

**Joint Follow-Through inspection of services  
to protect children and young people in the  
East Lothian Council area**

**January 2009**

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## Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, '*How well are children and young people protected and their needs met?*'<sup>1</sup>

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

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<sup>1</sup> '*How well are children and young people protected and their needs met?*' Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

## 1. The inspection

HM Inspectorate of Education (HMIE) published a report on the joint inspection of services to protect children and young people in the East Lothian Council area in January 2007. Working together, services within the area prepared an action plan indicating how they would address the main points for action identified in the original HMIE inspection report.

Inspectors revisited the East Lothian Council area in October 2008 to assess the extent to which services were continuing to improve the quality of their work to protect children and young people, and to evaluate progress made in responding to the main points for action in the initial report.

## 2. Continuous improvement

Since the previous inspection, the Edinburgh, Lothian and Borders Executive Group (ELBEG) had carried out a review of its functions and its relationship to local child protection committees. As a result the East Lothian Child Protection Committee (CPC) had a clearer view of its role. A lead officer and administrative support had been appointed to work with the East Lothian CPC. These arrangements had strengthened the committee and the related sub-committees. The CPC had effectively led the implementation of the action plan arising from the inspection report of 2007. The committee had also provided strong leadership in developing inter-agency training, policies and practice across services.

Staff in East Lothian Council Children and Families Department had moved to new premises. Teams which were previously based in a number of different locations had been brought together. The children and family practice teams had been reorganised into a short-term and long-term team. The short-term team took all initial referrals after first screening. They were able to respond effectively to situations where there were immediate concerns about children. A specialist team had been set up for children with disabilities and their families. The responsibilities of the integration team, supporting children of school age and their families, had been made clearer. These arrangements made more effective use of time and resources, and reduced disruption to families.

Services working together in East Lothian had made commendable progress towards working practices which support the national initiative *Getting it right for every child*. Multi-agency screening groups had improved the sharing of information and approaches to early intervention. The joint *Staged Framework for Intervention* was used effectively to ensure the appropriate response to children's needs. Through this framework and the multi-agency screening groups, a system is developing to ensure the most appropriate professional takes forward planning and intervention to help a child, irrespective of which service they work for.

Commendably, East Lothian Council is working towards developing practice and some aspects of service with neighbouring Midlothian Council. For example, the two areas now have a shared Drug and Alcohol Abuse Team and plans are in place to develop the Midlothian Critical Service Oversight Group to look at practice across

East and Midlothian. These initiatives achieve best value through avoiding duplication of meetings, particularly for services such as the police and health which cover both areas. The two areas also benefit from increased opportunities to share best practice and improve services.

### **3. Progress towards meeting the main points for action**

The initial inspection report published in January 2007 had identified four main points for action. This section evaluates the progress services in the area have made with each of the main action points and the resulting improvements for children, young people and their families.

#### **3.1 Improve processes for planning and decision-making**

Overall, services had made very good progress towards improving processes for planning and decision-making.

The Children and Families Department had introduced a new framework for assessing risks and needs of children. Staff used this well to ensure that assessments covered all aspects of children's circumstances. The assessments also identified what was required to meet children's needs. The comprehensive analysis of risk and support available to children allowed staff to make appropriate action plans. Plans clearly outlined responsibilities and timescales for action. They were regularly reviewed and adjustments made. This approach had been developed in full consultation with staff. Staff had received appropriate training and were confident that the new framework had contributed to improvements in their practice. It was suitable for use for a variety of purposes such as child protection case conferences, children's hearings and reviews for looked after and accommodated children. Children and families could easily understand the completed assessment. Children's Panel members were helped in their decision-making by the improved assessment.

NHS Lothian had introduced the Lothian Child Concern Model (LCCM) to enhance staff skills in child protection. This included an assessment and planning framework similar to that used in social work. All health visitors were using this model and plans were in place to roll out the model to all other health professionals. Services working with school age children had made progress in working together to support vulnerable children. Schools had a better understanding of the process of identifying the level of support a child needed. Staff across services used brief dated lists of significant events in children's lives to assist assessment and ensure children received appropriate services.

Child protection case conferences and core groups were well-organised and recorded. They focused on how best to meet children's individual needs. Staff from all services attended and contributed well to meetings. Within health, an enhanced tracking system ensured that children's contact with acute and outpatient hospital services was recorded and shared appropriately when there were concerns about a child. This improