the staff were good at promoting. The service had a range of key policies and procedures which informed the staff as well as the parents and carers of best practice in relation to health and wellbeing. We noted that due to the nature of the service and staff involvement with the children through working in other services, the permanent staff had a sound knowledge of each child's specific care needs. They were very good at keeping the new staff and volunteers up to date about the support they needed to provide for the children.

Parents and carers were asked to share information about their child's health which was recorded within the enrolment form and this was regularly updated. Again it was nice to see staff had access to written information which would help them support the children.

Children had regular access to fresh air and exercise. Staff told us they generally went outdoors daily, weather permitting, for walks. On the day of inspection they went to the play park after lunch. The staff understood the benefits of playing in the fresh air, enjoying physical exercise, or providing exercise games and activities indoors; when the weather prevented outdoor play. We saw they had a selection of specific equipment which allowed movement and saw one child enjoy exercises with two members of staff supporting him.

We noted that at one point the wheeled toys were causing issues with safety in that there were children on the floor and wheeled toys becoming a risk to their wellbeing. Staff quickly intervened steering these away from the children on the floor. This enabled all children to enjoy exercise that suited their abilities.

We found that the staff had attended child protection training and were aware of their role should they have concerns about any child in their care. We saw there was a suitable method in place to record accidents and incidents.

Staff had received training in first aid and this was refreshed on a rolling programme. There were always enough first aiders on duty each session. We saw there was appropriate first aid equipment available for use. Staff had a good knowledge of infection control and their role in promoting this with the children.

Nutrition - not provided by the service. We observed lunch time noting that this was a happy, social time for the children. Children were encouraged to show good manners and we heard staff say: "eat up your fruit - it is good for you".

We saw staff promoting positive behaviour and gently intervened when needed. Staff were good at explaining why certain behaviour was not kind and how it was good to play nicely together. The staff had received in-house training in how to manage behaviours and were calm, quiet and consistent in how they dealt with 'meltdowns' or more minor disagreements.

Areas for improvement

We found that staff were always looking for new ideas and ways to improve the choice of activities for the children. One member of staff shared ideas she gained from various places and looked at how these could be included in the holiday club.

Staff were keen to learn about specific conditions and how they could better support the children. One way they could do this was through training and also staff meetings where they had in-house training and discussion leading to the sharing of good practice.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 – Good

Statement 2

“We make sure that the environment is safe and service users are protected.”

Service Strengths

For this statement we looked at safety, security and accident prevention. We found the premises to be secure overall with a good level of safety.

The community centre is a busy, well used building which has a manned reception desk. We asked parents and carers if they were happy with security at the centre and they told us they were. They said that the staff were very good at making sure anywhere they took the children was a safe area for them to enjoy their play.

We saw that the areas used were well ventilated and the lighting provided a bright area for the children. The building was at a comfortable temperature during the morning. The children were cared for in a large area known as Room 16 and also had use of another Room 11 (for those who wished a quiet environment). We saw Room 16 was divided to create a high energy area with a space for table top and art activities. There was a good range of activities appropriate for the needs of children who attended. We saw the furniture, specific equipment and general resources were well maintained and in a good clean condition.

The staff were very good at supervising the children and reminding them to take care and be aware of risk. They encouraged the children to share, take turns and be considerate of their friends. Children could choose to play by themselves or with others. They could join in with the drumming if they preferred. We noted staff stayed with the children supervising them well.

Staff had a good knowledge of their charge's abilities and provided help and support when needed. We saw they were quick to intervene to prevent accidents occurring which showed us the children were safe and enjoying their day. Appropriate risk assessments were in place and regularly reviewed.

Areas for improvement

The project co-ordinator told us they were always looking for other destinations for trips and outings. For example, they planned to visit the fire station following a suggestion made by a parent. He also told us the team had planning meetings and were keen to continue to encourage parents and carers as well as the children with these plans.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

"The accommodation and resources are suitable for the needs of the service users. "

Service Strengths

We noted a warm and caring atmosphere within the ASN Holiday Club. This was mainly due to the open and friendly way the staff worked with the children and the parents and carers.

We saw staff were good at promoting positive behaviour and encouraged the children to share and be nice with each other. We noted staff were aware that this age group had, at times, difficulties waiting their turn or sharing and we saw they handled situations well, quickly intervening when needed. We noted the staff were gentle and kind with the children yet equally firm and fair.

The premises were warm, clean and in a good state of decor and repair. We noted that activities and equipment had to be taken to each venue daily. We saw this was well organised. Staff were very good at planning for this as well as other larger equipment they needed to take with them, for example the hoist.

Credit must be given to the staff, who worked hard to make sure the children felt this was their space, especially since the hall was shared with other community groups. There was ample play space which allowed the children to move freely around the room choosing where to play and selecting from the range of resources.

The children enjoyed the bouncy castle and the wheeled toys. It was nice to see the soft play area where children could enjoy relaxing or more boisterous play under adult supervision.

We noted that some children had opportunities to go for a trip in a boat which belongs to Disability Shetland. This provided a wonderful opportunity for the children to experience the sea, which is so important to the Shetland folk.

We asked the parents for their opinion of the environment through one interview as well as the care standards questionnaires and emails. They told us they were very happy with the environment. They liked the small cosy atmosphere. This was confirmed within the care standard questionnaire and email.

One parent told us they liked that they used Islesburgh Centre since this is where the 'Saturday Club' provided by Disability Shetland operated. The project co-ordinator told us they felt it was important to use the community centre as this supported the children to be included in the community.

Areas for improvement

Again we discussed the limitations placed on the service by the cost of some of the venues, cost of outings and transport. The project co-ordinator was keen to continue involving the staff team, the parents/carers, as well as the children looking for new places to go and to revisit popular places.

We discussed the limitations due to having to take resources to each venue. However, he was happy with the staff team and praised them for their dedication and commitment to the ASN Holiday Club. This was an area they would continuously look at and monitor.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

We looked at recruitment during this inspection, which included recruitment of volunteers. We noted they followed the recruitment policy and had updated their procedures in line with current legislation. This included seeking two references, an interview, and successful staff having a 'Protecting Vulnerable People Group' (PVG) check prior to starting work.

We also found that the staff group were mostly made up of staff who worked with the children in other areas, for example the ASN units in the local schools or at the 'Saturday Club'. The project co-ordinator told us: "this allowed for continuity of care and enable them to match-up experienced staff with a child". Parents and carers also liked this continuity which enabled the children to settle easily, and enjoy the holiday programme.

We also noted that the service were aware of the need to make sure that any new staff had the appropriate experience and qualifications in order to register with the Scottish Social Services Council (SSSC). We also found they recruited volunteers in a similar way. A thorough induction regime was in place which included explanations of how the children were to be cared for, 'shadowing' experienced staff and regular supervision.

Areas for improvement

We noted that the project co-ordinator had put in place a record of staff training. This was work in progress and we saw once complete this would provide a record of staff qualifications, registration with SSSC, core training as well as when this was to be refreshed.

We also noted PVG checks were in place and they were aware of the need to refresh this every three years (PVG update).

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

During the inspection we observed the staff as they carried out their duties, looked at their practice, how they were with the children, how they interacted with the parents; and with each other. We noted that all staff approached the parents in a friendly yet respectful way.

Staff demonstrated that they were motivated and committed to providing a warm and caring service for the children attending. They worked hard to provide children with an interesting and stimulating environment where they play and have fun. We saw that staff were keen to promote their wellbeing and happiness, and were genuinely interested when the children told them stories or shared news.

We saw that the staff worked very well together as a team. We observed staff talking together, as they prepared the areas for the session. We noted that the staff have daily meetings at the start of the session. This allowed them to plan for that day, as well as discussing and evaluating the holiday club in general. Throughout the morning we saw staff spent time with their charges but equally standing back and allowing them to enjoy their chosen activities, whilst maintaining a watch that they were safe.

As part of the inspection process we seek the parents and carers' views on staffing. Parents and carers also told us they felt the staff had the necessary skills to support the children. We found that parents and carers had a high opinion of the staff and described them as: "brilliant and excellent".

Staff training

We noted that staff had attended various training courses since the previous inspection. There is a formal staff training record where training attended is recorded and proposed courses they hoped to attend. They also provided in-house training which was another way staff could gain information which supported them in caring for the children. This included 'Autism Awareness' and managing behaviour.

We saw that core training included child protection awareness, food hygiene and first aid. Training records were also kept by staff as part of their continuous professional development.

Scottish Social Services Council (SSSC)

The SSSC is the body that regulates care staff and decides the level of qualification for each post. We saw that the manager and all staff were registered with this body. The project co-ordinator told us he was very happy with the current staff team, and this included the volunteers, describing them as experienced and competent carers who enjoyed their work.

Areas for improvement

During the feedback session we discussed the importance of maintaining accurate records of staff training. We also discussed the limitations of gaining places on training courses locally.

We agreed that the staff should regularly attend core training and this should include GIRFEC (Getting it Right For Every Child) when this was available locally.

The project co-ordinator also said that they made sure there were always a trained first aider with the children. This could be challenging at times when children were doing different activities for example, some out of a walk, some in the park and some wishing to stay indoors. However they made sure the staff mix was even across the board.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 2

"We involve our workforce in determining the direction and future objectives of the service."

Service Strengths

This has been partially reported on within the previous quality themes.

We found the manager and staff were dedicated to the holiday club, and keen to continue to provide a service which the children looked forward to attending in the school holiday periods.

Overall we noted a happy staff team who enjoyed their work, and were keen that the holiday club was a fun place for the children. They were also keen to look at all areas of their practice in order to provide a good standard of care and support to the children in their care. The staff were involved in planning meetings before the club started, which ensured they could voice their opinion, and help decide on the programme for the activities.

We spoke briefly to the manager during our inspection. She and the project co-ordinator worked in partnership in managing the service and liked to fully involve staff. Staff told us the senior team were approachable and listened to them.

Parents and carers liked the ethos of the group and said that: "the service was very much a holiday play scheme for the children". One parent told us that: "there was no other such facility for children with additional support needs; and they really valued the service for the opportunities the children had, and the enjoyment they gained from attending".

Areas for improvement

We briefly discussed the running of the service and the financial issues experienced. This was an area the board of directors were currently looking at.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service Strengths

Overall we found the holiday club to be well established with the senior team taking the lead with the general running of the service and the planning of the sessions. We noted many of the staff had been involved with the holiday club for several years and were well organised, and worked very much as a team.

We received positive feedback from the parents and carers who told us the service was well-managed, which they put down to the commitment of the staff team and Disability Shetland. We asked one of the parents if they had a concern how would they deal with this. They told us that they would talk with any of the staff and felt confident this would be dealt with quickly.

We looked at quality assurance and saw the service considered the Care Inspectorate inspection regime to be a form of quality assurance. The director we talked with saw this as something to strive for, to make sure they were meeting the national care standards and providing a quality service for the children and families.

We saw they had appropriate systems and processes to assess the quality of the service with parents and carers. The most common methods were evaluation questionnaires and gaining feedback from parents and carers about the holiday programme. They also liked to involve the children and asked them what they liked to do best.

We saw they sent out regular communications to parents and carers in order to keep them up to date with the club. This was also confirmed within an email which stated: "managers and staff are all really friendly and always ask us parents for our views". This showed us that the service was working in partnership with the parents and carers and meeting the needs of the children in their care.

Another area the service had been working on was communication with other services the children may attend for example 'Short Breaks for Children' or the child's school. The project co-ordinator was now attending more meetings with these other services in order to complement the care they provide. This partnership working would enable all services to work together and provide the care each child needs.

Areas for improvement

Again the project co-ordinator discussed how he planned to continue meeting with other services in order to be able to provide continuity of care as well as keep those services updated about the children's progress and achievements whilst they are at the ASN Holiday Club. He planned to attend more GIRFEC meetings as well as continue to work closely with the parents and carers.

One area he was also keen to continue with was the pre-holiday club planning. They had invited parents and carers to attend a meeting to discuss holiday plans. He was also keen to offer a one-to-one meeting with those parents who could not attend the planned meeting but wished to be included with the planning and make suggestions.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. All recommendations made in the previous inspection report have been met.

This recommendation was made on 22 July 2015

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
16 Jul 2015	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

**Education and Families Committee****3 October 2016****Children's Resources – Isleshaven Nursery – Inspection Report****CS-24-16-F****Executive Manager – Children's Resources****Children's Services****1.0 Summary**

- 1.1 The purpose of this report is to present Education and Families Committee with the Isleshaven Nursery Care Inspectorate report from June 2016 (Appendix 1).

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVES to approve the Isleshaven Nursery action plan (Appendix 2).

3.0 Detail

- 3.1 The Isleshaven Nursery delivers on a number of key priorities for the council with particular reference to:
- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential

- 20 By 20:
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Children's Services Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

3.2 Isleshaven Nursery is Shetland Islands Council service that provides statutory child care and education to preschool children in Lerwick. The nursery is a key provider to more vulnerable children as it delivers childcare for eligible two year olds. Sessions operate from the nursery between 0850 and 1715 to accommodate the needs of working families. The service has been running at capacity for a significant period of time and currently provides preschool care and education to 43 children, primarily from the Lerwick area.

3.3 Isleshaven Nursery is part of the Family Support portfolio of services managed by the Team Leader based in Hayfield House. The operational service is delivered by the registered manager who is based in Isleshaven Nursery. The nursery has 4 FTE practitioners who are a registered workforce as part of the Scottish Social Services Council.

3.4 Isleshaven Nursery has been consistently graded as *good*, *very good* or *excellent* since 2009. The inspection in June 2016 considered four areas and awarded the following grades:

Quality of care and support;	Grade 5 – Very Good
Quality of environment;	Grade 5 – Very Good
Quality of staffing;	Grade 5 – Very Good
Quality of management and leadership;	Grade 5 – Very Good

3.5 The service has seen an increase in grades in relation to quality of care and support (from good to very good), quality of environment (from good to very good) and quality of management and leadership (from good to very good). The service has seen no reduction in grades in this inspection. The increase in grades was described at feedback as being as a result of the commitment of the manager and her staff as well as evidence being available to show a sustained improvement in the quality and range of service delivery, high levels of satisfaction amongst parents and the quality of management and leadership.

- 3.6 The inspection report captures the inspector's perspectives on what they thought the service did well as, "The manager and staff have created a warm and welcoming environment for the children. Children could choose from a wide range of interesting activities and were more involved in planning. The staff were friendly and caring and worked with the children in a calm and caring way. The service was very good at promoting fresh air and exercise and took the children outdoors daily".
- 3.7 The inspection reports capture the inspector's perspectives on what they thought the service could do better as, "There were some areas we agreed they (*the service*) could continue to work on, and this included:
- Further training for staff on the care of under 3's
 - To ensure infection control measures were in line with current best practice guidance with regards to sleeping arrangements
 - Continue to support staff with training needs
 - To continue with evaluation of the children's learning and development".
- 3.8 No requirements were made as a result of the report.
- 3.9 Two recommendations were made:
- a) Staff should have further refresher training in the care of the under 3 year olds, with an emphasis on nurture for this younger age of child
 - b) Each child should have separate bedding when sleeping
- 3.10 These areas have been addressed through provision of training to staff, which is scheduled for 26th October and the provision of new beds and bedding supplies.
- 3.11 Inspection and Grading History

Date	Type	Gradings	
26 June 2014	Unannounced	Care & Support	4
		Environment	4
		Staffing	5
		Management and Leadership	4
17 May 2012	Unannounced	Care & Support	6
		Environment	6
		Staffing	5
		Management and Leadership	5
13 Jan 2009	Unannounced	Care & Support	5
		Environment	5
		Staffing	4
		Management and Leadership	5

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Reporting to Education and Families Committee on the Care Inspectorate report for Isleshaven Nursery contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Shetland Local Outcome Improvement Plan

Shetland is the best place for children and young people to grow up

4.2 Community /Stakeholder Issues

Children, young people and their families who use Isleshaven Nursery have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.

4.4 Risk Management

The Inspection reports had no requirements and the two recommendations have been attended to.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial - None

4.8 Legal – None

4.9 Human Resources – Isleshaven Nursery will continue to support the development of its staff through a training programme identified through the employee development review process and from accessing the council wide training in 16/17 for managers on interpersonal skills. This programme aims to build the management and leadership capacity in key individuals to ensure the very good standards of care and education being provided to children at the Isleshaven Nursery continues and is developed further as part of the continuous improvement agenda.

4.10 Assets And Property - None

5.0 Conclusions

- 5.1 Shetland Islands Council Isleshaven Nursery received a positive inspection report in June 2016 (Appendix 1) which endorsed the service provision and management of the service. The Action Plan (Appendix 2) has been completed.

For further information please contact:

Scott Hunter, Executive Manager – Children's Resources

01595 744476

scott.hunter@shetland.gov.uk

Report Finalised: 20 September 2016

List of Appendices

Appendix 1 – Isleshaven Nursery Inspection Report

Appendix 2 – Isleshaven Nursery Action Plan

Care service inspection report

Full inspection

Isles Haven Nursery Day Care of Children

Old Infant School
King Harald Street
Lerwick
Shetland

Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003009584

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The manager and staff have created a warm and welcoming environment for the children. Children could choose from a wide range of interesting activities and were more involved in planning. The staff were friendly and caring and worked with the children in a calm and caring way. The service was very good at promoting fresh air and exercise and took the children outdoors daily.

What the service could do better

There were some areas we agreed they could continue to work on, and this included:

- further training for staff on care of the under 3's
- to ensure infection control measures were in line with current best practice guidance with regards to sleeping arrangements
- continue to support staff with training needs
- to continue with evaluation of the children's learning and development.

What the service has done since the last inspection

Since the last inspection we noted the service had looked at several areas and made many improvements. The rear outdoor area has been completed, creating a safe and stimulating area for the children. They now have another area to the front of the building they use, usually in the afternoon, which allows children a choice of where to play.

The manager has developed a very good staff review regime and staff supervision is regular and recorded.

Staff have attended training on 'Building the Ambition' and introduced a new regime for child-led planning using floor books, which is regularly evaluated.

Conclusion

Overall the service is well established now with happy, caring staff who work well as a team and have the children's best interests at the heart of all they do.

We saw busy children with happy, smiling faces and found parents generally very happy with the care and support provided at Isles Haven Nursery.

1 About the service we inspected

The Care Inspectorate is committed to improving the health and wellbeing of all children receiving a care service. We want to ensure they have the best start in life, are ready to succeed and live longer, healthier lives.

We check services are meeting the principles of 'Getting it right for every child' (also known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention.

The approach helps services focus on what makes a positive difference for children and young people - and what they can do to improve. Getting it right for every child is being woven into all policy, practice, strategy and legislation that affect children, young people and their families.

There are eight wellbeing indicators at the heart of 'Getting it right for every child'. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. They are often referred to as the SHANARRI indicators. We use these indicators at inspection, to assess how services are making a positive difference for children.

We carried out a 'Themed Inspection' where we assessed two aspects under each quality theme and focused on the experiences of children using the service.

The service operates from part of a former primary school building in Lerwick. The service has exclusive use of one half of the building consisting of three playrooms, kitchen, office, children's toilets, staff toilet, disabled toilet, storage areas and fully enclosed outdoor area at the rear. The service also has shared use of the garden at the nearby Islesburgh Community Centre.

The service was registered to care for a maximum of 40 children aged two years to those not yet attending primary school. The service provides both full or part day care and since the previous inspection is now registered to care for vulnerable 2's.

Included within aims of the service was:

- "To provide a safe and stimulating environment in which children feel safe and secure".

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

An unannounced inspection of Isles Haven Nursery was carried out by one inspector on 1 June 2016. We carried out a 'themed' inspection. This targeted approach means that we looked at identified aspects focusing on children's experiences under each quality theme. We gathered information from various sources.

We talked with:

- the manager and five members of staff
- the children - on an informal basis
- seven parents.

We observed; staff practice, viewed the environment and resources, looked at how the manager and staff evaluated their practice and the plans for further development of the service. We looked at child-led planning and evaluation of the children's learning. We also looked at how staff cared for the younger two year old children.

We gave feedback to the service manager and her external line manager; Executive Manager (Children's Resources) at the end of the day.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This was satisfactorily completed online and submitted before the inspection took place. This gave us an outline of how the service operated and areas they planned to work on.

Taking the views of people using the care service into account

We observed and talked with the older children who were happy to talk with the inspector about their experiences. We observed the children and saw that they were happy and relaxed. Children told us they enjoyed coming to nursery.

Their comments included:

- "I like playing with my friends".
- "I like playing in the book room but I like playing outside best".
- "It's good fun here".
- "We have a water pump outside and you need to pump it so the water comes out. Water makes you wet but we can put our jumper on the heater. Heaters make it dry".
- "My best thing is drawing".

Taking carers' views into account

Before the inspection we asked the service to give out 12 care standards questionnaires to parents and carers using the service. We received seven completed questionnaires. These showed us that they were happy and very happy with the care the service provided. Written comments included:

- "My daughter loves attending Isles Haven Nursery. She is doing well developmentally and appears to socialise well. I couldn't be happier with the service".
- "I am very happy with Isles Haven Nursery. It is a wonderful provision. The staff are very friendly, welcoming and informative regarding my child's day. She has built up good relationships with the staff, and my child comes out smiling and happy, sign of a great day at nursery. I would thoroughly recommend this nursery to other parents".

We emailed three parents who left an email address but received no replies. We took time to interview seven parents on the inspection day. From this we found they were happy with the care and support, liked the safe environment and that the children went outdoors so often. They also liked the friendly staff and told us their children looked forward to their time at the nursery. We discussed our conversations with the manager during the feedback session and shared what the parents had told us.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service Strengths

Supporting the needs of the 2-year-old children

Since the previous inspection the service now provides care for younger children. There were five under three years on the roll at the moment, though not all present on the day we inspected. These children attend during the afternoon session, which is generally a quieter time and more suitable for their needs. We observed staff caring for the younger children in a kind and caring way. Overall, they were responsive to the children's needs and we saw children were comfortable with staff. All staff supervised the children and were aware of this younger ages' limitations, and good at reminding them to take care and play nicely with their friends. We saw they were very watchful when playing outdoors in order to keep children safe. We saw happy, relaxed children who were "busy" and engaged in the activities provided. Equally we noted quiet times were provided with more relaxing activities and outdoor play in both the outdoor areas.

Staff had positive relationships with parents, welcoming them into the nursery. Children have a keyworker who was responsible for keeping records up to date. The staff knew their key children well and their families and individual needs. 'All about me' information was recorded and this fed into the care plans.

These were regularly updated, as were the children's 'Learning Stories', which detailed their learning and development. Parents told us that staff worked in partnership with them and they felt staff knew their child well. They also thought that communication was very good. One parent (2-year-old) described her child's situation and how they had developed and improved since they started at Isles Haven Nursery, which she said was due to the support of the staff. She described staff as helpful and always took time to listen, which she said was very reassuring.

We sampled children's Learning Stories. The format for observations is good with regular observations. We discussed the need to make sure next steps were linked to the child-led planning as identified learning needs. We saw that the two year olds were included in this system with their own Learning Story and their observations and evaluations were also regular and their next steps suitable for their stage of development. We liked the "I can" displays, which was a way of celebrating what the children had achieved in a fun and visual way, and a good way of reminding the children what they could do.

Transition to primary school

We found that the nursery had a well-established regime in place to support children to move on to school. This was very well organised and had evolved over the years, and provided strong support for the children who may be anxious about starting school. We noted the programme included a timetable of visits to the schools the children would attend. These visits were with parents and play sessions by themselves, as well as joining in for a school dinner with their parent. We noted the children's learning and development was shared with the class teachers. The teaching staff also visited the children at the nursery and started to build up a relationship with them in the familiar nursery surroundings.

We found that parents were very happy with the transition regime in place to support their child to leave Isles Haven Nursery and move on to primary school. One parent told us their child was relaxed and looking forward to going to the school, which she accredited to the well-planned transition programme. Other parents told us they were very impressed by the detail and time spend during the transition.

Areas for improvement

We observed a younger child needed to sleep so he was settled in the book room. However, when he woke he was fretful and the staff member led him by the hand to the snack area. The Inspector intervened and asked the manager to remind staff to comfort the child. We discussed this during feedback and found that the staff member usually would cuddle a waking child but had not been sure she should do so with the Inspector present. We discussed that this should never affect the care and support given and recommended that staff have refresher training in care of the under 3 years age-group **(see Recommendation 1)**.

Sleeping arrangements for the younger children

We noted there were several areas they could separate a sleeping child though staff said this was rarely needed. However, on the day of inspection we saw one child was settled on cushions in the book room with his own fleece blanket. This was a safe area for the child and he settled and slept well. However, we noted that he lay on the bare cushion. We recommended that they look at this immediately and use the bed linen they have (sheet) over the cushions so that he had his own individual bedding in order to prevent the spread of infection. We discussed the need to store this individually and launder this on a regular basis **(see Recommendation 2)**.

Grade

5 – Very Good

Number of requirements – 0

Recommendations

Number of recommendations – 2

1. It is recommended that staff have refresher training in care of the under 3 year olds, with an emphasis on nurture for this younger age of child.

Reference: National care standards, early education and childcare up to the age of 16 Standard 3: health and wellbeing, Standard 4: Engaging with children

2. It is recommended that each child use separate bedding when sleeping. This should be stored safely and washed on a regular basis. This is in order to help prevent the spread of infection within the nursery and keep children safe.

Reference: National care standards, early education and childcare up to the age of 16 Standard 2: A safe environment and 3: health and wellbeing

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service Strengths

How the environment supports the safety of the children

We looked at the safety and security within the service and noted this was very good overall. We saw the front door had a security system which prevented anyone entering unannounced. Staff were very good at making sure this was secure and parents told us this was locked during the session and only opened a few minutes before the pick up time. Parents could wait in the entrance area but could not go through the inner door which was locked until staff opened this. This reassured us that the environment had appropriate security to keep the children safe.

We looked at the safety within the playrooms and noted that the three areas used were clean, and maintained to a very good standard. All toys, resources, furniture was suitable for the children to use and presented in a way they could play and explore safely. Children had access to other resources, for example the apple-corer, which they loved. This was a device for coring, peeling and slicing apples. Children were supported to use this tool themselves with adult supervision. Again we noted staff were very good at supervising all children and intervening, if needed.

Adults took time to explain how to use tools, why they should not run indoors and other instructions about keeping safe. We heard them giving clear and simple explanations to the children and noted they waited to see that they understood.

We noted a risk assessment regime was in place which was regularly updated. Staff were very good at checking areas and removing items that may cause tripping.

How the staff use the environment to allow children access to fresh air and outdoor play

Health and wellbeing was included in the planning and we noted the manager and staff were keen to encourage children to develop a healthy attitude to outdoor play. We saw there had been several improvements to the outdoor space since our last inspection, including an additional play area at the front of the premises.

We found that children had daily access to the outdoor areas and saw children playing in the rear play area when we arrived. The service has a daily routine with set times for this area to be open, however should a child want to go outside they can do so at any time. We saw the younger children enjoying an outdoor session in the afternoon. It was nice to see the children were familiar with playing outdoors and enjoyed themselves playing with a wide range of outdoor equipment as well as having fun catching bubbles, which staff took out for them.

We found that parents considered that outdoor play was a strength of the service and liked that they were outdoors so often. They said their children told them of the many walks they enjoyed as well as outings to play parks and other areas locally.

During the winter access to outdoor play can be limited in Shetland. However, we noted from looking at the evidence including photographs, that children at Isles Haven Nursery played outdoors in all weathers, warmly wrapped up against the cold. We also found that staff had a very "can do" attitude to playing outdoors and did not let the cold stop play.

Areas for improvement

We noted the area to the front of the premises was now being used by the children for play with the recent addition of movable fences to block off this area. There was a selection of toys and equipment and this was described as "work in progress". New items were added as and when they were obtained, for example new wooden benches and, the kitchen area complete with water pump, which they loved.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

Staff review and development and how this impacted on the children

We noted that the manager was very good at supervising the staff team. All staff had an annual review which was recorded. Staff also had regular supervision sessions with the manager (every three months) where they could discuss how they felt they were working and what support they needed to work within the setting.

We saw the manager's recorded observations of staff which she would then discuss with the individual staff. This allowed staff opportunities to talk about their practice with the manager in order to continue to develop professionally. We noted the manager was quick to praise staff and thank them for their efforts. Staff felt valued within the setting and told us it was a "great place to work".

We noted the service held monthly full staff team meetings, which was another opportunity for staff to look at their practice and how it affected the service. The staff also got together at the start of the morning to discuss the session and their duties.

There was a changeover of staff at lunch time and again brief exchanges of information took place. From this we saw the sessions operated smoothly with all staff knowing their roles and responsibilities.

We found staff training was now monitored by the local authority's training section. They held a central record of all training, including refresher training, and sent email reminders when staff needed to attend an update on any training. The core training included first aid, child protection awareness training, 'Getting it right for every child' (GIRFEC) and food hygiene.

Scottish Social Services Council

We noted that all staff were registered with Scottish Social Services Council (SSSC). We saw a certificate of registration displayed in the entrance area for parents to view. Staff held appropriate qualifications and were keen to keep up to date with current childcare initiatives and best practice. All staff worked in a professional manner and were aware of their role in providing each other with support to maintain this dedicated, enthusiastic staff team.

Areas for improvement

We noted some of the staffs' first aid training was due for refreshing. The manager shared plans for these members of staff to attend refresher training and showed us dates of planned courses. We agreed we were confident the staff would attend therefore we did not make a recommendation.

One member of staff was registered with the SSSC with a condition, which was to gain an appropriate qualification. The manager told us this member would be encouraged to gain the required qualification and supported by the staff team during the study period.

We discussed the need to look at staff training to support the two year old children who now attend the service. We discussed how this may be in-house as a team and using Pre-Birth to three as a basis for discussion.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service Strengths

Promoting teamwork and how this affected the service

We found the manager and staff team were motivated, keen and enthusiastic about the service. They had worked hard over the past two years to develop the service. When we last inspected we noted the staff were beginning to work together and getting to know one another. The team had been formed when two pre-school services combined and the manager told us it had taken quite some time for everyone to become familiar with the new service and the new staff team.

We found that now the staff team worked very well together and were keen to support each other in order for the service to operate smoothly. This was due mainly to the systems in place where staff meetings were regular, staffs' opinions listened to and valued, and the regular observation and monitoring of staff practice by the manager.

We also noted the manager was supervised externally by an officer from the local authority - Executive Manager (Children's Resources) - who she described as helpful, visited regularly and provided strong support for her as manager.

We saw the staff were warm and friendly with each other, courteous towards the parents and kind and caring with the children. Overall, we noted a happy ethos within Isles Haven Nursery which impacted well on the children.

Quality Assurance and planning for improvement

We noted the service were very good at evaluating their practice as well as the children's learning and development. Records were up to date and overall well managed. The manager was good at encouraging the staff to maintain their keyworking records and discuss any issues at team meetings. This made sure all staff were aware of all aspects within the service and could provide support and advice when needed.

Quality assurance and looking for ways to improve is also an area the manager was keen to promote. The service regularly consulted parents about the care and support they provided. Several of the parents told us they felt included by the manager and staff through the newsletters, surveys, parents meetings and were also kept very well-informed and updated about the service. One recent example was asking for ideas and feedback on the outdoor area. The parents we talked with thought the children's learning stories was a good way of seeing what children were enjoying and the learning taking place.

The Improvement Plan was displayed within the service and regularly consulted during the full staff meetings. All staff were fully involved in developing the improvement plan. The manager had a clear vision for the service which was included continuing to involve children and parents in their learning and development as well as looking for ways to add to and improve their range of learning opportunities which would help the children learn and progress whilst at Isles Haven Nursery.

Overall a very well-managed service.

Areas for improvement

We discussed how up until recently there had been limited quality assurance visits to the service by the local authority. This was true for all local authority services and partner providers groups. The external team leader told us this was an area the local authority was looking at and already making changes to this. It was recognised this area had been in need of improvement and she was clear this would improve over the coming months. We agreed staff would find quality assurance visits helpful and supportive.

Grade

5 – Very Good

Number of requirements – 0

Number of recommendations – 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. The provider must ensure safe and effective systems are in place for the administration of medication. In order to achieve this the provider must:

Ensure medication is administered in accordance with line with current medication guidance - the service must not give the first dose of a medication that is new to the child.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4 (1) (a).

This requirement was made on 26 June 2014

The service now had appropriate systems in place for recording administration of medication and up to date guidelines.

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The manager and staff to further develop the personal plans and to formally review these every six months in line with current legislation.

National care standards: early education and childcare up to the age of 16 years. Standard 6: support and development, standard 13, improving the service.

This recommendation was made on 26 June 2014

We saw each child had a care plan which had been regularly reviewed.

2. To further develop the children's learning stories which need to reflect where the children are with their learning and development, and to make these more accessible to parents and carers and the children.

National care standards early education and childcare up to the age of 16 years. Standard 4 engaging with children, standard 6, support and development, standard 13, improving the service.

This recommendation was made on 26 June 2014

We saw the learning stories were not placed in the entrance area for parents and carers to view. These were up to date.

3. The service must complete work begun on the garden area as soon as possible. They should involve the children and families with asking for ideas and suggestion for this area.

National care standards early education and childcare up to the age of 16 years. Standard 2 safe environment, standard 3, health and wellbeing.

This recommendation was made on 26 June 2014

The garden is now complete providing a safe and stimulating area for outdoor play.

4. It is recommended that the guards be replaced on the storage heaters to allow the heat through, ensuring the premises are warm enough for the children attending.

National care standards: early education and childcare up to the age of 16 years. Standard 2 safe environment, standard 3: health and wellbeing.

This recommendation was made on 26 June 2014

There are now wire guards on all heaters allowing the heat through which ensures the building is warm for the children.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
26 Jun 2014	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 5 - Very Good</div> <div>Management and Leadership 4 - Good</div>
17 May 2012	Unannounced	<div>Care and support 6 - Excellent</div> <div>Environment 6 - Excellent</div> <div>Staffing 5 - Very Good</div> <div>Management and Leadership 5 - Very Good</div>
13 Jan 2009	Unannounced	<div>Care and support 5 - Very Good</div> <div>Environment 5 - Very Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 5 - Very Good</div>

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Isleshaven Nursery Action Plan

Recommendation	Progress	Completion Date
Staff should have further refresher training in the care of under 3 year olds, with an emphasis on nurture for this younger age of child.	Pre-Birth-Three training has been organised for all Isleshaven Nursery staff with Clare Stiles at Islesburgh Community Centre	26 October 2016
Each child should have separate bedding when sleeping.	Isleshaven Nursery has purchased a pop up bed, travel cot, new blankets, pillow cases and pillows for children to use during resting/sleeping time. These resources will be washed everyday if used and stored in a cupboard located in the sleeping room area to maintain cleanliness and prevent spread of infection.	Completed.

**Education and Families Committee****03 October 2016****Children's Resources – Short Breaks for Children – Inspection Reports****CS-23-16-F****Executive Manager – Children's Resources****Children's Services****1.0 Summary**

- 1.1 The purpose of this report is to present Education and Families Committee with the Short Breaks for Children: Care Home Service (Appendix 1) and Support Service (Appendix 2) Care Inspectorate Reports from June 2016 and the Action Plan.

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVES to approve both the Short Breaks for Children Care Service and Support Service action plan (Appendix 3).

3.0 Detail

- 3.1 The Short Breaks service delivers on a number of key priorities for the council with particular reference to:
- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - Ensure there are facilities for meeting needs for short term and respite care
 - *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential

- *20 By 20:*
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Children's Services Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

- 3.2 The Short Breaks for Children (Care Home Service) is Shetland Islands Council's respite service that provides residential short breaks within two resources in Lerwick for children with assessed complex additional support needs. These services currently look after 34 children and young people aged from 6 – 18 years from across all Shetland communities.
- 3.3 The Short Breaks for Children (Support Service) is Shetland Islands Council's service that provides short breaks and family support for children with assessed complex additional support needs. In 2016 the support service supported 38 children and young people aged 6 – 18 years in 36 families from across all Shetland communities.
- 3.4 Short Breaks Services are part of the Family Support portfolio of services managed by the Team Leader based in Hayfield House. The operational service is delivered by the registered manager who is based in Laburnum House. The short breaks service has 3.5 FTE Senior Social Care Workers to provide support to our 13.82 FTE practitioners who are a registered workforce as part of the Scottish Social Services Council.
- 3.5 The difficulty in appointing to Team Leader (Family Support) was highlighted to committee in the previous inspection report of February 2016 as a weakness and it is positive to report to committee the impact of this post being filled has had on the operational effectiveness of the service.
- 3.6 The Short Breaks for Children Support Service and Care Home Service have both consistently been considered a 'good' or 'very good' service since 2010. The inspection in June 2016 considered four areas and awarded the following grades:

Care Home Service

Quality of care and support;	Grade 4 – Good
Quality of environment;	Grade 5 – Very Good
Quality of staffing;	Grade 5 – Very Good
Quality of management and leadership;	Grade 4 – Good

Support Service

Quality of care and support;	Grade 4 – Good
Quality of environment;	Grade 5 – Very Good
Quality of staffing;	Grade 5 – Very Good
Quality of management and leadership;	Grade 4 – Good

- 3.7 The service has seen an increase in grades in relation to quality of staffing (from good to very good) and quality of management and leadership (from adequate to good). The service has seen a reduction in grades in relation to quality of care and support (from very good to good). The reduction in grade in relation to quality of care related to the quality of individual risk assessments where the inspector said, “that while these were in place, they did not always have sufficiently detailed strategies of support to ensure the safety of young people and staff. These should be developed, and immediately updated where the level of risk has changed”. This is a particularly important area of service development for 16/17 as we continue to see increased demand coupled with an increasingly complex range of needs in young people that will need managed accordingly.
- 3.8 The inspection reports capture the inspector’s perspectives on what they thought the services did well as, “The staff at short breaks know young people well and are highly committed to ensuring that they are well cared for and get the opportunity to have new and fun experiences. Staff are continually looking for new ways for young people to get involved in interesting events and activities, and to ensure they play an important part in their community”.
- 3.9 The inspection reports capture the inspector’s perspectives on what they thought the services could do better as, “Some of the information about the service needs to be updated to ensure it is relevant to what is currently offered, and to (*how*) the staff work with young people and their families. The way that incidents are reported internally could be improved to ensure that everyone gets the best possible support”.
- 3.10 There were no requirements made.
- 3.11 Five recommendations were made:
- a) Risk assessment documents should identify all significant risks and effective and specific strategies which support young people to minimise these risks.
 - b) The service should progress their plans to incorporate information about Child Sexual Exploitation (CSE) to their current child protection training and policy documents.
 - c) Information provided to young people and their families should be updated to ensure it accurately reflects the service offered.
 - d) All staff should receive formal supervision in the timescales determined by the local authority.

- e) The procedure for the recording and reporting of significant incidents should be effectively used to safeguard young people and staff.

3.12 These areas have been addressed via the Team Leader and Registered Manager reviewing care plans, training in relation to CSE and an audit of staff supervision to allow corrective measures to happen where this is not being delivered in accordance with council policy.

3.13 Inspection and Grading History

Date	Type	Gradings	
05 August 2015	Unannounced	Care & Support Environment Staffing Management and Leadership	5 4 4 3
16 August 2012	Unannounced	Care & Support Environment Staffing Management and Leadership	5 5 5 5
30 August 2011	Unannounced	Care & Support Environment Staffing Management and Leadership	4 4 5 4
30 July 2010	Announced	Care & Support Environment Staffing Management and Leadership	5 5 5 5
30 July 2009	Announced	Care & Support Environment Staffing Management and Leadership	5 5 4 3
18 July 2008	Announced	Care & Support Environment Staffing Management and Leadership	4 4 4 4

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Reporting to Education and Families Committee on the Care Inspectorate report for Short Breaks for Children contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Shetland Local Outcome Improvement Plan

Shetland is the best place for children and young people to grow up

4.2 Community /Stakeholder Issues

Children, young people and their families who use the Short Breaks Service have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.

4.4 Risk Management

The Inspection reports had no requirements and the five recommendations have been attended to.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial - None

4.8 Legal – Short Breaks service users and their families are subject to several pieces of legislation – e.g. the Education (Additional Support for Learning) Scotland Act 2004, the Children & Young People (Scotland) Act 2014 and the Children (Scotland) Act 1995. There will be ongoing discussions with Governance and Law colleagues to ensure the service is complying with all the necessary statutory duties in relation to the provision of Short Breaks Services. The Carers (Scotland) Act 2016 will make provision for further support services for children and families accessing Short Breaks Services and is due to be implemented from April 2017.

4.9 Human Resources – The Short Breaks Service will continue to support the development of its management group through a training programme identified through the employee development review process and from accessing the council wide training in 16/17 for managers on interpersonal skills. This programme aims to build the management and leadership capacity in key individuals to ensure the very good standards of care being provided to children and families at the Short Breaks Service continues and is developed further as part of the continuous improvement agenda. In addition all staff will receive formal supervision in the timescales as set by Social Work Policy.

4.10 Assets And Property - None

5.0 Conclusions

- 5.1 The Short Breaks Service (Support Service and Care Home Service) received positive inspection reports in June 2016 (Appendices 1 and 2). The Action Plan (Appendix 3) has been submitted to the Care Inspectorate and is being attended to.

For further information please contact:

Scott Hunter, Executive Manager – Children's Resources

01595 744476

scott.hunter@shetland.gov.uk

Report finalised: 22 September

List of Appendices

Appendix 1 – Short Breaks (Care Home Service) Inspection Report

Appendix 2 – Short Breaks (Support Service) Inspection Report

Appendix 3 – Short Breaks (Care Home Service) and (Support Service) Action Plan

Care service inspection report

Full inspection

Short Breaks for Children Care Home Service

15 Burgh Road
Lerwick
Shetland

Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003009602

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

Staff at short breaks know young people well and are highly committed to ensuring that they are well cared for and get the opportunity to have new and fun experiences.

Staff are continually looking for new ways for young people to get involved in interesting events and activities, and to ensure they play an important part in their community.

What the service could do better

Some of the information about the service needs to be updated to ensure it is relevant to what is currently offered, and to the staff work with young people and their families.

The way that incidents are reported internally could be improved to ensure that everyone gets the best possible support.

What the service has done since the last inspection

Staff have worked very hard to develop new support plans which will provide important information when caring for young people. They have continued to work alongside other professionals to make sure young people have every opportunity to meet their potential.

A range of auditing systems have been developed to ensure the service continues to operate to a high standard.

Conclusion

Short breaks provides a flexible needs led service for young people and their families. Staff know young people well and are highly committed to ensuring that they are well cared for and get the opportunity to have new and fun experiences.

The team have worked hard to develop support plans for young people, and have introduced auditing systems which should ensure that they remain of a high standard.

A new team manager and executive manager have recently been appointed and welcomed to the team.

1 About the service we inspected

Short Breaks for Children provides a respite service for young people in two separate properties close to the town centre of Lerwick. The service at Laburnum House provides residential care for a maximum of six children and young people with learning difficulties and multiple complex needs, with a further two young people being cared for at a smaller property at Haldane Burgess Crescent.

The service provides a person-centred approach to care and offers young people the opportunity to be involved in a wide range of activities both in-house and in the community. Both properties are accessible to young people with mobility difficulties.

The service state their aims to:

- Seek the views of children and young people, and their families or carers, about the quality of the services we provide.
- We will provide information about responses given in surveys through newsletters etc.
- We will respond promptly and courteously to any complaints.
- Involve children and young people, and their families, in decision-making processes relating to their care.
- Ensure services address the whole needs of children and young people by actively involving relevant agencies in their care.
- Meet National Care Standards in all aspects of the service.
- Support staff and promote their continuous professional development through regular supervision and training.
- Ensure all staff are registered with the Scottish Social Services Council and

have reached the required level of qualification within their first period of registration.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

An unannounced inspection of the service was carried out by one inspector on Sunday 12 June 2016. A further announced visit was made on Monday 13 June 2016. Both premises were visited during the inspection.

Verbal feedback was given to the service manager and registered manager of the service on Thursday 16 June 2016

Throughout the inspection process, information was gained from:

- Discussion with staff and young people and family members
- Observation of staff/service user interaction
- Observation of the environment (both premises)
- Randomly selected service user personal files, including support plans and risk assessments
- Accident and Incident recording
- Examination of staff meeting minutes
- Children and Families Resources Audit 2015/16
- Questionnaires returned to the Care Inspectorate by young people and their parents, and staff
- The services website, newsletter and Facebook page
- Shetland Islands Council website.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe

what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The requested self assessment had been returned and provided useful information which informed the inspection.

Taking the views of people using the care service into account

Throughout the inspection young people were observed to be well supported by staff who encouraged them to be involved in interesting activities, and develop life skills.

Questionnaires which were returned to the Care Inspectorate were positive.

Taking carers' views into account

One parent spoken with was very positive about the service and stated it had been very beneficial for themselves as parents and for their son. They stated that their son thoroughly enjoyed his time there and had increased in confidence, and that communication with them was very good.

A further parent spoke very positively about the professional caring team. They stated their son had benefitted from opportunities to develop socially and make friends and that they had been impressed by the flexibility of the service.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

There was very good evidence of young people's health and wellbeing needs being met.

Staff at the service knew young people well and had good relationships with them, and their families. Knowledge of their specific likes and dislikes and important friendships allowed their support to be highly individual, with relevant information collated into an 'about me' document. The document shared information about things young people were good at, and those they may need support with. It also detailed their likes and dislikes, their hobbies and talents and things which were important to them. This information allowed staff to support young people in their preferred way and was particularly useful for young people when they were new to the service, were non-verbal and for new staff.

Staff promoted the individual skills and talents of young people, often working alongside parents and schools to ensure a consistent approach. Young people were encouraged to develop self-care/independence skills in a way which increased their confidence and ability. Examples included young people being involved in planning outings, cooking and helping around the house, and the importance of tooth brushing.

Liaison with other professionals was good and supported a shared understanding of the individual support needs of the children and young people

using the service. Staff worked collaboratively with education and healthcare providers such as the school staff, physiotherapists and staff from the NHS to ensure they were aware of specific needs. Professionals, such as the physiotherapist and sign a long teacher had visited the team and shared information which would help support individual young people, good health and communication.

Staff had worked hard to develop new support plans which provided good information about how young people should be supported and goals they were working towards. Support plans used the "Getting It Right For Every Child" (GIRFEC) SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included) for assessment and recording. At the time of the inspection not all of the plans were complete, however, there was considerable progress since the last inspection with the quality of information in support plans much improved.

A healthy approach to eating was supported and encouraged. Young people were actively involved in menu planning and meal preparation, and sometimes cooking. Fruit was observed to be freely available in the house, and healthy options on the menu. Where young people had food preferences, or allergies, these were recorded in their support plans.

Young people were encouraged to lead a healthy lifestyle, and made good use of the outdoor environment, and local facilities. The service was ideally located for easy access to leisure and sports facilities and for events in the community with young people encouraged, and enabled to be part of the community and attend local events and clubs. This year young people and staff had set themselves a challenge to visit places of historical interest all across Shetland and had (once again) joined in an Island litter clearing event.

Staff received appropriate training to understand and meet the healthcare needs of young people **(see Quality Theme 3 - Statement 3)**.

Procedures and systems were in place for the safe storage, administration and recording of medication. At the time of the inspection an audit of medication was carried out and accurate.

In the 2016/17 inspecting year the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to 'Scotland's National Action Plan to tackle Child Sexual Exploitation' and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. At the time of this inspection some staff had received training specific to online safety and protection. The Organisation had a multi agency child protection procedure, however, this needs to be developed to ensure that it includes effective procedures and guidance for staff in relation to child sexual exploitation **(see recommendation 2)**.

Areas for improvement

Individual risk assessments were in place, however, did not always have sufficiently detailed strategies of support to ensure the safety of young people and staff. These should be developed, and immediately updated where the level of risk has changed **(see recommendation 1)**.

The recording of incidents should be reviewed **(see Quality Theme 4 - Statement 4)**.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Risk assessment documents should identify all significant risks and effective and specific strategies which support young people to minimise these risks.

National Care Standard 4 - Support Arrangements, and Standard 6 - Feeling safe and secure.

2. The service should progress their plans to incorporate information about Child Sexual Exploitation to their current child protection training and policy documents.

National Care Standard 7 – Management and Staffing.

Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.”

Service strengths

There information provided to people about to use the service was of a good standard.

The admission process allowed young people and families to have introductory visits to the service, and to plan their respite at a pace which would suit the young person. For some young people this meant a series of short visits, staying for tea and then overnight for others a much shorter introduction.

Regular newsletters provided parents and carers the opportunity to see what young people were doing while at Short breaks and to provide them with information about changes and developments at the service. The most recent newsletter provided information about staff changes and training, about the trips and outing young people had been involved in and the introduction of new support plans, which parents were thanked for being part of. The newsletters were also colourful and well presented with lots of photos of the young people 'out and about' in Shetland.

There were regular opportunities for young people, their parents and staff to get together to discuss what the service provides, and gather any suggestions about what could be developed. These opportunities ranged from informal chats when dropping off/picking up young people to formal meetings and organised family days.

An information leaflet and welcome pack was available for young people and families considering using the service. While the information was still relevant some of it needed to be updated to reflect the current service, and staffing. This

was also the case for the information on the Local Authority website, and the services Facebook page.

Areas for improvement

As stated above the service need to update the information provided on most of the information sharing documents. At the time of the inspection senior staff stated that Shetland Islands Council would be reviewing and updating the information on their website, and that someone had been identified to update the services information **(see recommendation 1)**.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Information provided to young people and their families should be updated to ensure it accurately reflects the service offered.

National Care Standard 2 - First Meetings.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service strengths

We saw very good evidence that the environment was safe and service users were protected.

Effective records were maintained of health and safety checks and maintenance work. All repairs and maintenance were organised through a clear system of requesting repairs and recording these once they were remedied. Staff spoke extremely positively of the role of the handyman in ensuring the properties were always kept to a high standard, both inside and out.

The service had relevant health and safety procedures which staff could access via the Organisation's intranet. Health and safety checks were carried out on a regular basis with record checked by a senior member of the staff team.

Appropriate checks were made and recorded in relation to Legionella. These included water outlet checks, shower-head disinfection and a service contact for water chlorination.

Cleaning schedules were in place to ensure the houses were maintained to a good standard of cleanliness and hygiene.

Vehicles used were serviced and maintained by the Local Authority transport department. Staff driving the vehicles were also required to carry out checks of the vehicle (such as lights, tyres etc) and had undertaken driving training and testing by the Local Authority.

An internal audit had been carried out which included visits to both premises. Recommendations had been made which would improve communication

between the service and the Buildings services department when remedial work, including fire safety, had been identified.

Areas for improvement

Procedures were in place for recording and reporting accidents and incidents, however, these were consistently reported or responded to **(see Quality Theme 4 - Statement 4)**.

Individual risk assessments were in place to ensure young people could enjoy activities and tasks with any risks identified and strategies in place to minimise these. Some required a greater level of information **(see Quality Theme 1 - Statement 3)**.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service strengths

We found that the environment allowed young people to have a positive quality of life. We graded this Statement as very good as there were major strengths.

Young people lived in a warm, welcoming and nurturing environment. Staff established caring relationships with them, and with people who were important to them. Young people were part of the wider community and were involved in community events, and made good use of community resources.

The service was provided from two separate properties. One a large traditional house with a large garden, the other a much smaller purpose-built property. In order to best meet their needs young people could be 'matched' to one building or the other, depending on whether they benefitted from space, or preferred a smaller environment. Both properties had well maintained and furnished

communal areas and made good use of the garden space for young people to play and relax safely. Laburnum House particularly had a large enclosed garden with various play equipment. Both premises had bedrooms and bathrooms which were accessible for wheelchair using young people and include hoisting and tracking equipment to support people who needed this.

Young people were encouraged to choose the bedroom they wanted to stay in and to personalise this during their stay. They had individual boxes in which they could store their personal belongings, allowing them to leave things for subsequent visits.

Both houses were close to local shops, schools, play areas and the sports centre. They also made good use of the services vehicles to take young people to interesting places across Shetland.

Areas for improvement

The communal areas of Laburnum House are well decorated and maintained. The corridor areas, particularly upstairs, are more 'institutional'. It is recognised that this is a large building and therefore priority has been given to the areas most used by children and young people. Ongoing consideration should be given to how these areas can be improved.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

We found that there was very good evidence of a professional, trained and motivated workforce.

Staff spoken with were very knowledgeable about the young people they cared for and demonstrated a high level of motivation, warmth and commitment to them. They were focussed on meeting the needs of young people and ensuring that all young people enjoyed their time at short breaks.

All of the staff team who were required to be were registered with the Scottish Social Services Council (SSSC) and therefore required to undertake ongoing training and learning to develop their professional knowledge and skills.

Almost all of the staff team were qualified to SVQ/HNC level or above. There was a good learning culture throughout the staff team, with staff stating that further training and qualification was promoted and encouraged.

The whole staff team were involved in an annual training week. Throughout this week staff had the opportunity to refresh any core training, receive further training on topics identified either by team members themselves or the Organisation and develop knowledge of any new or best practice. Training was provided by external professionals and from within the team itself. Staff spoken with felt the training week was not only a positive time for their training and professional development but also a time for team building as the entire team were together and able to share ideas.

Staff attended team meetings, had formal supervision and received an annual

employee review and development meeting. These forums provided the opportunity for discussion about best practice, aims and values. Team meetings were also used to invite external professionals to provide specific knowledge and training to staff which would help them meet the specific needs of individual young people using the service.

Training records were held centrally with a system in place to ensure mandatory training was completed and refreshed as required. The workforce development team kept staff informed of forthcoming courses, both internally and externally, and of what could be accessed online. Staff had undertaken a range of relevant training, with further training and development opportunities already organised for the coming months. These included the Professional Development Awards (PDA) in front line management and the PDA in autism. The Local Authority had also introduced a new post of 'traineeship in social work' with a very positive response from staff (across the Local Authority).

Despite significant changes to the senior management team and some particularly challenging behaviour from some of the young people, the staff team remained optimistic and committed to providing a high quality service. They acknowledged the individual skills and talents of their team members and felt that collectively they all shared the desire to have a positive impact on the young people and families they supported.

Areas for improvement

While staff stated that they were generally well supported by their colleagues and line managers, not all staff received formal supervision as frequently as the Organisation expected **(see recommendation 1)**.

Some use was being made of the continuous Learning framework. This could be used more widely to enhance staff practice and professional development.

Team meetings were both specific to the individual houses, and whole team. Care needs to be taken to ensure that these are not postponed at times when staff need the opportunity to come together and discuss strategies of support for young people, and each other.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. All staff should receive formal supervision in the timescales determined by the Local Authority.

National Care Standard 7 - Management and Staffing.

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service strengths

This Statement was graded as very good as young people and staff lived and worked in a respectful environment.

Throughout the inspection young people and staff were observed to interact in a warm, friendly manner. Conversation was respectful with staff demonstrating a real interest in young people and their lives.

Staff were committed to helping young people to achieve their potential, and worked alongside them, and other people involved in their lives, to identify their interests, skills and future plans. Staff understood the importance of positive family contact and engaging with parents, and other family members in a way which would support respectful relationships.

Young people's files were stored confidentially. Where staff had written reports or logs about young people, these were written positively.

Staff were registered with the Scottish Social Services Council (SSSC) and aware of the codes of practice they are required to adhere to. Staff were committed to

adhering to the principles of Getting It Right For Every Child (GIRFEC) and to supporting young people to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

The Organisation delivered 'Equality and Diversity' training to all staff. This supported a greater insight and understanding of various issues, including equal opportunities and disability awareness.

Areas for improvement

Staff at the service should continue to ensure that everyone working there has an ethos of respect towards service users and each other.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 – Good

Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

Service strengths

We found that the workforce had good opportunities to be involved in determining the future direction of the service.

Staff felt well supported within the team and from a range of forums designed to support their practice and to promote their professional development. **(see Quality Theme 3 – Statement 3)**. At these meetings staff were encouraged to share their views.

The support of senior staff was available, however, staff were empowered to make 'day-to-day' decisions about the care and support of the young people and how the day would be structured and managed.

Staff were keen that the service continually evolved to extend the opportunities of the young people attending short breaks. At the time of the inspection there were ongoing meetings to discuss how the young people attending short breaks could have greater opportunities to be involved in activities in the community.

Areas for improvement

As stated elsewhere in this report the Executive Manager was fairly new in post, and the Team Leader very new in post. It is anticipated that the team will continue to have every opportunity to be involved in the direction and future objectives of the service, however, there will be an inevitable period of time where each becomes familiar with each other and ideas and plans for the future.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service strengths

There was good evidence of quality assurance processes which were used to assess the quality of service provided.

Staff attended team meetings and were part of shift changeovers. This allowed important information exchange, planning and discussion about best practice **(see Quality Theme 3 - Statement 3).**

Most staff received regular supervision and attended an annual team building/ training event. This allowed individual team members to discuss practice issues, their individual strengths and areas in which they may require support or training. Staff spoken with, and who returned questionnaires to the Care Inspectorate, all felt that they were well supported both formally and informally **(see Quality Theme 3 - Statement 3).**

The service had developed new support plans and had introduced systems to ensure these were audited on an ongoing basis. Systems were to include an audit tool, peer auditing and staff taking support plans to their supervision meeting with their line manager. As support plans were newly in place at the time of inspection it was too early to see if these strategies were effective. In addition to the new support plans which had been introduced the service also intended to develop assessment tools. These would focus on planning for the future and identify specific goals and progress.

A service review had been carried out by members of staff external to the Short Breaks, but employees of Children's Services within Shetland Islands Council.

The staff visited the service, spoke with staff and carried out an audit of documentation. Changes had already been introduced following verbal feedback, with written feedback to be provided and an action plan developed for any areas which needed to be rectified. External scrutiny by professionals with an understanding of children's services will offer positive means of quality assurance.

A stakeholders event had been held for professionals involved with the service to meet and discuss the service offered at Short Breaks. This meeting did not involve families, however, there were plans to formally involve families in the near future. Families were involved both formally and informally through ongoing discussion and organised events such as family days.

The participation strategy outlined the ways in which young people, families, staff and stakeholders could influence service provision. As part of this strategy the service involved families in an annual survey about the service. Last year responses were collated and shared via the website and booklets. No surveys (either questionnaires or electronic survey monkeys) had been distributed yet this year.

Senior staff formed part of various groups and working parties across the Organisation. These included a Quality Improvement group and additional support needs management team. Involvement in such groups allowed the service to be part of wider discussion about meeting the needs of young people with additional support needs and ensuring service provision was of a high standard.

A service newsletter shared the positive experiences of young people using the service and also provided useful information about other services families may wish to access. A Facebook page had also been launched to signpost other services and support which was available, locally and nationally. As stated earlier in this report the Organisation have a plan in place to ensure these are updated.

The service worked well with a wide range of professionals to ensure the best outcomes for young people. Staff spoken with described very positive relationships with education and healthcare providers who were very much

viewed as a team of professional working with young people and families in an equal and holistic way. In addition to ongoing discussion members of the multi disciplinary team had also provided training for the staff team **(see Quality Theme 1 - Statement 3)**.

Shetland Islands Council Children's Services Plan, identified outcomes for the future of young people in Shetland and how these might be met. These included a range of resources, one of which was short breaks, and how they would be utilised to ensure that young people received a positive service. The document also stated a commitment to a well-trained and qualified staff team.

Areas for improvement

Procedures were in place for the recording and reporting of incidents which included the involvement of the health and safety department who collated details of all accident and incidents. During the inspection it was evident that incidents were recorded, however, not consistently reported to the Health and Safety Department. Some staff spoken stated that a lack of response from the Health and Safety department discouraged them from reporting incidents in this way. At the time of the inspection staff were managing some significantly challenging behaviour. Whilst stating there was effective support from senior staff the involvement of the Health and Safety Department would provide an external overview of the extent of the challenges and could support strategies for their management **(see recommendation 1)**.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The procedure for the recording and reporting of significant incidents should be effectively used to safeguard young people and staff.

National Care Standard 7 - Management and Staffing.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. All staff should have first aid training and would benefit training in Makaton and GIRFEC.

National Care Standard 7 - Management and Staffing.

This recommendation was made on 22 July 2015

Staff had undertaken first aid and sign-a-long training (see Quality Theme 3 - Statement 3).

2. Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

National Care Standard 7 - Management and Staffing.

This recommendation was made on 22 July 2015

New support plans had been introduced which used the SHANARRI wellbeing indicators. (see Quality Theme 1 - Statement 3).

3. Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

National Care Standard 7 – Management and Staffing.

This recommendation was made on 22 July 2015

New auditing systems and tools had been introduced (see Quality Theme 1 – Statement 3 and Quality Theme 4 – Statement 4).

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
5 Aug 2015	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 – Very Good</div> <div>5 – Very Good</div> <div>4 – Good</div> <div>3 – Adequate</div>

4 Aug 2014	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 4 - Good
22 Aug 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
1 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
25 Jul 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
13 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 4 - Good
30 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
2 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 6 - Excellent Not Assessed
30 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good

26 Mar 2010	Unannounced	<div> <div>Care and support</div> <div>4 - Good</div> </div> <div> <div>Environment</div> <div>5 - Very Good</div> </div> <div> <div>Staffing</div> <div>5 - Very Good</div> </div> <div> <div>Management and Leadership</div> <div>3 - Adequate</div> </div>
30 Jul 2009	Announced	<div> <div>Care and support</div> <div>4 - Good</div> </div> <div> <div>Environment</div> <div>5 - Very Good</div> </div> <div> <div>Staffing</div> <div>5 - Very Good</div> </div> <div> <div>Management and Leadership</div> <div>3 - Adequate</div> </div>
6 Mar 2009	Unannounced	<div> <div>Care and support</div> <div>4 - Good</div> </div> <div> <div>Environment</div> <div>4 - Good</div> </div> <div> <div>Staffing</div> <div>4 - Good</div> </div> <div> <div>Management and Leadership</div> <div>4 - Good</div> </div>
18 Jul 2008	Announced	<div> <div>Care and support</div> <div>4 - Good</div> </div> <div> <div>Environment</div> <div>4 - Good</div> </div> <div> <div>Staffing</div> <div>4 - Good</div> </div> <div> <div>Management and Leadership</div> <div>4 - Good</div> </div>

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Care service inspection report

Full inspection

Short Breaks for Children (Support Service) Support Service

15 Burgh Road
Lerwick
Shetland

Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003016760

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

Staff at short breaks know young people well and are highly committed to ensuring that they are well cared for and get the opportunity to have new and fun experiences.

Staff are continually looking for new ways for young people to get involved in interesting events and activities, and to ensure they play an important part in their community.

What the service could do better

Some of the information about the service needs to be updated to ensure it is relevant to what is currently offered, and to the staff work with young people and their families.

The way that incidents are reported internally could be improved to ensure that everyone gets the best possible support.

What the service has done since the last inspection

Staff have worked very hard to develop new support plans which will provide important information when caring for young people. They have continued to work alongside other professionals to make sure young people have every opportunity to meet their potential.

A range of auditing systems have been developed to ensure the service continues to operate to a high standard.

Conclusion

Short breaks provides a flexible needs led service for young people and their families. Staff know young people well and are highly committed to ensuring that they are well cared for and get the opportunity to have new and fun experiences.

The team have worked hard to develop support plans for young people, and have introduced auditing systems which should ensure that they remain of a high standard.

A new team manager and executive manager have recently been appointed and welcomed to the team.

1 About the service we inspected

Short Breaks for Children provides a support (and respite) service for young people across Shetland. When the service provided is in Lerwick they make use of community resources and two separate properties close to the town centre of Lerwick. When a request is made for a support service more rurally the service make use of members of their team who live within a reasonable distance.

The service provides a person-centred approach to care and offers young people the opportunity to be involved in a wide range of activities both in-house and in the community. Both properties are accessible to young people with mobility difficulties.

The service state their aims to:

- Seek the views of children and young people, and their families or carers, about the quality of the services we provide.
- We will provide information about responses given in surveys through newsletters etc.
- We will respond promptly and courteously to any complaints.
- Involve children and young people, and their families, in decision-making processes relating to their care.
- Ensure services address the whole needs of children and young people by actively involving relevant agencies in their care.
- Meet National Care Standards in all aspects of the service.
- Support staff and promote their continuous professional development through regular supervision and training.
- Ensure all staff are registered with the Scottish Social Services Council and

have reached the required level of qualification within their first period of registration.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

An unannounced inspection of Short Breaks was carried out by one inspector on Sunday 12 June 2016. A further announced visit was made on Monday 13 June 2016. Both of the residential premises were visited during the inspection.

At the time of the inspection no young people were using the support service. Support had been offered to a family but was not being used. The service remained an option for families, and added to the flexibility of provision offered by Short Breaks.

This report is therefore based on the Short Breaks service as a whole, as the specific provision offered by the support service could not be inspected.

Verbal feedback was given to the service manager and registered manager of the service on Thursday 16 June 2016.

Throughout the inspection process, information was gained from:

- Discussion with staff and young people and family members
- Observation of staff/service user interaction
- Observation of the environment (both premises)
- Randomly selected service user personal files, including support plans and risk assessments
- Accident and Incident recording
- Examination of staff meeting minutes
- Children and Families Resources Audit 2015/16
- Questionnaires returned to the Care Inspectorate by young people and their parents, and staff

- The services website, newsletter and Facebook page
- Shetland Islands Council website.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The requested self assessment had been returned and provided useful information which informed the inspection.

Taking the views of people using the care service into account

No service users were using the support service at the time of the inspection visit.

Taking carers' views into account

No service users were using the support service at the time of the inspection visit.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

There was very good evidence of young people's health and wellbeing needs being met.

Staff at the service knew young people well and had good relationships with them, and their families. Knowledge of their specific likes and dislikes and important friendships allowed their support to be highly individual, with relevant information collated in to an 'about me' document. The document shared information about things young people were good at, and those they may need support with. It also detailed their likes and dislikes, their hobbies and talents and things which were important to them. This information allowed staff to support young people in their preferred way and was particularly useful for young people when they were new to the service, were non-verbal and for new staff.

Staff promoted the individual skills and talents of young people, often working alongside parents and schools to ensure a consistent approach. Young people were encouraged to develop self-care/independence skills in a way which increased their confidence and ability. Examples included young people being involved in planning outings, cooking and helping around the house, and the importance of tooth brushing.

Liaison with other professionals was good and supported a shared

understanding of the individual support needs of the children and young people using the service. Staff worked collaboratively with education and healthcare providers such as the school staff, physiotherapists and staff from the NHS to ensure they were aware of specific needs. Professionals, such as the physiotherapist and sign a long teacher had visited the team and shared information which would help support individual young people, good health and communication.

Staff had worked hard to develop new support plans which provided good information about how young people should be supported and goals they were working towards. Support plans used the "Getting It Right For Every Child" (GIRFEC) SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included) for assessment and recording. At the time of the inspection not all of the plans were complete, however, there was considerable progress since the last inspection with the quality of information in support plans much improved.

A healthy approach to eating was supported and encouraged. Young people were actively involved in menu planning and meal preparation, and sometimes cooking. Fruit was observed to be freely available in the house, and healthy options on the menu. Where young people had food preferences, or allergies, these were recorded in their support plans.

Young people were encouraged to lead a healthy lifestyle, and made good use of the outdoor environment, and local facilities. The service was ideally located for easy access to leisure and sports facilities and for events in the community with young people encouraged, and enabled to be part of the community and attend local events and clubs. This year young people and staff had set themselves a challenge to visit places of historical interest all across Shetland and had (once again) joined in an Island litter clearing event.

Staff received appropriate training to understand and meet the healthcare needs of young people **(see Quality Theme 3 - Statement 3)**.

Procedures and systems were in place for the safe storage, administration and recording of medication. At the time of the inspection an audit of medication was carried out and accurate.

In the 2016/17 inspecting year the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to 'Scotland's National Action Plan to tackle Child Sexual Exploitation' and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. At the time of this inspection some staff had received training specific to online safety and protection. The Organisation had a multi agency child protection procedure however this needs to be developed to ensure that it includes effective procedures and guidance for staff in relation to child sexual exploitation **(see recommendation 2)**.

Areas for improvement

Individual risk assessments were in place however did not always have sufficiently detailed strategies of support to ensure the safety of young people and staff. These should be developed, and immediately updated where the level of risk has changed **(see recommendation 1)**.

The recording of incidents should be reviewed **(see Quality Theme 4 - Statement 4)**.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Risk assessment documents should identify all significant risks and effective and specific strategies which support young people to minimise these risks.

National Care Standard 4 - Support Arrangements, and Standard 6 - Feeling safe and secure.

2. The service should progress their plans to incorporate information about Child Sexual Exploitation to their current child protection training and policy documents.

National Care Standard 7 – Management and Staffing.

Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.”

Service Strengths

There information provided to people about to use the service was of a good standard.

The admission process allowed young people and families to have introductory visits to the service, and to plan their respite at a pace which would suit the young person. For some young people this meant a series of short visits, staying for tea and then overnight for others a much shorter introduction.

Regular newsletters provided parents and carers the opportunity to see what young people were doing while at Short breaks and to provide them with information about changes and developments at the service. The most recent newsletter provided information about staff changes and training, about the trips and outing young people had been involved in and the introduction of new support plans, which parents were thanked for being part of. The newsletters were also colourful and well presented with lots of photos of the young people 'out and about' in Shetland.

There were regular opportunities for young people, their parents and staff to get together to discuss what the service provides, and gather any suggestions about what could be developed. These opportunities ranged from informal chats when dropping off/picking up young people to formal meetings and organised family days.

An information leaflet and welcome pack was available for young people and families considering using the service. While the information was still relevant some of it needed to be updated to reflect the current service, and staffing. This

was also the case for the information on the Local Authority website, and the services Facebook page.

Areas for improvement

As stated above the service need to update the information provided on most of the information sharing documents. At the time of the inspection senior staff stated that Shetland Island Council would be reviewing and updating the information on their website, and that someone had been identified to update the services information **(see recommendation 1)**.

Grade

4 – Good

Number of requirements – 0

Recommendations

Number of recommendations – 1

1. Information provided to young people and their families should be updated to ensure it accurately reflects the service offered.

National Care Standard 2 – First Meetings.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service Strengths

We saw very good evidence that the environment was safe and service users were protected.

Effective records were maintained of health and safety checks and maintenance work. All repairs and maintenance were organised through a clear system of requesting repairs and recording these once they were remedied. Staff spoke extremely positively of the role of the handyman in ensuring the properties were always kept to a high standard, both inside and out.

The service had relevant health and safety procedures which staff could access via the Organisation's intranet. Health and safety checks were carried out on a regular basis with record checked by a senior member of the staff team.

Appropriate checks were made and recorded in relation to Legionella. These included water outlet checks, shower-head disinfection and a service contact for water chlorination.

Cleaning schedules were in place to ensure the houses were maintained to a good standard of cleanliness and hygiene.

Vehicles used were serviced and maintained by the Local Authority transport department. Staff driving the vehicles were also required to carry out checks of the vehicle (such as lights, tyres etc) and had undertaken driving training and testing by the Local Authority.

An internal audit had been carried out which included visits to both premises. Recommendations had been made which would improve communication

between the service and the Buildings services department when remedial work, including fire safety, had been identified.

Areas for improvement

Procedures were in place for recording and reporting accidents and incidents, however, these were consistently reported or responded to **(see Quality Theme 4, Statement 4)**.

Individual risk assessments were in place to ensure young people could enjoy activities and tasks with any risks identified and strategies in place to minimise these. Some required a greater level of information **(see Quality Theme 1 - Statement 3)**.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service Strengths

We found that the environment allowed young people to have a positive quality of life. We graded this Statement as very good as there were major strengths.

Young people lived in a warm, welcoming and nurturing environment. Staff established caring relationships with them, and with people who were important to them. Young people were part of the wider community and were involved in community events, and made good use of community resources.

The service was provided from two separate properties. One a large traditional house with a large garden, the other a much smaller purpose-built property. In order to best meet their needs young people could be 'matched' to one building or the other, depending on whether they benefitted from space, or preferred a smaller environment. Both properties had well maintained and furnished

communal areas and made good use of the garden space for young people to play and relax safely. Laburnum House particularly had a large enclosed garden with various play equipment. Both premises had bedrooms and bathrooms which were accessible for wheelchair using young people and include hoisting and tracking equipment to support people who needed this.

Young people were encouraged to choose the bedroom they wanted to stay in and to personalise this during their stay. They had individual boxes in which they could store their personal belongings, allowing them to leave things for subsequent visits.

Both houses were close to local shops, schools, play areas and the sports centre. They also made good use of the services vehicles to take young people to interesting places across Shetland.

Areas for improvement

The communal areas of Laburnum House are well decorated and maintained. The corridor areas, particularly upstairs, are more 'institutional'. It is recognised that this is a large building and therefore priority has been given to the areas most used by children and young people. Ongoing consideration should be given to how these areas can be improved.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

We found that there was very good evidence of a professional, trained and motivated workforce.

Staff spoken with were very knowledgeable about the young people they cared for and demonstrated a high level of motivation, warmth and commitment to them. They were focussed on meeting the needs of young people and ensuring that all young people enjoyed their time at short breaks.

All of the staff team who were required to be were registered with the Scottish Social Services Council (SSSC) and therefore required to undertake ongoing training and learning to develop their professional knowledge and skills.

Almost all of the staff team were qualified to SVQ/HNC level or above. There was a good learning culture throughout the staff team, with staff stating that further training and qualification was promoted and encouraged.

The whole staff team were involved in an annual training week. Throughout this week staff had the opportunity to refresh any core training, receive further training on topics identified either by team members themselves or the Organisation and develop knowledge of any new or best practice. Training was provided by external professionals and from within the team itself. Staff spoken with felt the training week was not only a positive time for their training and professional development but also a time for team building as the entire team were together and able to share ideas.

Staff attended team meetings, had formal supervision and received an annual

employee review and development meeting. These forums provided the opportunity for discussion about best practice, aims and values. Team meetings were also used to invite external professionals to provide specific knowledge and training to staff which would help them meet the specific needs of individual young people using the service.

Training records were held centrally with a system in place to ensure mandatory training was completed and refreshed as required. The workforce development team kept staff informed of forthcoming courses, both internally and externally, and of what could be accessed online. Staff had undertaken a range of relevant training, with further training and development opportunities already organised for the coming months. These included the Professional Development Awards (PDA) in front line management and the PDA in autism. The Local Authority had also introduced a new post of 'traineeship in social work' with a very positive response from staff (across the Local Authority).

Despite significant changes to the senior management team and some particularly challenging behaviour from some of the young people, the staff team remained optimistic and committed to providing a high quality service. They acknowledged the individual skills and talents of their team members and felt that collectively they all shared the desire to have a positive impact on the young people and families they supported.

Areas for improvement

While staff stated that they were generally well supported by their colleagues and line managers not all staff received formal supervision as frequently as the Organisation expected **(see recommendation 1)**.

Some use was being made of the continuous Learning framework. This could be used more widely to enhance staff practice and professional development.

Team meetings were both specific to the individual houses, and whole team. Care needs to be taken to ensure that these are not postponed at times when staff need the opportunity to come together and discuss strategies of support for young people, and each other.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. All staff should receive formal supervision in the timescales determined by the Local Authority.

National Care Standard 7 - Management and Staffing.

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

This Statement was graded as very good as young people and staff lived and worked in a respectful environment.

Throughout the inspection young people and staff were observed to interact in a warm, friendly manner. Conversation was respectful with staff demonstrating a real interest in young people and their lives.

Staff were committed to helping young people to achieve their potential, and worked alongside them, and other people involved in their lives, to identify their interests, skills and future plans. Staff understood the importance of positive family contact and engaging with parents, and other family members in a way which would support respectful relationships.

Young people's files were stored confidentially. Where staff had written reports or logs about young people, these were written positively.

Staff were registered with the Scottish Social Services Council (SSSC) and aware of the codes of practice they are required to adhere to. Staff were committed to

adhering to the principles of Getting It Right For Every Child (GIRFEC) and to supporting young people to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

The Organisation delivered 'Equality and Diversity' training to all staff. This supported a greater insight and understanding of various issues, including equal opportunities and disability awareness.

Areas for improvement

Staff at the service should continue to ensure that everyone working there has an ethos of respect towards service users and each other.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 – Good

Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

Service Strengths

We found that the workforce had good opportunities to be involved in determining the future direction of the service.

Staff felt well supported within the team and from a range of forums designed to support their practice and to promote their professional development. **(see Quality Theme 3 – Statement 3)**. At these meetings staff were encouraged to share their views.

The support of senior staff was available, however, staff were empowered to make 'day-to-day' decisions about the care and support of the young people and how the day would be structured and managed.

Staff were keen that the service continually evolved to extend the opportunities of the young people attending short breaks. At the time of the inspection there were ongoing meetings to discuss how the young people attending short breaks could have greater opportunities to be involved in activities in the community.

Areas for improvement

As stated elsewhere in this report the Executive Manager was fairly new in post, and the Team Leader very new in post. It is anticipated that the team will continue to have every opportunity to be involved in the direction and future objectives of the service, however, there will be an inevitable period of time where each becomes familiar with each other and ideas and plans for the future.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service Strengths

There was good evidence of quality assurance processes which were used to assess the quality of service provided.

Staff attended team meetings and were part of shift changeovers. This allowed important information exchange, planning and discussion about best practice **(see Quality Theme 3 - Statement 3).**

Most staff received regular supervision and attended an annual team building/ training event. This allowed individual team members to discuss practice issues, their individual strengths and areas in which they may require support or training. Staff spoken with, and who returned questionnaires to the Care Inspectorate, all felt that they were well supported both formally and informally **(see Quality Theme 3 - Statement 3).**

The service had developed new support plans and had introduced systems to ensure these were audited on an ongoing basis. Systems were to include an audit tool, peer auditing and staff taking support plans to their supervision meeting with their line manager. As support plans were newly in place at the time of inspection it was too early to see if these strategies were effective. In addition to the new support plans which had been introduced the service also intended to develop assessment tools. These would focus on planning for the future and identify specific goals and progress.

A service review had been carried out by members of staff external to the Short Breaks, but employees of Children's Services within Shetland Island Council. The

staff visited the service, spoke with staff and carried out an audit of documentation. Changes had already been introduced following verbal feedback, with written feedback to be provided and an action plan developed for any areas which needed to be rectified. External scrutiny by professionals with an understanding of children's services will offer positive means of quality assurance.

A stakeholders event had been held for professionals involved with the service to meet and discuss the service offered at Short Breaks. This meeting did not involve families however there were plans to formally involve families in the near future. Families were involved both formally and informally through ongoing discussion and organised events such as family days.

The participation strategy outlined the ways in which young people, families, staff and stakeholders could influence service provision. As part of this strategy the service involved families in an annual survey about the service. Last year responses were collated and shared via the website and booklets. No surveys (either questionnaires or electronic survey monkeys) had been distributed yet this year.

Senior staff formed part of various groups and working parties across the organisation. These included a Quality Improvement group and additional support needs management team. Involvement in such groups allowed the service to be part of wider discussion about meeting the needs of young people with additional support needs and ensuring service provision was of a high standard.

A service newsletter shared the positive experiences of young people using the service and also provided useful information about other services families may wish to access. A Facebook page had also been launched to signpost other services and support which was available, locally and nationally. As stated earlier in this report the Organisation have a plan in place to ensure these are updated.

The service worked well with a wide range of professionals to ensure the best outcomes for young people. Staff spoken with described very positive relationships with education and healthcare providers who were very much

viewed as a team of professional working with young people and families in an equal and holistic way. In addition to ongoing discussion members of the multi disciplinary team had also provided training for the staff team **(see Quality Theme 1 - Statement 3)**.

Shetland Islands Council Children's Services Plan, identified outcomes for the future of young people in Shetland and how these might be met. These included a range of resources, one of which was short breaks, and how they would be utilised to ensure that young people received a positive service. The document also stated a commitment to a well-trained and qualified staff team.

Areas for improvement

Procedures were in place for the recording and reporting of incidents which included the involvement of the health and safety department who collated details of all accident and incidents. During the inspection it was evident that incidents were recorded, however not consistently reported to the Health and Safety Department. Some staff spoken stated that a lack of response from the Health and Safety department discouraged them from reporting incidents in this way. At the time of the inspection staff were managing some significantly challenging behaviour. Whilst stating there was effective support from senior staff the involvement of the Health and Safety Department would provide an external overview of the extent of the challenges and could support strategies for their management **(see recommendation 1)**.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The procedure for the recording and reporting of significant incidents should be effectively used to safeguard young people and staff.

National Care Standard 7 - Management and Staffing.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. All staff should have first aid training and would benefit training in Makaton and GIRFEC.

National Care Standard 7 - Management and Staffing.

This recommendation was made on 22 July 2015

Staff had undertaken first aid and sign-a-long training (see Quality Theme 3 - Statement 3).

2. Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

National Care Standard 7 - Management and Staffing.

This recommendation was made on 22 July 2015

New support plans had been introduced which used the SHANARRI wellbeing indicators. (see Quality Theme 1 - Statement 3).

3. Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

National Care Standard 7 – Management and Staffing.

This recommendation was made on 22 July 2015

New auditing systems and tools had been introduced (see Quality Theme 1 – Statement 3 and Quality Theme 4 – Statement 4).

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
5 Aug 2015	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 – Very Good</div> <div>5 – Very Good</div> <div>4 – Good</div> <div>3 – Adequate</div>

16 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
30 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
30 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
30 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 3 - Adequate
18 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

APPENDIX 3

Children's Resources – Short Breaks for Children – Inspection Report

1.0 Short Breaks (Care Home Service) and (Support Service) Action Plan

3.11 Five recommendations were made:

- a) Risk assessment documents should identify all significant risks and effective and specific strategies which support young people to minimise these risks.
- b) The service should progress their plans to incorporate information about Child Sexual Exploitation to their current child protection training and policy documents.
- c) Information provided to young people and their families should be updated to ensure it accurately reflects the service offered.
- d) All staff should receive formal supervision in the timescales determined by the local authority.
- e) The procedure for the recording and reporting of significant incidents should be effectively used to safeguard young people and staff.

Quality Theme 1 – Quality of Care and Support

1. *Risk assessment documents should identify all risks and effective and specific strategies which support young people to minimise these risks.*

Action Planned:

Physical intervention policy is being reviewed by a working group encompassing staff across education, health, social care and social work to ensure that it is up to date and reflecting best practice. As part of this we will consider including a risk assessment format. We have planned refresher MAPA training for all staff during their training week in September 2016, and expect that MAPA (Managing Actual or Potential Aggression) plans will be used for all children with behaviours which are difficult to manage. A multiagency approach will be adopted for these plans, so that all services respond in a consistent way to minimise risk.

Timescale: October 2016

Responsible Person: Team Leader

2. *The service should progress their plans to incorporate information about Child Sexual Exploitation to their current child protection training and policy documents.*

Action Planned:

The Shetland Interagency Child Protection procedures and training have been updated to reflect Child Sexual Exploitation. There were workshops available for staff when the new procedures were implemented, and there is a refresher programme for Child Protection training.

We plan to deliver a Child Protection session for Short Breaks staff in September at our training week, which focuses specifically on children with additional support needs, and incorporates best practice guidance 'Underprotected, Overprotected' which focuses on meeting the needs of children and young people who experience, or are at risk of, sexual exploitation.

Timescale: October 2016

Responsible Person: Team Leader

- 3. Information provided to young people and their families should be updated to ensure it accurately reflects the service offered.*

Action Planned:

The Administrators for our Facebook page had left the service which meant it had not been updated for some time. We have changed the administrators to ensure that staff have access and that we post information to the page regularly.

The SIC webpage is in the process of being updated. This is a corporate issue, and in the meantime we have ensured any out of date information has been amended or taken off the website.

Timescale: March 2017

Responsible Person: Team Leader

Quality Theme 3 – Quality of Staffing

- 1. All staff should receive formal supervision in the timescales determined by the local authority.*

Action Planned:

The Registered Manager will seek a report from Senior Social Care Workers to ensure that staff have had supervision within the timescale prescribed in our procedure. This information will be passed on to the Team Leader for Family Services on a quarterly basis as part of our Quality Assurance process.

Timescale: October 2016

Responsible Person: Team Leader

Quality Theme 4 – Quality of Leadership and Management

- 1. The procedure for recording and reporting of significant incidents should be effectively used to safeguard young people and staff.*

Action Planned:

Personal Injury Notification (PIN) forms are now monitored by the Team Leader for Family Services, and strategies are discussed with staff across all relevant services. Reports are generated by the Council's Health and Safety department for Team Leaders, and there is a quarterly Health and Safety forum, which is attended by section leaders across Children's Services, and includes a Health and Safety representative. Where necessary, issues are escalated to the Children's Services Departmental Health and Safety forum, and onwards to the Central Safety Consultative Committee if required.

Health and Safety attended a Short Breaks staff meeting in July to discuss incident recording, and an alternative 'PIN' format was agreed in light of feedback from staff for use with one particular young person. This is currently being trialled and incidents monitored by the Registered Manager and Team Leader.

Timescale: October 2016

Responsible Person: Team Leader

**Education and Families Committee****03 October 2016****Children's Resources – Adoption Service Inspection 2016****CS-21-16-F****Executive Manager – Children's Resources****Children's Services****1.0 Summary**

- 1.1 The purpose of this report is to present Education and Families Committee with the Adoption Service Care Inspectorate report from the inspection that took place between 24th – 30th May 2016 and the associated action plan. The report is attached as Appendix 1.

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVES to approve the following recommendations to the Adoption Service action plan (Appendix 2):
- a) The agency should ensure that post adoption planning and information is in place for all children
 - b) The agency should ensure that individual records are kept for children in a consistent manner
 - c) The agency should introduce reviews for (*adoption*) panel members to consider their role as a panel member and learning and development needs

3.0 Detail

- 3.1 The Adoption service delivers on a number of key priorities for the council with particular reference to:
- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up.
 - To ensure the needs of our most vulnerable children and young people are met;
 - Ensure there are facilities for meeting needs for short term and respite care.

- *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential
- *20 By 20:*
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

3.2 The Adoption service is Shetland Islands Council's statutory service providing adoptive placements for children and young people requiring accommodation and assessing and supporting those who wish to adopt. The adoption service currently consists of 20 adopters from across all Shetland communities providing a total of 32 placements for children and young people. Shetland families provide adoptive placements for children from mainland Scotland where there is an appropriate match. At present there are 25 such children with adoptive families on Shetland.

3.3 The Adoption service is part of our family placement and quality assurance portfolio of services which is managed by a Team Leader based in Hayfield House. The operational service is delivered by the Registered Manager. This post is currently being recruited to, with interviews planned for late September, and was created as a result of the previous registered manager securing promotion to the Team Leaders post (*The team leader has maintained register manager status in the interim*). The service has 2.5 FTE Social Workers, all team members are registered social workers as part of the Scottish Social Services Council.

3.4 The Adoption service has been consistently graded as *good* or *very good* since 2010. The inspection in May 2016 considered 2 areas and awarded the following grades:

Adoption Service

Quality of care and support;	Grade 4 – Good
Quality of staffing;	Grade 4 – Good

- 3.5 The service has seen a decrease in the quality of care and support grade (from very good to good) and quality of staffing grade (from very good to good). The reduction in grade in relation to care and support was linked to the need to have life story books, later life letters and other such resources consistently in place for all adopted children and young people. The reduction in grade in relation to quality of staffing was linked to the inspectors experience of how social workers across the agency (*children's social work*) described their experiences in relation to practice. This was a challenging discussion that was not borne of evidence and indeed is mixed within the report where reference is made to the good quality of working relationships yet there is a comment further in the report to improving working relationships throughout the agency.
- 3.6 The inspection reports capture the inspector's perspectives on what they thought the service did well, "The preparation of prospective adoptive families and the support available post adoption all contributed to good quality, nurturing care for children and their adoptive families. Due to the quality of supervision and training, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families (adoptive and birth)".
- 3.7 The inspection reports capture the inspector's perspectives on what they thought the service could do better as, "The service should make sure that post adoption planning was in place for all children including life story books, later life letters and post adoption plans. The agency should continue with their plans to ensure earlier targeted work and assessment contributes to permanence planning for children, including the frequency of contact and how it is arranged".
- 3.8 The inspector made no requirements following the inspection.
- 3.9 Three recommendations were made:
- d) The agency should ensure that post adoption planning and information is in place for all children
 - e) The agency should ensure that individual records are kept for children in a consistent manner
 - f) The agency should introduce reviews for (*adoption*) panel members to consider their role as a panel member and learning and development needs
- 3.10 The recommendations have been attended to through training with the fostering and adoption team in relation to post adoption planning work. The operational areas requiring attention have been addressed through work undertaken between the Adoption service and children and families to address the issue of detail of recording need and doing this consistently. The other areas have been addressed through a development plan for 16/17 having been drawn up to develop the adoption panel. The adoption panel chair has been involved in these discussions and is supportive of the approach adopted.

3.11 Inspection and Grading History (N/A – Not Assessed)

Date	Type	Gradings
10 July 2015	Announced (<i>short notice</i>)	Care & Support Environment Staffing Management and Leadership 5 N/A 5 5
27 June 2014	Announced	Care & Support Environment Staffing Management and Leadership 5 N/A 5 4
18 October 2013	Announced	Care & Support Environment Staffing Management and Leadership 4 N/A 4 4
27 August 2010	Announced	Care & Support Environment Staffing Management and Leadership 5 N/A N/A 5
21 August 2009	Announced	Care & Support Environment Staffing Management and Leadership 4 N/A 4 3
5 August 2008	Announced	Care & Support Environment Staffing Management and Leadership 3 N/A 3 3

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Reporting to Education and Families Committee on the Care Inspectorate report for the adoption service contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Shetland Single Outcome Agreement 2015/16

Shetland is the best place for children and young people to grow up

4.2 Community /Stakeholder Issues

Children, young people and their families who use the adoption service have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's

Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.

4.4 Risk Management

The Inspection reports had no requirements and the recommendations have been attended to.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial - None

4.8 Legal – Shetland Islands Council has a number of statutory obligations in relation to adoption. Legal support will be required to ensure improvements in the action plan meet the council's statutory obligations.

4.9 Human Resources – The Adoption Service will continue to support the development of its management group through a training programme identified through the employee development review process and from accessing the council wide training in 16/17 for managers on interpersonal skills. This programme aims to build the management and leadership capacity in key individuals to ensure the very good standards of care being provided to children and families in the Adoption Service continues and is developed further as part of the continuous improvement agenda.

4.10 Assets And Property - None

5.0 Conclusions

5.1 Shetland Islands Council adoption service received a positive inspection report in May 2016 which endorsed the approach taken to support and manage our adoptive carers.

For further information please contact:

Scott Hunter, Executive Manager – Children's Resources

01595 744476

scott.hunter@shetland.gov.uk

Finalised Report 22September 2016

List of Appendices

Appendix 1 – Adoption Service Inspection Report

Appendix 2 – Adoption Service Action Plan



Care service inspection report

Full inspection

Shetland Islands Council - Adoption Service Adoption Service

Children's Services
Hayfield House
Hayfield Lane
Lerwick



Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2004083758

Inspection Visit Type: Announced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership		N/A

What the service does well

The preparation of prospective adoptive families and the support available post adoption all contributed to good quality, nurturing care for children and their adoptive families.

Due to the quality of supervision and training, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families (adoptive and birth).

What the service could do better

The service should make sure that post adoption planning was in place for all children including life story books, later life letters and post adoption plans.

The agency should continue with their plans to ensure earlier targeted work and assessment contributes to permanence planning for children, including the frequency of contact and how it is arranged.

What the service has done since the last inspection

The service has started a review of their recruitment procedures to ensure that they can recruit a good range of prospective adoptive families.

The work with the Centre for Excellence in Looked After Children in Scotland (CELCIS) continues to look at permanence planning procedures and the tracking of children to make sure that there are no unnecessary delays.

Conclusion

Shetland Islands Council continues to provide a valuable resource to children in need of adoption in the local area. Staff working in the agency were knowledgeable , skilled and motivated to achieve positive outcomes for all service users. The service was committed to continued improvement and developing as a team.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Shetland Islands Council adoption agency was registered with the Care Inspectorate in April 2011. The agency aims to provide an adoption service to children and their families in Shetland who are in need of this.

Staff within the family placement team recruit and assess adopters. Social workers within the childcare team carry out assessments of children who are in need of adoption. At the time of the inspection, a management restructuring process was taking place. There had also been some staff changes within the family placement team, meaning that the team have been carrying a vacant post for some time.

As an island authority, Shetland Islands Council have experienced some difficulty in recruiting and retaining staff. The restructure will consider in part how to address this issue.

Within the latest annual return the agency noted that two adoptive families had been approved in 2015 and two children were registered as in need of adoption.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an inspection which took place between Tuesday 24 May and Monday 30 May 2016 when we shared our inspection findings with the agency. Given the geography, we told the agency in advance, of our intention to start the inspection. The inspection was undertaken by one inspector. An inspection of the fostering agency took place at the same time.

As requested by us, the adoption agency sent us an annual return. They also completed a self-assessment of their agency prior to the inspection starting.

We asked the agency to send out short questionnaires to adopters, panel members and staff. We received three responses from staff, three responses from panel members and one response from an adoptive family.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the services most recent self-evaluation
- evaluations of the service collected by the service
- training outlines for adopters and staff
- management overview information in relation to permanence planning for children and recruitment of adopters
- evidence of family finding for children
- evidence of post adoption supports
- team meeting minutes
- staff supervision records

- Shetland Islands Council website which contained information about becoming an adopter.
- adopters' files
- children's files.

Discussion with the:

- management team of the adoption agency
- children's social workers
- staff within the family placement team
- adoptive families.

We attended a fostering panel and spoke to panel members.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was fully completed to a satisfactory standard. The service told us about areas where they worked well and some areas they would like to develop further.

Taking the views of people using the care service into account

We spoke with three adopters as part of this inspection. The adopters spoke highly about the service.

Some comments included:

- "Our support has been excellent from the team and the school".
- "We felt we were in safe hands throughout the process".

We saw one child who had been placed with adoptive parents. The child was very young and could not express a view. However, we observed good quality nurturing relationships between the child and her parents.

Taking carers' views into account

We did not speak with birth parents as part of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

In the 2016/17 inspecting year the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to "Scotland's National Action Plan to tackle Child Sexual Exploitation" and focuses on frameworks of CSE practice, staff understanding and care planning outcomes.

All services for 'Looked After Children', including adoption agencies will report on the above under Quality Theme 1, Statement 3. During this inspection we saw that people who used the service, adoptive families and children, enjoyed positive outcomes in relation to their health and continued wellbeing.

The Agency Medical Advisor provided good quality information to the adoption panel about the health needs of people wishing to adopt in Shetland; and the impact of these health needs on their capacity to provide good quality homes for children. Adopters being matched with Shetland children told us they received good quality information about their children's health needs and this supported them to make decisions about being able to meet children's needs throughout their lives.

The agency supported the ongoing wellbeing of adoptive families by providing information, knowledge and support. Informative preparation and good quality assessment processes guided applicants to consider their own capacity to meet the needs of children and the likely impact on their own lives.

Adopters told us about the ongoing support available to them. They continued to receive information from the service about training and could access adoption support groups and fun days for the whole family. These offered adopters a continued link with the service and a safe space to meet and discuss any issues or concerns.

Good quality training and assessment in relation to the capacity of the prospective adoptive family to meet the needs of the child, supported children to be safe in their placements. Adoptive parents understood the need to help their child build skills in keeping themselves safe by understanding the risks in their lives. Training on using the internet safely had been on offer to adopters and to older children in school.

We saw that the child protection policy had been revised to include information about child sexual exploitation. A number of workshops in relation to CSE had been arranged previously and more were planned to take place later in the year.

Staff and some adopters evidenced some understanding of the risks and vulnerability indicators of CSE and advised that they would follow current child protection reporting procedures. There were currently no children identified as being at risk of CSE using the service.

Continued training was available to support adoptive families to manage difficult situations as they arose. For example, recently the 'Theraplay' approach had been shared with adoptive families. 'Theraplay' uses activities which are designed to help build and enhance attachment between children and their parents. Sessions with an attachment practitioner, some of which were arranged individually, were well received by adopters.

Areas for improvement

As previously noted the sample of adoptive placements was very small for this inspection. However, we noted that although post adoption planning was contained within policy, we did not see that life story books, later life letters and post adoption plans were in place for all children. Life story books and later life letters are tools aimed at providing children with coherent information about why they were separated from their birth family. **(See Recommendation 1 made under Quality Theme 1, Statement 3).**

In conclusion, we assessed that there was important evidence of the Adoption Agency supporting good outcomes for children and their adoptive families in this area. The assessment, preparation and matching processes supported safe caring. Ongoing post adoption support enhanced the ability of families to continue to keep children safe, providing good quality and nurturing care.

However, we saw that the information contained in life story books and in later life letters would help the child to develop their sense of history and identity and therefore the service should take action in respect of this. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The agency should ensure that post adoption planning and information is in place for all children.

National Care Standards adoption agencies. Standard 9: getting help.

Statement 5

"We respond to service users' care and support needs using person centered values."

Service strengths

Following an assessment of the information given to us prior to the inspection we decided to consider this statement to consider how well the agency responded to individual support needs. We assessed that staff, foster carers and adoptive families supported children to live in stable, nurturing homes and experience caring, warm and secure relationships.

Individual planning for children was generally good. We saw that individual approaches had been developed for individual children. For example, children had been placed on a fostering basis with prospective adopters prior to being adopted, or for others, court processes had been concluded prior to placement.

We saw that a nurturing approach had been taken with children making the difficult transition into school.

One adopter told us:

"On Shetland, our schools are experienced in supporting the complex needs of children. Our school persevered with our child and developed flexible approaches to making sure (our child) could stay in school even when things were quite difficult."

Regular reviews of children's situations took place and the Agency maintained an effective overview of planning where children were in need of adoption.

A positive approach was taken in respect of the recruitment of adopters to ensure there was a range of families available for children. Good use was made of the Scotland's Adoption Register and Adoption exchange days to maximise opportunities for family finding for children.

The process of linking and matching children clearly recorded how the child's individual needs could be met by the prospective adoptive family. Many children from outwith Shetland were placed with Shetland adopters and some children from Shetland were placed outwith the island. Given the regularity of this we noted clear planning in relation to support arrangements for adopters being agreed. Social workers from the family placement team actively supported adopters during the coordination of the move and afterwards.

Contact arrangements were in place, some informally, to support children to maintain some knowledge about their families. Stable and nurturing care was supported through a range of post adoption supports such as support groups and individual therapeutic intervention where this was identified as necessary.

Areas for improvement

The post of independent review officer had been vacant for some time. This had had a significant impact on the service in relation to a planning overview of children. Although we saw that Looked After Child reviews continued to take place at prescribed intervals, the responsibility for chairing did not always have the required distance in line management responsibility to ensure an effective overview.

We noted that there was further development needed in assessing and communicating the need for contact for children being adopted. In one case we noted the current contact arrangements may significantly hinder the adoption plan. Earlier targeted work and assessment may have been able to assess the purpose, when and in what way, continued contact would be beneficial in supporting the child maintain appropriate contact with birth family. We noted that the agency continued in their work with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to effect improvements in this area.

We were given access to electronic case records as part of our tracking procedure. We noted that not all children had an individual electronic file with often whole families being linked together. In this way it was difficult to ascertain the needs of each child or to be clear about the plan for each child.

(See Recommendation 1 made under Quality Theme 1, Statement 5).

In conclusion, we assessed that there was important evidence of the Adoption Agency supporting positive outcomes for service users in this area. The quality of individualised planning for children, the preparation of prospective adoptive families and the support available post adoption all contributed to good quality, nurturing care for children and their adoptive families. We considered that the service needed to take action in relation to the areas identified for improvement to support continued good outcomes. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The agency should ensure that individual records are kept for children in a consistent manner.

National Care Standards adoption Agencies. Standard 32: providing a good quality service.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service strengths

We looked at this statement at the time of the last inspection and at that time we assessed that the staff were operating at a very good level within the agency. We decided to look at this statement again as we noted there was currently staff vacancies within the service.

During the inspection we noted that all staff within the agency were professional in their work. We sampled some staff registration and noted that all were appropriately registered with the Scottish Social Services Council (SSSC). The SSSC is the regulatory body for workers working in social care settings (www.sssc.com).

Most Staff within the agency told us that supervision was regular, fully recorded and of a good quality. Appropriate levels of direction, guidance and reflection supported staff to feel confident in their work.

All staff had had an annual review, where appropriate, which identified their areas of strength and any areas in their practice which could be developed further. Appropriate learning and development plans had been put in place.

Regular team meetings were held for all staff. We looked at team meetings from team meetings held since the last inspection. We saw that a range of areas had been discussed including ideas for developing the service.

Staff were supported to feel confident in their work and had attended a range of training since the last inspection. Recently appointed staff, within the service told us their opportunities for learning and development were very good. They thought that the provider had clearly invested in them. We confirmed that there was a range of training available from internal and external sources.

Recently there had been a significant commitment from the provider for staff to undertake training in 'Theraplay'. We saw that this training had informed activities with adoptive families aimed at building attachment through play.

The knowledge and skills of staff were used more widely within the council and staff provided training and support in antenatal services and in schools. Good links had been established between teams working within the agency. We also saw that links had been formed with another neighbouring island authority to share resources and practice issues.

All the adopters who contributed to the inspection told us that they thought their supervising social workers were knowledgeable and skilled in their work and as a result they felt well supported.

Areas for improvement

We discussed with the agency the need for equality and transparency around access to training.

We attended a fostering panel as part of this inspection. The fostering panel also sits as an adoption panel when required to consider cases. We spoke with the panel about their own learning and development. We noted that panel members can access training for staff and/or foster carers within the local authority. However, they do not have the benefits of individual review and training plan. **(See Recommendation 1 made under Quality Theme 3, Statement 3).**

In conclusion we assessed that there were major strengths in the quality of staffing. Due to the quality of supervision and training, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families (adoptive and birth). The areas highlighted for improvement do not call into question the very good quality of practice in this area. This has informed the grade of very good for this statement.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs.

National Care Standards adoption agencies. Standard 32: Providing a good quality service.

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service strengths

We decided to consider this statement following the annual information sent to us by the service which indicated that there had been issues with vacant posts throughout parts of the year.

Staff told us that they felt respected within their immediate teams. For most, the quality of relationships between team members and feeling listened to, helped support an ethos of respect across the Agency.

Adopters told us that they were treated respectfully by their supervising social worker and staff within the service. Good communication helped them to feel respected and valued.

We observed adopters being respectful of the confidentiality of their children and saw that they advocated for them appropriately.

Areas for improvement

A number of staff told us that there was a need to improve working relationships within the agency. We saw that the work with the Centre for Excellence for Looked After Children in Scotland (CELCLIS), had involved a range of agencies in effecting changes at an organisational level and through this, it was hoped that there would be a better understanding of respective roles and responsibilities.

We saw that working relationships between staff were of a good quality and working relationships between managers were also good. However, the agency should continue to positively engage with staff to promote the professional integrity, respect and identity of social work.

In conclusion, we assessed that there were important strengths in this area. It is clear that within individual teams and working relationships, people feel valued and respected. However, the agency should take action to support a better understanding of roles and responsibilities, a consistent approach to leadership and improving working relationships throughout the agency. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
10 Jul 2015	Announced (Short Notice)	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good
27 Jun 2014	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 4 - Good
18 Oct 2013	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
27 Aug 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
21 Aug 2009	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
20 Aug 2008	Announced	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Adoption Service Action Plan

Title	Improvement/Change Action	Expected Outcome from Action	Responsibility/ Date	Progress
Theme: Quality of Care and Support – We ensure that service users health and wellbeing needs are met.	The agency should ensure that post adoption planning and information is in place for all children.	To ensure all adopted children have post adoption plans where appropriate to ensure relevant support are given to children and families.	TL/ FPT SW's March 2017	Recently all locally adopted children have a support plan. Reviews are being undertaken of historical cases and updates being made.
	The agency should ensure that individual records are kept for children in a consistent manner.	To ensure all children have individual electronic files.	SSW/TL C&F Team; C&F admin. Sept 2016	All new electronic files are being set up individually – however older/existing files will lose their link on SWIFT if moved.
Theme : Quality of Staffing. - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs.	To ensure Panel Members have access and opportunities to up to date training, and are aware of roles and responsibilities amidst changing legislation.	FPT TL/EM; Panel Chairperson; March 2017	Discussions have started with the Panel Chair, Legal Dept, EM and CSWO regarding Panel Development Days.

**Education and Families Committee****03 October 2016**

Children's Resources – Fostering Service Inspection 2016	
CS-22-16-F	
Executive Manager – Children's Resources	Children's Services

1.0 Summary

- 1.1 The purpose of this report is to present Education and Families Committee with the fostering service Care Inspectorate report from the inspection that took place between 24th – 30th May 2016 and the associated action plan. The report is attached as Appendix 1.

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVES to approve the Fostering Service action plan (Appendix 2).

3.0 Detail

- 3.1 The Fostering service delivers on a number of key priorities for the council with particular reference to:
- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - Ensure there are facilities for meeting needs for short term and respite care
 - *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the

learning and development opportunities that allow them to fulfil their potential

- *20 By 20:*
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Children's Services Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

3.2 The Fostering service is Shetland Islands Council statutory service providing placements for children and young people requiring accommodation and assessing and supporting those who provide fostering placements. The fostering service currently consists of 14 carers from across all Shetland communities providing a total of 21 available placements and any given point. At present 8 carers are providing placements for 13 children and young people. Capacity at present primarily relates to respite care and care for young children.

3.3 The Fostering service is part of our family placement and quality assurance portfolio of services which is managed by a Team Leader based in Hayfield House. The operational service is delivered by the Registered Manager. This post is currently being recruited to, with interviews planned for late September, and was created as a result of the previous registered manager securing promotion to the Team Leaders post (*The team leader has maintained register manager status in the interim*). The service has 2.5 FTE Social Workers, all team members are registered social workers as part of the Scottish Social Services Council.

3.4 The Fostering service has been consistently graded as *good* or *very good* since 2010. The inspection in May 2016 considered 2 areas and awarded the following grades:

Fostering Service

Quality of care and support;	Grade 4 – Good
Quality of staffing;	Grade 4 – Good

3.5 The service has seen a decrease in the quality of care and support grade (from very good to good) and quality of staffing grade (from very good to good). The reduction in grade primarily related to the lack of evidence available to the new inspector to show how we support and develop the members of the fostering panel. The reduction in grade in relation to quality of staffing was linked to the inspector's experience of how social workers across the agency (*children's social work*) described their experiences in

relation to practice. This was a challenging discussion that was not borne of evidence and indeed is mixed within the report where reference is made to the good quality of working relationships yet there is a comment further in the report to improving working relationships throughout the agency.

- 3.6 The inspection reports capture the inspector's perspectives on what they thought the service did well, "We saw that the children's health needs were appropriately addressed and foster carers were supported to provide good quality safe and nurturing care to the children living with them. Due to the quality of supervision, training and close working relationships, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families".
- 3.7 The inspection reports capture the inspector's perspectives on what they thought the service could do better as, "The service should:
- Consider following best practice guidance in terms of arranging annual reviews for foster carers and more regular reviews of risk assessments
 - Take a more organised approach to planning carer training and review how they record the learning and development of foster carers
 - Consider how to offer the members of the fostering and adoption panel the opportunity to review their individual learning and development needs
 - Maintain an overview of key statutory tasks such as unannounced visits to ensure that these are carried out and recorded appropriately and consistently
 - The fostering agency (*children's services*) should aim to ensure that each child has an individual electronic file and that the quality of detail in children's plans is improved. The fostering agency should also ensure that there is an independent focus to review children's planning".
- 3.8 No requirements were made.
- 3.9 Seven recommendations were made:
- a) The agency should ensure risk assessments are regularly reviewed to support continued safe care situations
 - b) The agency should ensure that a full record is maintained of foster carer learning and development
 - c) A system should be developed to ensure that there is appropriate management overview of key statutory events such as unannounced visits
 - d) The agency should ensure that individual records are kept for children in a consistent manner
 - e) The agency should address the detail in children's plans with placing social workers to improve the level of detail and quality of information provided to foster carers
 - f) The agency should aspire to review foster carers annually to support continued good practice and access to learning and development opportunities
 - g) The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs

3.10 The operational areas requiring attention have been addressed through work undertaken between the Fostering service and children and families to address the issue of detail of recording need and doing this consistently. The other areas have been addressed through a development plan for 16/17 having been drawn up to develop the fostering panel. The Fostering panel chair has been involved in these discussions and is supportive of the approach adopted.

3.11 Inspection and Grading History (N/A=Not Assessed)

Date	Type	Gradings
10 July 2015	Announced (short notice)	Care & Support 4 Environment N/A Staffing 5 Management and Leadership 5
27 June 2014	Announced	Care & Support 4 Environment N/A Staffing 4 Management and Leadership 4
18 October 2013	Announced	Care & Support 4 Environment N/A Staffing 4 Management and Leadership 4
27 August 2010	Announced	Care & Support 5 Environment N/A Staffing N/A Management and Leadership 5
21 August 2009	Announced	Care & Support 4 Environment N/A Staffing 4 Management and Leadership 3
5 August 2008	Announced	Care & Support 3 Environment N/A Staffing 3 Management and Leadership 3

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Reporting to Education and Families Committee on the Care Inspectorate report for the fostering service contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

Shetland Local Outcome Improvement Plan

Shetland is the best place for children and young people to grow up

- 4.2 Community /Stakeholder Issues
Children, young people and their families who use the fostering service have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.
- 4.3 Policy And/Or Delegated Authority
In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.
- 4.4 Risk Management
The Inspection reports had no requirements and the recommendations have been attended to.
- 4.5 Equalities, Health and Human Rights – None
- 4.6 Environmental – None

Resources

- 4.7 Financial - None
- 4.8 Legal – Shetland Islands Council has a statutory obligation to provide a fostering service which complies with the regulations. Legal support will be required to ensure improvements in the action plan comply with the legislative requirements.
- 4.9 Human Resources – The Fostering Service will continue to support the development of its management group through a training programme identified through the employee development review process and from accessing the council wide training in 16/17 for managers on interpersonal skills. This programme aims to build the management and leadership capacity in key individuals to ensure the very good standards of care being provided to children and families in the Fostering Service continues and is developed further as part of the continuous improvement agenda.
- 4.10 Assets And Property - None

5.0 Conclusions

- 5.1 Shetland Islands Council fostering service received a positive inspection report in May 2016 which endorsed the approach taken to support and manage our foster carers.

For further information please contact:
Scott Hunter, Executive Manager – Children's Resources
01595 744476
scott.hunter@shetland.gov.uk
Report Finalised 26 September 2016

List of Appendices

Appendix 1 – Fostering Service Inspection Report
Appendix 2 – Fostering Service Action Plan



Care service inspection report

Full inspection

Shetland Islands Council - Fostering Service Fostering Service

Children's Services
Hayfield House
Hayfield Lane
Lerwick
Shetland



Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2004083756

Inspection Visit Type: Announced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership		N/A

What the service does well

We saw that children health needs were appropriately addressed and foster carers were supported to provide good quality safe and nurturing care to the children living with them.

Due to the quality of supervision, training and close working relationships, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families.

What the service could do better

The service should:

- consider following best practice guidance in terms of arranging annual reviews for foster carers and more regular reviews of risk assessments.
- take a more organised approach to planning carer training and review how they record the learning and development of foster carers.

- consider how to offer the members of the fostering and adoption panel the opportunity to review their individual learning and development needs.
- maintain an overview of key statutory tasks such as unannounced visits to ensure that these are carried out and recorded appropriately and consistently.

The fostering agency (which includes planning for children) should aim to ensure that each child has an individual electronic file and that the quality of detail in children's plans are improved. The fostering agency should also ensure that there is an independent focus to reviewing children's planning.

What the service has done since the last inspection

Since the last inspection, the agency has continued to consult with foster carers and used the information gathered to influence change throughout the service.

A review of fostering is ongoing including the recruitment of foster carers, skills levels and experience and foster care finance.

Work is ongoing with CELCIS (Centre of Excellence for Looked After Children in Scotland) to improve planning for children including recording and more targeted assessment and decision-making.

Conclusion

Shetland Islands Council remains committed to recruiting and supporting a wide range of foster carers to meet the needs of children and young people and where possible, keep children in their own community.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Shetland Islands Council Fostering Service provides a fostering and family placement service for children and young people ages 0-18 years who are assessed as in need of this. The service operates from a base in Lerwick. Shetland Island Council fostering service works to ensure that every child placed in an alternative family placement will be valued and helped to realise their potential.

From January to December 2015, the service supported 12 foster carers who provided a range of foster carer services including temporary care, permanent care and respite care to 12 children. Of these 12 children, seven had been in foster care for more than two years. One new foster carer family had been approved in the year.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an inspection which took place between Tuesday 24 May and Monday 30 May 2016 when we shared our inspection findings with the service. Given the geography, we told the service in advance of our intention to start the inspection. The inspection was undertaken by one inspector. An inspection of the adoption agency took place at the same time.

As requested by us, the fostering service sent us an annual return. They also completed a self-assessment of their service prior to the inspection starting.

We asked the service to send out short questionnaires to foster carers, panel members and staff. We received three responses from staff, three responses from panel members and one response from a fostering family.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the services most recent self evaluation
- evaluations of the service collected by the service.
- a range of policies including the child protection
- training outlines and training records for foster carers and staff
- management overview information in relation to permanence planning for children and recruitment of foster carers
- evidence of family finding for children
- evidence of the fostering agency's work with CELCIS
- team meeting minutes
- staff supervision records

- Shetland Island Council website which contained information about becoming a foster carer
- foster carers' files
- children's files.

We had discussion with:

- the Agency Decision Maker
- the management team of the fostering service
- children's social workers
- staff within the family placement team
- fostering families.

We attended a fostering panel. Most of the children we tracked as part of the fostering service were very young. We observed these children with their foster carers and saw good quality nurturing relationships. We spoke informally to another child who was using the fostering service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was completed to a satisfactory standard. The service identified areas where they worked well and some areas which the service identified needed further improvement.

Taking the views of people using the care service into account

We spoke with five foster carers as part of this inspection. Foster carers generally valued the support they received from the service.

Some foster carer comments included:

- "Support workers have been absolutely brilliant. We get very well informed."
- "There have been quite a few changes of staff but the department can't help that. We have had good changeovers of staff and the transition or worker has been smooth."
- "There have been lots of changes of children's social workers and also our own social workers. The change of workers has not always been handled well."

Taking carers' views into account

We did not speak with birth parents as part of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

In the 2016/17 inspecting year the Care Inspectorate is scoping child sexual exploitation (CSE) practice in children and young people's services. This is part of our contribution to "Scotland's National Action Plan to tackle Child Sexual Exploitation" and focuses on frameworks of CSE practice, staff understanding and care planning outcomes.

All services for Looked After Children, including Fostering Agencies will report on the above under Quality Theme 1 - Statement 3.

Shetland Islands Council continued in their commitment and aim to provide good quality fostering families for children living in Shetland. The service had maintained an overview of their recruitment activities. At the time of the inspection, the agency was carrying out a review of foster care which would include recruitment activities and also the overall operation of the fostering scheme.

The service had maintained foster carer numbers and at the time of the inspection had some capacity. However, they recognised that the stable and continuing relationships which children enjoyed with their foster carers had an overall impact on the availability of placements.

Some foster carers had continued to care for children well past the age of 18 and it was to the credit of the local authority that they recognised the vulnerability of these young people and continued to provide the supports.

We saw where ever it was deemed appropriate, that children were supported to remain within the island community and no children had been placed in foster care outwith Shetland. During the inspection we found that people who used the service were supported to achieve positive outcomes in relation to their health and continued wellbeing.

The Agency Medical Advisor provided an analysis of foster carers health information and their capacity to carry out the fostering task at the point of approval, with regular updates taking place every three years. Arrangements were in place for children to access health assessments at the point of starting to use the fostering service.

We saw that children in particular benefitted from this overview of their health and the involvement of health professionals. For example, children accessed appropriate dental care and personal hygiene issues were effectively addressed. We saw mental health services had been accessed for young people where appropriate.

We saw that children were actively involved in leisure pursuits and hobbies. Foster carers supported and encouraged children to take part in activities such as swimming and dancing.

Information shared with foster carers and risk management planning meant that most potential risks to the fostering placement could be identified and plans put in place to manage potential problems. In this way children experienced consistent and trusting relationships with their foster carers.

The agency supported the ongoing wellbeing of fostering families by providing information, knowledge and support. Foster carers told us about the ongoing support available to them.

Foster carers continued to receive information from the service about training and could access fostering support groups and fun days for the whole family. These offered foster carers a safe space to meet and discuss any issues or concerns.

Good quality assessment and ongoing training and support meant fostering families were better equipped to support children to be safe in their placements. Unannounced visits were routinely carried out alongside regular supervision visits.

Foster carers understood the need to help children build skills in keeping themselves safe by understanding the risks in their lives. Training on using the internet safely had been on offer to fostering families and to older children in school.

We saw that the child protection policy had been revised to include information about child sexual exploitation. A number of workshops in relation to CSE had been arranged and more were due to take place later in the year.

Staff and some foster carers evidenced some understanding of the risks and vulnerability indicators of CSE and advised that they would follow current child protection reporting procedures. There were currently no children identified as being at risk of CSE using the service.

We assessed that children enjoyed stable care placements with foster carers who often "went the extra mile" to provide continuity in children's lives. Continued training was available to support fostering families to manage difficult situations as they arose.

For example, recently the 'Theraplay' approach had been shared with fostering families. 'Theraplay' uses activities which are designed to help build and enhance attachment between children and their carers. Sessions with an attachment practitioner, some of which were arranged individually, were well received by foster carers.

Areas for improvement

We noted that routine risk assessments on the house and pets were not carried out. As household arrangements change and animals grow older, it would be good practice to revisit these annually or sooner if circumstances dictate. **(See Recommendation 1 made under Quality Theme 1, Statement 3).**

We considered the training records provided by the service and matched these against the list of approved foster carers. We noted that there was no record of some foster carers attending key training such as child protection. The service should maintain a full record of foster carers learning and development, as detailed in the foster care handbook. This may include individual learning through reading and contact with other agencies. **(See Recommendation 2 made under Quality Theme 1, Statement 3).**

Foster carers told us that they produced child friendly profiles about their family as part of the approval process. However, we did not see that these were accessible to child care social workers, therefore, were not shared with children and/or their families at the point of the child beginning to use the fostering service. The use of such profiles can help children to feel less anxious about moving to stay with a foster carer.

We noted one instance where an unannounced visit had not been recorded. We also noted that there was no clear agreement about what should be considered during an unannounced visit. The service should maintain an overview of key statutory tasks to ensure that these are carried out and recorded appropriately and consistently. **(See Recommendation 3 made under Quality Theme 1, Statement 3).**

We were given access to the electronic records for children and noted that not all children had an individual electronic case file. This meant it was sometimes difficult to get a coherent sense of an individual child's needs or plan.

There were gaps in recording and chronologies were not always up to date. This made an overview of the child's plan difficult. **(See recommendation 4 made under Quality Theme 1, Statement 3).**

At the time of the last inspection a recommendation in relation to the child's plan had been made. It noted that the plan lacked meaningful information as the outcomes measure was numerical, and did not always state how the needs would be met. This meant that it was not always made clear to foster carers their part in promoting the child's plan.

Some plans were also very focused on parental tasks rather than children's needs. We found that the service had discussed the situation and were looking at changing the format of the plan, when children were using the fostering service.

However, at the point of the inspection, we found that children's plans did not have the intended impact unless read alongside the full assessment, which would help put the plan into context. As such these were not stand alone documents and were not as helpful as they could be when planning for the child. **(See Recommendation 5 made under Quality Theme 1, Statement 3).**

In conclusion, we assessed that there were important strengths presented in evidence of the Fostering Agency supporting good outcomes for children and fostering families in this area. We saw that children's health needs were appropriately addressed and foster carers were supported to provide good quality safe and nurturing care to the children living with them. However, the service should take action in relation to the areas identified for improvement to ensure these good outcomes continue. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 5

1. The agency should ensure that risk assessments are regularly reviewed to support continued safe care situations.

**National Care standards foster care and family placement services.
Standard 13: management and staffing.**

2. The agency should ensure that a full record is maintained of foster carer learning and development.

**National Care standards foster care and family placement services.
Standard 13: management and staffing.**

3. A system should be developed to ensure that there is appropriate management overview of key statutory events such as unannounced visits.

**National Care standards foster care and family placement services.
Standard 13: management and staffing.**

4. The agency should ensure that individual records are kept for children in a consistent manner.

**National Care standards foster care and family placement services.
Standard 13: management and staffing.**

5. The agency should address the detail in children's plans with placing social workers to improve the level of detail and quality of information provided to foster carers.

**National Care standards foster care and family placement services.
Standard 3: helping you as an individual.**

Statement 5

"We respond to service users' care and support needs using person centered values."

Service strengths

Following an assessment of the information given to us prior to the inspection we decided to consider this statement to consider how well the agency responded to individual support needs. We assessed that staff and fostering families supported children to live in stable, nurturing homes and experience caring, warm and secure relationships.

The government initiative GIRFEC - 'Getting it Right for Every Child' had been well-integrated into multi agency working and meant that all professionals working with children were assessing within the same framework. We saw that health and education professionals worked well with social workers to support good quality care for children using the fostering service.

Regular reviews of children's situations took place and the Agency maintained an overview of planning for children. All children had an individual child's plan in place.

Regular foster carer reviews allowed the foster carer an opportunity to talk about their support and to reflect on different challenges throughout the year. Contact arrangements were in place, some informally, to support children to maintain some knowledge about their families.

Stable and nurturing care was supported through a range of supports such as support groups and individual therapeutic interventions where this was identified as necessary.

Areas for improvement

The post of independent review officer had been vacant for some time. This had had a significant impact on the service in relation to a planning overview of children.

Although we saw that 'Looked After Child' reviews continued to take place at prescribed intervals, the responsibility for chairing did not always have the required distance in line management responsibility to ensure an effective overview.

The annual return for the service told us that seven children of the 12 accommodated had been in foster care for more than two years. The fostering agency could consider how to promote a sense of permanence in placements for children who are older and who may not wish to be the subject of a permanence order, or where the carer does not wish to be reassessed as a permanent foster carer.

The council recognised the need for more distinct and targeted assessment to take place earlier in the child's placement - to ensure that contact arrangements and planning were not allowed to drift. They were working with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to develop this across the local authority area.

The service had recently moved to a three-year frequency for foster carer reviews. Although this was within legal parameters, best practice as detailed in the National Care Standards for foster care and guidance accompanying the Looked After (Scotland) Regulations 2009, would indicate that an annual review process should be arranged where possible.

An annual process would support the annual health updates noted as necessary in guidance and the biennial PVG (Protection of Vulnerable Groups) checks.

(See Recommendation 1 made under Quality Theme 1, Statement 5).

In conclusion, we assessed that there was important evidence presented of the fostering agency supporting positive outcomes for service users in this area. The quality of care provided by foster carers and the commitment they made to children's lives supported individualised support for children and in many cases the extended family. The support offered to foster carers by their workers was viewed by foster carers as crucial in relation to continuing to offer this level of care.

However, the service should take action in respect of the areas identified for improvement to ensure these positive outcomes continue. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The agency should aspire to reviewing foster carers annually to support continued good practice and access to learning and development opportunities.

**National Care Standards foster care and family placement services.
Standard 11: reviews.**

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service strengths

We looked at this statement at the time of the last inspection and at that time we assessed that the staff were operating at a very good level within the agency. We decided to look at this statement again as we noted there was currently staff vacancies within the service.

During the inspection we noted that all staff within the agency were professional in their work. We sampled some staff registration and noted that all were appropriately registered with the Scottish Social Services Council (SSSC). The SSSC is the regulatory body for workers working in social care settings (www.sssc.com).

Most staff within the agency told us that supervision was regular, fully recorded and of a good quality. Appropriate levels of direction, guidance and reflection supported staff to feel confident in their work.

All staff had had an annual review, where appropriate, which identified their areas of strength and any areas in their practice which could be developed further. Appropriate learning and development plans had been put in place.

Regular team meetings were held for all staff. We looked at team meetings from team meetings held since the last inspection. We saw that a range of areas had been discussed including ideas for developing the service.

Staff were supported to feel confident in their work and had attended a range of training since the last inspection. Recently appointed staff, within the service told us their opportunities for learning and development were very good. They thought that the provider had clearly invested in them.

We confirmed that there was a range of training available from internal and external sources. Recently there had been a significant commitment from the provider for staff to undertake training in 'Theraplay'. We saw that this training had informed activities with adoptive families aimed at building attachment through play.

The knowledge and skills of staff were used more widely within the council and staff provided training and support in antenatal services and in schools. Good links had been established between teams working within the agency. We also saw that links had been formed with another neighbouring island authority to share resources and practice issues.

All the foster carers who contributed to the inspection told us that they thought their supervising social workers were knowledgeable and skilled in their work and as a result they felt well supported.

Areas for improvement

We discussed with the agency the need for equality and transparency around access to training.

We attended a fostering panel as part of this inspection. We spoke with the panel about their own learning and development. We noted that panel members can access training for staff and/or foster carers within the local authority. However, they do not have the benefits of individual review and training plan. **(See Recommendation made under Quality Theme 3, Statement 3).**

In conclusion, we assessed that there were major strengths in the quality of staffing. Due to the quality of supervision and training, staff were equipped to confidently provide the necessary practical and emotional support to children, young people and their families. The areas highlighted for improvement do not call into question the very good quality of practice in this area. This has informed the grade of very good for this statement.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs.

National Care Standards foster care and family placement services.
Standard 12: The fostering panel.

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service strengths

We decided to consider this statement following the annual information sent to us by the service which indicated that there had been issues with vacant posts throughout parts of the year.

Staff told us that they felt respected within their immediate teams. The quality of relationships between team members, feeling listened to and having their opinions valued by their manager, helped support an ethos of respect across the Agency.

Foster carers told us that they were treated respectfully by their supervising social worker and most staff within the service. Good communication helped them to feel respected and valued. A Civic reception had been held to celebrate the work of foster carers. A number of foster carers told us that despite initial feelings, they had thoroughly enjoyed the event and afterwards felt that the local authority had shown their work was valued and they were respected as individuals.

We observed foster carers being respectful of the confidentiality of their children and saw that they advocated for them appropriately.

Areas for improvement

A number of staff told us that there was a need to improve working relationships within the agency. We saw that the work with the Centre for Excellence for Looked After Children in Scotland (CELCIS), had involved a range of agencies in effecting changes at an organisational level and through this, it was hoped that there would be a better understanding of respective roles and responsibilities.

We saw that working relationships between staff were of a good quality and working relationships between managers were also good. However, the agency should continue to positively engage with staff to promote the professional integrity, respect and identity of social work.

In conclusion, we assessed that there were important strengths in this area. It is clear that within individual teams and working relationships, people feel valued and respected. However, the agency should take action to support a better understanding of roles and responsibilities, a consistent approach to leadership and improving working relationships throughout the agency. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The service should address the quality of detail in children's plans and placement agreements with placing social workers to improve the level of detail provided to foster carers at the start of the placement.

National Care Standards for foster care and family placement services.
Standard 3.1: Helping you as an individual.

This recommendation was made on 10 July 2015

The service had had discussions about this and agreed a way forward.

However, we did not see that at the time of the inspection there was an outcome in relation to this.

See recommendations under Quality Theme 1: Statement 3.

2. The provider should seek to improve the permanency planning timescales for children who are not returning home.

**National Care Standards for foster care and family placement services.
Standard 13: management and staffing.**

This recommendation was made on 10 July 2015

The service had continued to track the timescales for children in terms of planning. They were currently working with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and were planning how their work could be more targeted in relation to assessing children's need for permanence.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
10 Jul 2015	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good
27 Jun 2014	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
18 Oct 2013	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
27 Aug 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
21 Aug 2009	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
5 Aug 2008	Announced	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Appendix 2: Children's Resources – Fostering Service – Inspection Report

1.0 Fostering Service Action Plan

3.9 Seven recommendations were made:

- a) The agency should ensure risk assessments are regularly reviewed to support continued safe care situations
- b) The agency should ensure that a full record is maintained of foster carer learning and development
- c) A system should be developed to ensure that there is appropriate management overview of key statutory events such as unannounced visits
- d) The agency should ensure that individual records are kept for children in a consistent manner
- e) The agency should address the detail in children's plans with placing social workers to improve the level of detail and quality of information provided to foster carers
- f) The agency should aspire to review foster carers annually to support continued good practice and access to learning and development opportunities
- g) The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs

		Title	Improvement/Change Action	Expected Outcome from Action	Responsibility/ Date	Progress
IAP	14	Theme : Quality of Care and Support. - We ensure that service users' health and wellbeing needs are met.	The agency should ensure that risk assessments are regularly reviewed to support continued safe care situations. (F)	Risk assessments are updated and appropriate to the environment – this includes an updated Health and safety check and pet update at annual reviews.	SSW/TL FPT Ongoing	FP Social workers are reviewing risk assessments at each Carers Annual review
			The agency should ensure that a full record is maintained of foster carer learning and development. (F)	To ensure carers have regular and relevant training. This is held centrally with the Training Dep't – the Inspector didn't see this.		Training records are held centrally. Supervising Social Workers will update following regular carers supervision and record this on individual files.
			A system should be developed to ensure that there is appropriate management overview of key statutory events such as unannounced visits. (F)	To monitor carer's home environment and ensure carer's provide consistent care out with planned supervision visits.	SSW/TL FPT FPT SW's. Sept 2016	This is currently being done and recorded in carer's files. This is also being reviewed in file audits and supervision.
			The agency should ensure that individual records are kept for children in a consistent manner. (F)	To ensure all children have individual electronic files.	SSW/TL C&F Team; C&F admin. Sept 2016	All new electronic files are being set up individually – however older/existing files will lose their link on SWIFT if moved.

			The agency should address the detail in children's plans with placing social workers to improve the level of detail and quality of information provided to foster carers. (F)	To ensure Child's Plans are more specific – particularly pertaining to Foster Carer's actions and functions.	C&F SW's/TL FPT SW's/TL IRO Ongoing	C&F TL & FPT TL have discussed this and all new Care Plans will be more specific and detailed for children in Foster Care. C&F SW's to provide all updated information to FPT Supervising SW's who will update Foster Carers. IRO's ensure specific actions are recorded at LAC reviews.
			The agency should ensure that post adoption planning and information is in place for all children. (A)	To ensure all adopted children have post adoption plans where appropriate to ensure relevant support are given to children and families.	TL/ FPT SW's March 2017	Recently all locally adopted children have a support plan. Reviews are being undertaken of historical cases and updates being made.
	15	Theme : Quality of Care and Support - We respond to service users' care and support needs using person centred values.	The agency should aspire to reviewing foster carers annually to support continued good practice and access to learning and development opportunities. (F)	Ensure Carers have regular independent reviews.	SSW/TL FPT March 2017	All Carers currently receive regular supervision visits or calls every 4-6 weeks. Reintroduced annual foster carer reviews from Sept 2016.
			The agency should ensure that individual records are kept for children in a consistent manner. (A)	See No.14 Above:- To ensure all children have individual electronic files.	See No.14 Above:- SSW/TL C&F Team; C&F admin.	See No.14 Above:- All new electronic files are being set up individually – however older/existing files will lose their link on SWIFT if moved.
	16	Theme : Quality of Staffing. - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	The agency should introduce reviews for panel members to consider their role as a panel member and learning and development needs. (F&A)	To ensure Panel Members have access and opportunities to up to date training, and are aware of roles and responsibilities amidst changing legislation.	FPT TL/EM; Panel Chairperson; March 2017	Discussions have started with the Panel Chair, Legal Dept, EM and CSWO regarding Panel Development Days.

**Education and Families Committee****03 October 2016****External Audit Reports – Care Inspectorate and Education Scotland – Dunrossness Primary School Nursery Department****CS-19-16-F****Director of Children's Services****Children's Services****1.0 Summary**

- 1.1 On 20 August 2014 a new policy and procedure for Audit Scotland and other External Audit body's reports as detailed in report IP-20-14-F was approved. (Min Ref: P&R 28/14).
- 1.2 All reports from Audit Scotland/external advisers will be directed to and considered by the relevant Committee in the first instance, and this will include reports where there are no specific issues relevant to the Council.
- 1.3 Children's Services receives reports regarding education provision in schools from Education Scotland, which includes HM Inspectors of Education (HMIE), and regarding nurseries and hostel accommodation from the Care Inspectorate.
- 1.4 The purpose of this report is to highlight a recent report from the Care Inspectorate, to the Education and Families Committee and to highlight any actions to be taken as a result of the reports.

2.0 Decision Required

- 2.1 It is recommended that the Education and Families Committee consider and note the Care Inspectorate report on Dunrossness Primary School Nursery.

3.0 Detail

- 3.1 Dunrossness Primary School Nursery Department was inspected on 03 February 2016. The report is attached as Appendix A.
- 3.2 Dunrossness Primary School Nursery Care Inspection grades and a summary of the findings are outlined below.

Quality of Care and Support:
Quality of Environment:

Very Good
Very Good

Quality of Staffing:

Very Good

Quality of Management and Leadership:

Very Good

3.3 The Care Inspectorate commented on the following strengths:

- The staff have created a caring and welcoming service for the children with a lovely emphasis on kindness;
- They found a friendly and positive atmosphere and good relationships with the children and their parents and carers;
- The staff provided an interesting learning environment with a wide range of stimulating activities;
- Parents and carers thought highly of the staff who were good at sharing information and they especially liked the 'Big Books'.

3.4 The following is a list of actions suggested by the Care Inspectorate to further improve the service:

- Personal care plans need to be updated to reflect the needs of the children and any action staff would take;
- Continue working on the child-led planning and looking at ways to evaluate. This will include how they involve the parents and carers with their child's early learning;
- Look at ways staff could meet together to discuss the service operation as well as the care and support of the children;
- Staff should continue with keeping in regular contact with each other in order to feel supported and informed;
- The service need to make sure the up to date certificates are displayed within the premises.

3.5 There was one recommendation:

- Attention should be given to the personal care plans to include more detailed information about specific health needs and the care to be given.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – 2016 to 2020 Corporate Plan

The report links to the Corporate Plan objective “Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.”

Children’s Services Directorate Plan has the following relevant priorities:

- Children have the best start in life and are ready to succeed;
- We have improved the life chances for children, young people and families at risk.

4.2 Community /Stakeholder Issues

These reports are available to the general public through the Care Commission website, and parents of pupils at the relevant schools are made aware of the contents.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has responsibility and delegated authority for decision making on matters within its remit which includes school education. This report is related to the function of an education authority.

4.4 Risk Management

The council has a statutory duty to secure improvement in the quality of education it provides.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial – None

4.8 Legal – None

4.9 Human Resources – None

4.10 Assets And Property – None

5.0 Conclusions

5.1 The attached report can be considered at the appropriate time by Education and Families Committee, in line with the agreed policy. Progress through any action plans that are developed as a result can be monitored.

5.2 The recommendation in the report can be met by inclusion in the relevant school improvement plan that is produced on an annual basis.

For further information please contact:
Helen Budge, Director of Children's Services
01595 744064
helen.budge@shetland.gov.uk
Report Finalised: 21 September 2016

List of Appendices

Appendix A - Dunrossness Primary School Nursery Inspection Report

Care service inspection report

Full inspection

Dunrossness Primary School Nursery Day Care of Children

Nursery Class
Dunrossness Primary School
Dunrossness
Shetland

Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003016123

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The staff have created a caring and welcoming service for the children with a lovely emphasis on kindness. We found a friendly and positive atmosphere existed within the service, and staff had developed good relationships with the children and their parents and carers. The staff provided an interesting learning environment with a wide range of stimulating activities.

We found that the parents and carers thought highly of the staff and considered them to be good at what they did. They said they were very good at sharing information and they especially liked the 'Big Books'. Parents and carers thought there was a very good selection of activities and their child enjoyed their time at Dunrossness.

What the service could do better

There were some areas we asked the service to look at including the personal care plans. These needed to be updated to reflect the needs of the children and any action staff would take.

We agreed it would be beneficial for the staff to continue working on the child-led planning and looking at ways to evaluate. This will include how they involve the parents and carers with their child's early learning

To look at ways staff could meet together to discuss the service operation as well as the care and support of the children. To continue with keeping in regular contact with each other in order to feel supported and informed.

The service need to make sure the up to date certificates are displayed within the premises. They need to look at the title of the service and if this is to be changed they need to inform the Care Inspectorate in order for a new certificate to be issued.

What the service has done since the last inspection

Since the last inspection there have been several changes to the service. There has been a change in the management of the service with a new head teacher in post.

The service now provide 600 hours of free childcare and learning so each session is now longer. They operate a 'soft start' option during the morning and a 'soft finish' in the afternoon.

There had been a change in the staffing within the service as a result of the reduced teaching input. The nursery teacher now worked less hours, and the early years worker has more responsibility for the daily running of the service.

They had introduced a new 'Big Book' planning and evaluation regime and shared this with parents and carers. However, were in the process of introducing another method of planning and evaluation which will be less onerous for the staff.

Conclusion

Overall we found Dunrossness Primary School Nursery provided a very good quality of care and learning for the children who attend. The children have access to a wide range of interesting and stimulating activities. We saw the children were happy and relaxed in the care of the staff and enjoying their play and learning. We found parents and carers felt welcome within the setting and had positive relationships with the staff.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service operates from areas within the Dunrossness Primary School in the Dunrossness area of Shetland. During the operating times the service have shared use of the playroom, the primary one classroom, foyer area, hall area, toilets and the outdoor area and community garden.

At present the primary one classroom is not being used as a classroom by the primary children because the current lower primary is a composite class and using another room within the school.

The service is registered to provide a care service to a maximum of 20 children aged 3 years to those not yet attending primary school.

The Care Inspectorate is committed to improving the health and wellbeing of all children receiving a care service. We want to ensure that they have the best start in life, are ready to succeed and live longer, healthier lives.

We check services are meeting the principles of Getting it right for every child (also known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention.

The approach helps services focus on what makes a positive difference for children and young people – and what they can do to improve. Getting it right for every child being woven into all policy practice, strategy and legislation that affect children, young people and their families.

There are eight wellbeing indicators at the heart of Getting it right for every child. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included. They are often referred to as the SHANARRI indicators. We use these indicators at inspection, to assess how services are making a positive difference for children.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection which took place on Wednesday 3 February 2016. This was carried out by one Inspector from the Care Inspectorate. We gave feedback to the nursery staff at the end of the session.

As part of the inspection, we took account of the completed annual return that we asked the service to complete and submit to us. We also took account of the information within the service's self assessment and documents we looked at within the service on the day of inspection.

We sent out 10 care standards questionnaires and asked the service to distribute these to parents and carers. We received five completed questionnaires before the inspection. We then sent an email to the parents who had supplied an email address and we received one reply. We talked with three of the parents and carers who arrived to collect their child at the end of the morning. We found that the parents and carers were very happy with the care and support provided and some of their comments are included within the body of this report.

There were 16 children present during the morning session (morning and afternoon sessions joined together for the 'Playvan' visit), with two members of staff caring for them. At times a third member of staff was present to support a specific child. This showed us the service was aware of the importance of maintaining appropriate ratios in order to keep the children safe.

During the inspection process, we gathered evidence from various sources, which included:

Talking with:

- the head teacher
- the early years teacher and early years worker
- a total of three parents and carers
- the children who were happy to talk with the Inspector.

We looked at the:

- aims of the service
- completed self-assessment
- welcome information given to parents and carers
- school website
- certificate of registration
- liability insurance
- planning and observation processes
- 'Big book'
- children's achievement folder
- care plans
- evidence folder (children's learning)
- children's engagement and enjoyment of activities
- environment indoors and outdoors
- complaints policy
- policy and procedures
- child protection policy and procedures
- medication policy and system of administration of medicines
- health and safety folder including completed risk assessments
- accident and incident regime
- first aid
- infection prevention and control procedures
- staff training
- staff annual review system
- staff registration with the Scottish social Services Council (SSSC).

We also observed the:

- staff as they worked with the children
- how the staff worked as a team
- children as they played
- a drumming session with visiting music tutor
- play session in the hall with visiting 'Playvan'
- children enjoying a picnic snack in the hall
- the staff as they talked with parents and carers.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This was completed and gave a good description of the service provided.

Taking the views of people using the care service into account

During this inspection we talked informally with some of the children present. This was limited due to the 'joined together' session with the visiting 'Playvan' and drumming session, we did not interrupt their play. It was nice to see the children enjoying using the drums and listening for what they had to do next.

During the hall session they were "too busy" to talk with the inspector. We observed the children as they played and saw they were busy with their chosen activities. The children were happy and relaxed with the staff and we saw very positive relationships were established.

When we asked the children if they had fun at Dunrossness nursery told us they did. When we asked what they liked best some told us their favourite thing was snack and another said the big board.

Taking carers' views into account

During the inspection we try to talk with the parents and carers as well as looking at the returned care standards questionnaires we received. We met some of the parents and carers at the end of the together session. When asked they told us they were happy with the care and support their children received and thought the range of activities were "excellent".

The parents and carers considered the staff to be very good in their role with two describing them as "excellent". They thought the environment to be safe and secure and liked that they got outdoors so often.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service Strengths

During this unannounced inspection we looked at how the service was involving the parents, carers, and the children with their service. We found that the service was performing to a very good standard in relation to this statement.

Since the previous inspection the service times of operation had changed and they now provide longer sessions, one in the morning, and one in the afternoon. The staff told us the longer session allowed the children more time to play, explore and enjoy their learning. Staff work longer hours in order to prepare before the children arrive and between sessions. They offer a 'soft start' and 'soft finish' so parents and carers can drop off and collect their child at time that suit their needs.

By starting earlier staff had a longer break between sessions which allowed them to tidy up and prepare for the afternoon and have their lunch. Staff told us the longer session benefitted the children because staff could provide more play opportunities and longer time for outdoor play.

Parental Involvement

During the inspection we asked how the service involved the parents and carers with their service. Staff told us that this was an area they were very keen to promote, and they were continuously looking at how they were involving the parents and carers with the children's early learning and development and all aspects of their service.

Since the last inspection the service had introduced a new planning regime in line with what other schools in Shetland were doing. They had moved from 'Topic' planning to more child-led planning and were using mind-maps feeding into a 'Big Book'. This book had also been used for evaluation and planning next steps. However, the service is planning to move to another way of planning - see Areas for Improvement below.

We talked with parents and carers and asked how the service kept them informed about their child's time at Dunrossness nursery. They told us that the staff were very good at keeping them up to date about what they had been doing and how they had enjoyed the day. One told us they looked at the information displayed in the entrance area and another told us the digital photo-frame showed what they were doing. The parent council was active within the school and supportive particularly with fundraising.

We looked at how the service communicated with the parents and carers, and noted they used various methods including:

- daily conversations
- the 'Big Book'
- emails
- letters and notes home
- the school website
- telephone
- open days
- introduction to nursery visits before they started (including a home visit)
- parent council.

We found the waiting area had several notice boards as well as a digital photo-frame showing the children experiencing a wide variety of activities and outdoor play. We saw they had displayed the children's learning stories in the playroom though these had been replaced by the 'Big Books'. We noted the 'Big Book' situated on the 'Parent's Table' and this showed what the children were learning. There was a suggestion's box in the entrance area, as well as a complaints policy displayed for parents and carers.

When we asked parents and carers if they received information about their child, and were regularly updated they confirmed that they were. They told us staff were very good at taking time to talk briefly every day. They thought that the communication systems in place worked well with some saying they liked getting information and updates by email. They said the staff were "really helpful" and two described them as "excellent". They said the information was always current. This showed us staff were aware of the importance of ensuring the parents and carers were involved in their child's care and learning and felt valued.

We looked at the settling-in regime and how staff helped children to settle. We noted this included giving parents and carers a booklet with information about the service and offering a home visit. We saw that parents and carers completed the registration form, various consent forms, and the "all about me" forms in order to share information about their child with staff. This information helped the staff to gain an awareness of each child's needs which helped them to plan the care and support for each child when they first started at Dunrossness.

We asked the parents and carers if they had received information before their child started and they confirmed that they had. One told us that they had visited the nursery with their child and had enjoyed that experience. The parents and carers said that when their child began to attend the service the staff had been kind, helpful and very reassuring with the children. They had been mindful of the difficulties some children experienced when separating from their parents, which had eased the settling-in for both parents and carers as well as the children.

We looked at the returned care standards questionnaires and email. We noted several written comments on these and this showed us that the parents and carers were overall happy with the service provided. One of which was:

"Really pleased with staff at Dunrossness who provide a safe, fun and friendly environment for the children to begin their introduction into the education system. They have a good balance of adopting new principles of child-led learning whilst maintaining necessary structures and routines which are so important at this age - while still have the freedom to learn organically and most importantly have fun and begin to learn wider social skills."

During the inspection we observed how the staff worked with the parents and carers who arrived at the nursery. We saw staff escorted the children out in small numbers so that they could talk with each parent and carer. The staff were warm and friendly and we saw they had built up positive relationships with the parents and carers. We heard them share information about the children's morning.

Children's Involvement

We looked at how the staff involved the children with their early learning and development. This session was not the usual session since all children had joined together in order to experience the 'Playvan' session and the drumming session. We heard staff talk in a kind and caring manner. We saw that the children were comfortable with staff and responded to them in a relaxed, familiar way.

We noted that the staff treated the children fairly and with respect and were very good at listening to what they had to say. They waited for the children to respond to their questions or asked the question differently so the children understood what was being asked of them. This showed us staff were aware of the age and stage of development of the children and adapted how they spoke to the children according to their age.

We saw the staff encourage the children to take part in the drumming session and offered help when needed. They encouraged the children to respond to the playworkers during the session in the hall. We observed good use of praise and encouragement, especially with pedalling the vehicles. We heard staff praise children for sharing the toys and/or waiting for their turn. This showed us staff were aware of the importance of nurturing the children and making them feel valued.

We saw the staff had built up positive relationships with children and knew them well. Staff demonstrated that they were aware of the children's individual needs. We saw staff working with the children in a calm and caring manner showing them, by example, how to share, and how to be nice to each other. It was nice to see 'Our Kindness Tree' as a visual way of celebrating and valuing when the children were kind with each other. We also heard the staff praise the children for good work and their achievements were celebrated. We heard "thank you for sharing the tractor" and "that was good remembering".

Since the previous inspection we saw the service had moved away from topic planning and now worked with child-led planning. They had introduced a floor book system for planning with the children. We saw the 'Big Book' was displayed in the entrance area. However, staff told us that they were moving to another method with the children as they found the 'Big Book' not particularly easy.

Staff included the children's ideas and suggestions included in the planning. The staff told us that the children loved suggesting activities and were keen to learn. We noted the planning regime was curriculum based and observations were regular and detailed.

Health and wellbeing.

We found that the service had a range of systems and processes in place to ensure the needs of the children were met. We looked at how the staff promoted children's health and wellbeing through infection prevention measures.

We noted there were a range of key policies and procedures which informed the staff as well as the parents and carers of best practice in relation to the health and wellbeing of the children. These were shared with parents and carers within the welcome information, the website, and were available in a policy folder within the service.

We noted the parents and carers were asked to share information about their child's health needs, including information about family, emergency contacts, allergies, medical requirements, likes and dislikes and fears; as well as if there were any additional support needs. Staff told us this helped them plan for each child's individual needs in a way that best suited each child. We noted these needs had been recorded within the personal care plan.

We looked at how the service promoted the Scottish Government's policy, 'Getting it Right for Every Child' (GIRFEC). We saw that the staff were aware of their key role in promoting and improving the health and wellbeing of all children in their care, and the SHANARRI indicators - safe; healthy; achieving; nurtured; active; respected; responsible; and included. The teacher had attended GIRFEC training and we noted other staff would like to attend (see also Areas for Improvement).

We looked at how the staff made sure the children were kept free from harm, abuse, bullying and neglect. We found that the staff had attended child protection training and were aware of whom to approach if they had concerns about any child in their care. This training was refreshed regularly which showed us staff were informed and able to keep the children in their care safe.

We looked at how the service managed accidents and incidents. We saw there was a suitable method in place to records accidents and incidents and that the Shetland Islands Council format was used. Staff had received training in first aid and this was refreshed on a rolling programme. We saw there was appropriate first aid equipment held within the service.

We looked at how the staff promoted positive behaviour. This was a key strength at Dunrossness. The staff were very good role models for the children to follow. We heard staff praising the children for being kind, for sharing, helping their friends and for showing good manners. We saw that this boosted children's self-esteem and confidence and showed us that staff understood the children well and praised their efforts.

We saw the children enjoying their play, enjoying playing with their friends, and with the range of activities. Whilst the children were in the hall playing with the range of vehicles and construction toys we noted the staff were watchful and supervised them well. We noted children were allowed to take risks and reminded of how to pedal in order to keep themselves safe. We heard staff reminding them to look where they were going when they were cycling so they did not bump into others or hurt themselves.

We looked at how control of infection was managed and we noted that the staff promoted hand washing with the children. We saw liquid soap and paper towels were available and staff encouraged the children to wash their hands before having snack and after using the toilet. This showed us that the service was aware of the need to promote good hand hygiene, which helped to prevent the spread of infection and keep children safe.

We looked at nutrition during this inspection. The staff told us that the children had suggested having a picnic snack in the hall since the playworkers were there with the cars. We saw snack time was a social time and the children enjoyed having a picnic in the hall; and chatted happily with their friends. We noted staff promoted healthy eating and saw information about the snack was shared on a menu board with parents and carers.

The service promoted tooth brushing and normally the children cleaned their teeth after snack. We did not see this during our visit due to the fact that it was such a busy morning and they did not have time to fit everything in.

We looked at how the service promoted fresh air and exercise and noted health and wellbeing was included in the planning regime. They had use of the hall for PE sessions as well as having a climbing frame in the playroom. Staff told us they would play circle games when the weather prevented them from getting outside. During this inspection they did not play outdoors due to this being a special session. Parents and carers told us the children played outdoors frequently and we saw this from looking at the photographs in the 'Big Book' as well as the digital photo-frame.

Areas for improvement

We discussed the personal care plans during the feedback session. We noted these were reviewed every six months, however, there needed to be clearer information within these which would detail what support each child needed. We made a recommendation that attention be given to the personal care plans in order to meet the individual needs of the children - **see Recommendation 1.**

We also discussed the GIRFEC regime and the early years worker told us she had not yet attended training on this, though were very keen to do so. We discussed how attending training, when this was available, would support them in their role.

We talked about the planning regime they had been using - the 'Big Book' - for planning and evaluation. However, staff had found this to be time-consuming and difficult to maintain especially when working much longer hours. They had recently introduced another format and were currently looking at how to develop this with the children. They also had stopped using the children's learning stories when the 'Big Book' system was introduced.

The staff had developed individual folders, known as 'Achievement Folders' which they were also working on. We agreed that they should continue with plans to further develop their child-led planning, and look at how they evaluated this. We did not make a recommendation because we could see staff were dedicated to the service and keen to do their best for the children in their care.

The staff told us they had attended 'GLOW (Scottish Schools National Intranet)' training during in-service training recently. They had been impressed by this system for planning, observing and reporting on the children's learning. They had liked that parents and carers could be more involved with their child's progress and informed instantly via this electronic system. The early years worker thought it would cut down on administration work and allow them more time with the children and more preparation between sessions. This was an area they would work on together.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. It is recommended that attention be given to the personal care plans to include more detailed information about specific health needs and care to be given.

Reference: National Care Standards early education and childcare up to the age of 16 years. Standard 3: health and wellbeing, standard 6, support and development

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 5

"The accommodation and resources are suitable for the needs of the service users. "

Service Strengths

When we first arrived, unannounced, we were welcomed by staff, asked to sign in and given a visitor's badge. We found there was a welcoming atmosphere and the whole school staff were friendly and cheerful. This showed us that staff were aware of the importance of making sure everyone felt welcome and included within the setting.

We saw the school had a security system in place, which ensured uninvited guests could not enter the premises, nor could children leave unnoticed, which assured us that the service was a safe area for the children. When we asked parents and carers if they were happy with security they told us they thought the area to be safe and secure.

We saw that for daily play they have a dedicated playroom and shared use of the former primary one room. We did not see this used due to the structure of the day but we saw this allowed more space for play with a selection of activities. The children's toilets were situated in the corridor area. We noted that the staff supervised the children when they asked to go to the toilet. This showed us the staff were aware of their role in supervising the children and keeping them safe.

We saw that the building was well ventilated and had natural light from the large windows. We noted the premises were warm and at a comfortable temperature for the children.

All furniture, equipment and resources were suitable for the age group attending. We saw resources were well maintained and in a good clean condition. This assured us that the children were playing in a safe environment. We noted the service was well organised and tidy (in line with children's play).

The children had access to a wide selection of toys and activities. Children were encouraged to take care of all toys and equipment, especially with the 'Playvan' toys. We heard staff reminding the children to show care and consideration for each other and to treat toys, activities and the equipment nicely. We saw there was enough space for the children to play. We found that the children were familiar with what staff expected of them.

We saw there was a high standard of hygiene and cleanliness within the premises. We saw staff tidy as they went, wipe up spills when any occurred, and clean up after the picnic snack. They had a small food preparation area in the playroom where they prepared snack with helpers, then carried this through to the hall.

The children had access to the outdoor area directly in front of their playroom. From looking at photographs we saw children playing with a good selection of outdoor toys and activities. Risk assessments were regularly updated which showed us the staff were proactive in making sure the children were safe whilst they were in their care. They did not use the outdoor area due to the visiting 'Playvan' play session in the hall and the drumming session.

We noted staff had provided an interesting range of activities for the children. The children could choose to play together in small groups or individually. They had opportunities to meet together in the larger group at story time, circle time and the 'Playvan' session in the hall, and drumming session. In the playroom we saw areas with art and craft activities, areas for the children to explore and investigate as well as areas for role play. We noted a range of other activities including a story corner, climbing frame and an interactive board on the wall. Activities were laid out on low shelves, to allow children to choose independently.

The staff told us that they promoted free choice as part of the child-led learning regime. This showed us that they were encouraging the children's independence and we observed the children choosing their own activities during the inspection. We saw busy children who were familiar with routines. The staff told us the children were good at making suggestions which they included in the planning. This showed us that the staff respected the children and valued their opinions.

There were various displays of their art and craft work throughout the premises. This allowed the children to have a feeling of belonging as well as achievement. We also looked at their 'Achievements' Folders', which was a nice record of their work, achievement certificates and progress at Dunrossness.

Areas for improvement

The staff had identified that they were looking at new activities and ideas for outdoor and physical play and would continue to go outdoors with the children.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

During inspection we look at staff practice within the setting. We noted that due to the change in the hours of operation in early years within Shetland schools, as well as the reduced teaching input there had been changes to the staffing at Dunrossness. We found that though the longer sessions were enjoyed by all - the staff told this had impacted on how they operated. There were issues with finding time to plan - see Quality theme 1.

The teacher also had responsibility for another early years service, therefore, her time was divided between two schools. The staff had short (informal) meetings at the start and end of a session but there were limited opportunities to meet as a full staff team - see Areas for Improvement. We heard staff discuss how the morning 'together session' had been and other aspects of the service. They told us they had meetings with the new head teacher who was very keen for these to be regular. This would ensure they could discuss all aspects of the service and would promote team working.

We observed the staff, how they worked with the children and with the parents and carers who arrived to collect children. We noted staff information was included within the welcome information given to parents and carers. We saw the staff welcome parents and carers and the child in the morning. We heard the staff giving feedback on their child's morning and chatting informally at the end of the session. Staff were polite and friendly and treated parents and carers in a cheerful manner and with respect.

We found the staff were warm and caring with the children and talked with them in a friendly way. They frequently asked for their comments and opinions as they played and were genuinely interested in the children's news and stories. Staff demonstrated that they had a sound knowledge of the children's individual needs as well as their likes and dislikes. We saw they were supportive of the children and worked to promote their wellbeing and happiness whilst in their care.

We saw that the staff worked very well together as a team. We saw that they had provided an interesting learning environment for the children and were keen to keep parents and carers up to date. Staff told us they had discussed how they would operate now that the additional hours had been implemented and the teaching input was reduced.

We noted the early years worker now had more responsibility as the only member of staff who was in the service daily. Both staff were conscious that the staffing changes may impact on the service so had looked at how best to manage this. The early years worker had taken the lead in making sure communication between the staff team was regular. Staff had developed various ways to keep in touch since they were in at different times. We saw this helped to ensure the care and support for the children was maintained.

As part of the inspection process we take account of the parents and carers' views and opinions of the staff team. We talked with all the parents and carers who were present at the end of the morning and asked for their opinion of the staff. They thought the staff were "excellent" and described them as "really nice and friendly". Parents and carers considered that the staff had the necessary skills to support their children's learning and development and full of good ideas.

The five care standards questionnaires and email we received before the inspection showed us that parents and carers were happy with the staff. We shared comments from these with the service during the feedback session.

We noted one written comment which stated:

- "My child is always excited to attend nursery, she speaks so fondly of the staff which I think speaks volumes for the wonderful, fun learning environment the staff provide".

The new head teacher told us she was very happy with the staff team and considered that the nursery was operating well, which she put down to their hard work and commitment. We found there was a suitable staff review and development regime in place with all staff having an annual review. Staff told us this helped them to identify training needs and they could ask for training in areas when needed. Staff told us they provided them with good support and they felt valued within the service.

Staff Training

Training records were kept by staff as part of their continuing professional development (CPD). These were up to date. We looked at core training and noted that all staff attended this on a rolling programme, which included:

- food hygiene
- first aid
- child protection awareness.

This showed us the service was aware of the need for all staff to be up to date with training and be able to work as safe practitioners. Staff told us that they had regular opportunities to attend in-service training, which ensured they were up to date with current childcare initiatives and best practice.

Scottish Social Services Council (SSSC)

The SSSC is the body that regulates care staff and decides the level of qualification for each post. We saw that the staff were qualified to the required level, and were taking responsibility for ensuring that their practice was regularly updated in line with best practice guidance. We found that all staff who needed to had applied for registration with the SSSC.

We noted that all new staff and students were checked under the 'Protection of Vulnerable Groups' (PVG) before starting work in the setting. We noted that during the induction regime new staff would be supported to apply for registration with the SSSC when required.

We did not look at staff recruitment during this inspection because Dunrossness Primary School Nursery adheres to the Shetland Island Council's safe recruitment practices which will be looked at centrally. We noted suitable written recruitment policies and procedures were in place and there was an appropriate Induction regime in place to support new staff. This included shadowing staff and time to look at procedures as well as child records. This would ensure new staff and students on placement received a thorough introduction to the service in order to gain an understanding of their role within the setting. Staff told us students were not left unsupervised.

Areas for improvement

We discussed how it would be beneficial for all staff to get together and talk about the service. Staff were struggling to find time for all tasks and keep each other updated. We discussed how this was easier in a service providing only one session leaving more time at the end of the session for discussion, planning and evaluation.

There were full staff meetings for the school but due to other work commitments the teacher could never attend these. We also discussed how a meeting of nursery staff would enable them to meet with each other to discuss issues together, and not have to wait until emails were sent or replied to. We recommended that they revisit this area - **see Recommendation 2.**

We also discussed how they planned to manage the forthcoming staff changes when all early years workers and early years assistants would take maternity leave. Again staff felt that the full nursery team meeting would help them in the role.

Grade

5 – Very Good

Number of requirements – 0

Recommendations

Number of recommendations – 1

1. It is recommended that the service look at ways in which the staff team could meet together to discuss the service, which will support them in their role and improve the outcomes for children.

National Care Standards early education and childcare up to the age of 16 years. Standard 13: Improving the service.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service Strengths

Overall we found the service to be well-managed with a committed early years staff team. As part of the inspection we looked at leadership and how the service was promoting teamwork within the service. Since the previous inspection the school now has a new head teacher. We met briefly during the inspection due to her very busy schedule, and she told us she was enjoying her new role and happy with the staff team. She told us she planned to have regular meetings with the staff in order to be able to provide them with support.

Staff told us they enjoyed working at Dunrossness and were looking forward to working with the new head teacher who they described as very supportive in the short time she had been in post. Staff told us they would also continue keeping in contact with each other in order to make sure the planning and evaluation regime was up to date.

Staff told us they took pride in their work and strived to make sure the service was running smoothly and providing a good standard of care for the children who attended.

We looked at quality assurance as part of the inspection. We found that staff considered the inspection regime as one form of quality assurance.

The service has received inspections from Education Scotland as well as the Care Inspectorate. Previous inspection reports were displayed for parents and carers to read.

We looked at the systems and processes in place to assess the quality of the service, and found they did this in various ways including:

- the Care Inspectorate self-assessment document
- school improvement plan
- daily conversations with parents and carers
- surveys and audits with parents and carers
- open days.

During the inspection we talked with the parents and carers and asked them how the service asked for their views and suggestions. They told us staff made time each day to talk with them, which they liked. They liked that the staff kept them informed about their child's time daily. We asked what they would do if they had a concern. They told us that they would talk with any of the staff and felt confident the matter would be dealt with. They also told us they felt comfortable with staff and would talk with them should they need to. We noted that the parents and carers thought the nursery to be well organised and well-managed.

We noted that they had displayed the 'Big Book' (planning regime) and staff told us this was one way of keeping the parents and carers informed about children's learning and development which assured them their child was learning and developing at Dunrossness. They could read these and also see the digital photo-frame with photographs of the children enjoying a range of experiences. We saw a suggestion's box here and staff told us they were keen to hear suggestions from parents and carers as well as the children and would include any they received, where possible.

Staff had completed audits with parents and carers at various times in order to get feedback about specific areas for example, changing the format of the parents evening. The early years worker told us this one method of seeking parents and carers' views. We looked at the returned care standards questionnaires and email we received, and shared the feedback from the parents and carers with the nursery staff during the feedback session.

Areas for improvement

We noted that though the school continued to receive monitoring visits from a Quality Improvement Officer, there is currently no officer specifically for Early Years within the isles. This is a gap which staff from all schools across Shetland have told us they miss. The staff told us they had valued the support visits they had previously received and that this had helped them keep up to date with best practice and current initiatives. This is an area that the schools service would need to look at.

Staff told us they planned to continue to look at how the consulted parents and carers and involved them with their child's early learning and development and how the setting operated. They told us about plans to attend further training on how to operate the IT based e-learning system for reporting - see also Areas for Improvements in Quality Theme 1.

We noted the certificate of registration was not the most recent one. We also noted the employers liability was not the current one. We noted the service was not referred to as the nursery.

If the service plan to change the name from nursery to early years they must notify the Regulator (Care Inspectorate) of this by submitting a change of name notification.

We recommended that attention be given to these areas - **see Recommendation 3.**

Grade

5 – Very Good

Number of requirements – 0

Recommendations

Number of recommendations – 1

1. It is recommended that all documents and certificates on display are the most up to date ones. We recommended that the service notify us of any change of name in order to have the correct certificate issued. This will need to be displayed in a prominent place within the service.

Reference: National Care Standards early education and childcare up to the age of 16 years. Standard 14: a well-managed service.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. To replace the toilet step immediately.

This recommendation was made on 05 February 2013

This had been done.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
5 Feb 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>
3 Dec 2010	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>4 - Good</div>

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

**Education and Families Committee****03 October 2016**

Janet Courtney Halls of Residence – Care Inspectorate Inspection	
CS-29-16-D1	
Report by: Executive Manager, Schools	Children's Services

1.0 Summary

- 1.1 On 20 August 2014, the Council agreed a new policy and procedure regarding the presentation of reports from Audit Scotland and other external bodies. (Min Ref: SIC 61/14).
- 1.2 Children's Services receives reports regarding education provision in schools from Education Scotland and regarding early years provisions and hostel accommodation from the Care Inspectorate.
- 1.3 The purpose of this report is to highlight a recent report, from the Care Inspectorate, to Education and Families Committee and to highlight any actions to be taken as a result of the reports.
- 1.4 Education and Families Committee is receiving this information as part of the audit process, agreed on 20 August 2014.

2.0 Decisions Required

- 2.1 That Education and Families Committee consider the report on the Janet Courtney Halls of Residence, note the actions to be taken by the Schools/Quality Improvement Service, and note the recommendations to be included, where appropriate, in the relevant Improvement Plan.

3.0 Detail

- 3.1 The following establishment was inspected by the Care Inspectorate since the approval of the policy in August 2014:
 - The Janet Courtney Halls of Residence was inspected on 22 June 2016.
- 3.2 The following grades were received

Quality of Care and Support	Grade 5 – Very Good
Quality of Environment	Grade 5 - Very Good

3.3 The key text from the report is from the report details:

What the service does well

Janet Courtney hostel continues to provide a nurturing, caring environment where young people receive encouragement and support that help sustain them to gain their secondary education. We found committed and enthusiastic staff who were committed to ensuring that young people had positive experiences and who were child-focused. There were high levels of active participation in the service and young people were encouraged to have hobbies and interests.

What the service could do better

The service should continue to develop the information that it shares with young people and their families prior to them starting the service. We had discussions with the registered manager about creating a website and putting policies on this so that all stakeholders could access them. The local authority had recently updated their child protection policy to include child sexual exploitation (CSE). The service should continue to roll out training in CSE to ensure that all staff are aware of the vulnerability indicators that would trigger CSE systems to ensure young people were protected.

What the service has done since the last inspection

The service had continued to involve young people and staff in the design of the new hostel, which is in the process of being built.

The local authority had developed an overview of any complaints that were raised within the hostel. There had only been a few complaints and all were concerning environmental issues. These had all been resolved and the complainant informed of the outcome.

Conclusion

Janet Courtney Halls of Residence continues to give young people very good care and support. All young people involved in the inspection process indicated 100% satisfaction with the service. Young people had developed excellent relationships with staff and indicated that they felt valued and respected.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – 2016 to 2020 Corporate Plan

The report links to the Corporate Plan objective “Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.”

Children’s Services Directorate Plan has the following relevant priorities:

- Children have the best start in life and are ready to succeed;
- We have improved the life chances for children, young people and families at risk.

- 4.2 Community /Stakeholder Issues – The report is available to the general public through the Care Commission website, and parents of pupils residing in the Halls of Residence are made aware of the contents.
- 4.3 Policy And/Or Delegated Authority – In accordance with Section 2.3.1 of the Council's scheme of Administration and Delegations, the Education and Families Committee has responsibility and delegated authority for decision making on matters within its remit which includes school education. This report is related to the function of an education authority.
- 4.4 Risk Management – The Council has a statutory duty to secure improvement in the quality of education it provides. It may be considered that such a positive report reflects positive performance in all aspects of the care provided that will minimise the likelihood of any risks emerging.
- 4.5 Equalities, Health And Human Rights – NONE
- 4.6 Environmental – NONE

Resources

- 4.7 Financial – NONE
- 4.8 Legal – NONE
- 4.9 Human Resources – Staff will continue to receive appropriate training and development including training in child sexual exploitation as mentioned in section 3.3 above. Providing good levels of staff support and development ensures staff morale and retention is maintained at a high level.
- 4.10 Assets And Property – NONE

5.0 Conclusions

- 5.1 Education and Families Committee should consider this report, note the content and also note that the suggested recommendations will be included in the Janet Courtney Halls of Residence Improvement Plan. Progress required through the annual Improvement Plan will be monitored by the appropriate Quality Improvement Officer.

For further information please contact:
Jerry Edwards, Quality Improvement Officer
Tel: 01595 74 4099
E-mail: jerry.edwards@shetland.gov.uk
Report Finalised: 26 September 2016

Appendices:

Appendix 1: Care Service Inspection Report Janet Courtney Halls of Residence



Care service inspection report

Full inspection

Janet Courtney Halls of Residence School Care Accommodation Service

Gressy Loan
Lerwick
Shetland



Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2005112118

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing		N/A
Quality of management and leadership		N/A

What the service does well

Janet Courtney hostel continues to provide a nurturing, caring environment where young people receive encouragement and support that help sustain them to gain their secondary education. We found committed and enthusiastic staff who were committed to ensuring that young people had positive experiences and who were child-focused. There were high levels of active participation in the service and young people were encouraged to have hobbies and interests.

What the service could do better

The service should continue to develop the information that it shares with young people and their families prior to them starting the service. We had discussions with the registered manager about creating a website and putting policies on this so that all stakeholders could access them.

The local authority had recently updated their child protection policy to include child sexual exploitation (CSE). The service should continue to roll out training in

CSE to ensure that all staff are aware of the vulnerability indicators that would trigger CSE systems to ensure young people were protected.

What the service has done since the last inspection

The service had continued to involve young people and staff in the design of the new hostel, which is in the process of being built.

The local authority had developed an overview of any complaints that were raised within the hostel. There had only been a few complaints and all were concerning environmental issues. These had all been resolved and the complainant informed of the outcome.

Conclusion

Janet Courtney Halls of Residence continues to give young people very good care and support. All young people involved in the inspection process indicated 100% satisfaction with the service. Young people had developed excellent relationships with staff and indicated that they felt valued and respected.

1 About the service we inspected

Janet Courtney Halls of Residence provides co-educational accommodation for pupils aged 12 to 18 years, who attend Anderson High School. The agreed maximum roll for boarding is 91.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - N/A

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection on 21 and 22 of June 2016. The inspection was carried out by one inspector. The registered manager and the deputy manager were given feedback at the end of the inspection.

The manager sent us information on their service in their annual return. They also sent us information on how they think they meet the National Care Standards (NCS) in the Quality Themes in their self assessment.

We also issued 30 Care Standards Questionnaires (CSQs); we received 23 returns.

We gathered evidence from various places, including:

- twelve personal plans
- three personal plans of new young people moving into the service
- team meeting minutes
- resident council meetings
- development plan
- anti-bullying group minutes
- pupil support meeting minutes
- visitor signing in sheets
- parental questionnaires
- exit questionnaires for pupils leaving
- residents' minutes
- incident/accident forms
- complaint records
- registration certificate.

We spoke with the following people:

- the registered manager
- the depute manager
- six house parents
- twenty-eight young people
- two parents.

We also had a meal and supper with a number of the young people.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was updated before the inspection. Young people and staff were fully involved in the self assessment. This assessment informed the Care Inspectorate of the service's strengths and also what areas that they wished to improve.

Taking the views of people using the care service into account

We interviewed 28 young people in three focus group and also individually. This was extremely positive with no young people who had any issues with the service. All indicated that staff were very approachable and that had very good relationships with the whole staff group. All young people had a named key worker who met up with them regularly to discuss any issues that they may have. Young people were found to feel safe and well looked after. Comments from young people included:

- "This place is amazing, spectacular, awesome, and fabulous."
- "The hostel is very welcoming."
- "It is a very good community where folk are friendly."
- "The food is very tasty and we can ask for changes to the menu."

- "All the older kids are really nice and the house parents are very good and you can ask them questions."

Taking carers' views into account

We interviewed two parents of young people, both were very satisfied with the service. They indicated that the young people were safe and that the staff were excellent at keeping them informed of their children's progress. We also examined exit questionnaires that parents sent in after their children had moved on. Again these comments were positive. Comments from parents included:

- "My child loves being at the hostel."
- "Privacy is very well respected."
- "There are no improvements needed as the service has been superb."
- "We really appreciate the standard of care that our child has received at the hostel."
- "Communication with the hostel is excellent; they periodically keep us up to date with an interview."
- "There have been no issues regarding privacy."
- "I'm reassured that my child is well looked after."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

We assessed this statement by speaking with the young people who use the service, speaking with the manager and staff and examining records, such as the service's own questionnaires, minutes of meetings with supported people and the support files for a selection of people who use the service.

At this inspection, we found that the performance of the service was very good for this statement.

All young people had comprehensive files that indicated that their health needs were identified and met by the service. All young people were registered with the local GP on an emergency status. All young people we registered with the dentist and staff ensured that young people were given the appropriate levels of support to ensure that they attended appointments with a range of healthcare professionals.

The service had a very good relationship with the school nurse who regularly gave inputs to young people and staff. Recently all staff had been trained in the use of EpiPens. The school nurse had also had several inputs over the years to support young people to have healthy lifestyles.

The hostel had very good information on health which was provided by the health promotion department of the Health Board. This was supported by all young people having Personal and Social Education (PSE) inputs from school.

Staff had developed very good relationships with young people who indicated that they would seek their key workers out for health advice.

Most young people had active lifestyles which were supported and encouraged by the staff. Young people were able to take part in physical exercise in the service by accessing the gym. The service also booked the school gym hall to facilitate group activities, such as football, basketball and netball. Many of the young people were also involved in local groups such as fencing, netball and football.

Young people were supported to make healthy choices regarding food. The hostel provided nutritious meals that were always made with fresh ingredients. Young people stated that the food was "excellent". We had a meal and supper with young people and these were found to be healthy and sociable events.

Staff were good at promoting mindfulness and encouraging young people to look after their mental health.

We examined the hostel's medication system. We gave advice to the management to ensure that individual young people's medication was individually recorded. We found the medication system to be accurate and medication safely stored.

In the 2016/17 inspecting year, the Care Inspectorate is scoping child sexual exploitation practice in children and young people's services. This is part of our contribution to 'Scotland's National Action Plan to Tackle Child Sexual Exploitation' and focusses on frameworks of CSE practice, staff understanding and care planning outcomes. Child protection had a high-profile within the service and the local authority had recently updated their policy to include CSE in an appendix. All staff had a very good knowledge and awareness of any presenting problems and all had received training on child protection. The local authority was rolling out training on CSE to the whole staff group to increase their awareness of CSE. Some staff spoken with demonstrated a good knowledge in regards to identifying the risk and vulnerability indicators of CSE and were aware of strategies to put in place to protect young people from potential or further harm. We will continue to examine the progress of this programme at future inspections.

Areas for improvement

The service should continue to develop their one-to-one interviews to reflect the wellbeing indicators.

The service to ensure that all staff have completed the CSE training to ensure that all staff are aware of the risk and vulnerability indicators that would trigger child sexual exploitation concerns.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 6

"People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides."

Service strengths

We assessed this statement by speaking with the young people who use the service, speaking with the manager and staff and examining records, such as the service's own questionnaires, minutes of meetings with supported people and the support files for a selection of people who use the service.

All aspects of this statement were found to be met and, while there are areas for improvement, the performance of the service was very good.

The service had a clear transition process where young people have visited the hostel for a number of years prior to starting the service. This may have included visits when they were in their primary and isle high schools to facilitate activities in Lerwick. Additionally, the staff group at the hostel visit each isle high school every year to give a presentation about the hostel and hostel life. The young people from S5 who are moving prior to summer have an overnight and their families are invited to have a tea visit and a tour of the

building. Younger pupils entering from S1 have two overnights to meet new pupils in the hostel and also at school.

During the first night all young people are given a full verbal induction to the service which includes information about health and safety. This process involves seeing their bedroom which had been prepared for their visits. All young people and families were given an information pack each year. This pack contained very good information for the young people. For example:

- information on the hostel
- routines and activities
- rights and responsibilities
- complaints
- contact arrangements
- education
- fire safety procedures.

They were also given information about the local library, sports centre and also on the process on how to make a complaint.

In most instances the young people meet their key worker in the first few days of their stay. At this stage they are given an interview to ensure that they have settled in to the routine and life in the hostel.

We interviewed six young people who had recently moved into the service. All indicated that staff were friendly and that the hostel was a welcoming environment. We also examined exit questionnaires from young people who had moved on from the service, again there was happy memories of their time in the hostel. The hostel marks the leaving and every young person gets a certificate and a voucher for a free meal at the hostel at any time. This was well used by former young people who regularly visited the service and kept in touch with staff.

Areas for improvement

The service should consider developing a website as a way to keep young people and their parents up to date with the developments of the service. This

could also be used as a way of allowing access to young people and their parents to the policies that are used in the management of the service.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service strengths

We assessed this statement by touring the premises and observing staff and young people as they used the service, speaking with the manager and staff and examining records, such as the support files for a selection of people who use the service.

There was very good evidence that the environment was safe and young people were protected. We graded this statement as very good as there were major strengths.

All young people who took part in the inspection process stated that they felt safe.

All young people had individual risk assessments that were reviewed every six months. These were found to be tailored to the individual needs of the young people. There was active discussion with key workers to ensure that young people were fully aware of any risk and were using strategies to ensure that they were protected and safe. Staff were found to be knowledgeable in the numerous strategies which they implemented to reduce risk.

The service had appropriate policies and procedures to ensure that the environment was safe and well maintained. We examined the maintenance alert system which showed that all repairs were categorised in terms of importance. All repairs were found to be actioned and the service was of a high standard.

There were very good staffing levels on every shift that ensured young people received very good levels of support and supervision. Appropriate risk assessments were in place for activities and involvement in clubs in the

community. Young people who were involved in activities, such as using the school games hall and the use of the gym, had been appropriately inducted by staff.

The service had continued to upgrade its Wi-Fi system which ensured that young people had safe internet access with secure firewalls, ensuring their safety while using the internet. All staff had undergone training on the safe use of the internet and were able to give young people appropriate advice about keeping themselves safe.

There was also a system for reporting of accidents and incidents, these were overseen by and reported to the local authority. The service was compliant with all notifications that it had to send to the Care Inspectorate.

Areas for improvement

The service should continue to explore the opportunities to improve the safety and protection of young people.

Grade

5 – Very Good

Number of requirements – 0

Number of recommendations – 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

We assessed this statement by touring the premises and observing staff and young people as they used the service, speaking with the manager and staff and examining records, such as the support files for a selection of people who use the service.

We found that the environment was very good at supporting young people to have as good a quality of life as possible. Janet Courtney was designed to allow

young people to have a balance between personal and public space. The space supported a range of daily activities which supported young people to achieve their potential. The service had a number of leisure areas which included three TV areas which were found to be very comfortable with soft furnishings. There was two activity areas which had games consoles, fusbball, snooker tables and pool tables. The hostel also had a well resourced gym which was well used by the young people. There was a very good study area which had a library and study materials. The hostel also had a music room where young people could practice on their musical instruments, the service had a drum kit and a piano which was regularly used to support young people with their music studies.

The service also regularly used the school games halls to facilitate group activities, such as football, rounders, basketball, and netball. Staff also encouraged young people to use the local community facilities at the Clickamin and the Ma Reel.

As previously stated, the service continued to maintain the environment. It was found to be homely and comfortable and had a pleasant dining room and link area with café seating. Young people were always involved in suggesting improvements for the hostel. The most recent area designated for redecoration was the link area, with young people choosing the furnishings and colours. Most of the young people over the age 16 year had their own bedrooms, the majority of young people shared their room. This was an arrangement that young people stated they were happy with it. This arrangement will change in the new planned hostel, with most having their own room which would have en suite facilities,

Young people told us that staff respected their privacy and would knock on their doors before entering. Young people's personal space was found to be attractive with many rooms being personalised with posters and lighting. All young people had access to a toilet with a bath or a shower near their bedroom.

The hostel had a secure entry system, young people and visitors had to sign in and out when using the hostel. There was also a regular system in place for safety and security checks of the building.

Areas for improvement

The service should continue involving young people in the planning for the new provision which is planned in the Autumn of 2017.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Quality theme not assessed

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
21 Apr 2015	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
17 Apr 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
30 Oct 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
26 Nov 2012	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
17 Nov 2011	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
21 Jun 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed

6 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
18 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

**Education and Families Committee****3 October 2016****Halls of Residence Naming****CS-18-16-F****Director of Children's Services****Children's Services****1.0 Summary**

- 1.1 Financial close on both the Anderson High School and Halls of Residence projects was achieved on 29 July 2015. Since then the construction phase has commenced on both the Anderson High School and Halls of Residence.
- 1.2 The Director of Children's Services took a report to council on 11 April 2016 outlining a process in which a consultation to seek a name for the new Halls of Residence.
- 1.3 A period of consultation was held from 20 April 2016 to 8 June 2016 where interested parties were invited to submit a suggested name for the new Halls of Residence.
- 1.4 This report seeks to make a decision on the name for the new Halls of Residence.

2.0 Decision Required

- 2.1 That Education and Families Committee note the results from the consultation carried out from 20 April 2016 until 8 June 2016 and the recommendation from the Director of Children's Services.
- 2.2 That Education and Families Committee make a decision on the name for the new Halls of Residence.

3.0 Detail

- 3.1 On 11 April 2016 Education and Families Committee agreed the process for finding a name for the Halls of Residence and that the Director of Children's Services would bring back a recommendation for Education and Families Committee to make a final decision (min ref: E&F 11/16)

- 3.2 During the period of consultation the Director of Children's Services visited the Janet Courtney Hostel, the current Halls of Residence and met with the young people who currently stay in the Halls of Residence. Some of these young people will be transferring across to the new Halls of Residence.
- 3.3 A total of 80 suggestions were received from 72 responses, appendix 1 is included as a breakdown of the suggestions.
- 3.4 The Education and Families Committee are asked to note the Director of Children's Services recommendation that the new Halls of Residence be named "The George McGhee Halls of Residence".
- 3.5 There were 44 of the 80 responses which suggested this name and this recognises the dedication of the current Hostel Manager to the young people of Shetland who have stayed in it over the years.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – 2016 to 2020 Corporate Plan
The report links to the Our Plan 2016-20 priority "Complete and move into the new Anderson High School and Halls of Residence".

The report also links to the Corporate Plan objective "Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential."

Children's Services Directorate Plan has the following relevant priorities:

- To get it right for every child.

In addition Children's Directorate Plan set outs the key aims for all its services in 2015-16. The aim to this proposal is:

- We will deliver the best possible service we can which balances access, opportunities and resources.

- 4.2 Community /Stakeholder Issues
Local media was used to promote this exercise and to encourage wide participation.
- 4.3 Policy And/Or Delegated Authority
In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has responsibility and delegated authority for decision making on matters within its remit which includes school education. This report is related to the function of an education authority.
- 4.4 Risk Management

The council has a statutory duty to secure improvement in the quality of education it provides.

4.5 Equalities, Health and Human Rights – None

4.6 Environmental – None

Resources

4.7 Financial – None

4.8 Legal – None

4.9 Human Resources

There would be positive HR implications in accepting the recommendation as it recognises the valuable contribution that members of the council's workforce can have on the lives of young people in our community.

4.10 Assets And Property – None

5.0 Conclusions

5.1 Education and Families Committee is asked to note the Director of Children's Services recommendation and make a decision on the name of the new Halls of Residence.

For further information please contact:
Helen Budge, Director of Children's Services
01595 744064
helen.budge@shetland.gov.uk
Report Finalised: 23 September 2016

List of Appendices

Appendix 1: Breakdown of Suggestions

Naming the new Halls of Residence

80 suggestions from 72 Responses:

Suggestion	Number of times suggested
George McGhee	44
Anderson/ AHS	7
Staney Hill or Staney Lea	3
Broch	2
Da Hostel	2
Lochside	2
Aurora	1
Banks Broo	1
Bidie Inn	1
Bill Smith	1
Bright House	1
Clickimin	1
Emmie Louise	1
Flourish House	1
George Jamieson	1
Haldane Burgess	1
Harry Hay	1
Hillside	1
Jenny Gilbertson	1
John Graham	1
Lerwick	1
Nessie	1
North Loch	1
Peerie Loch	1
Rose Bush	1
Rosie	1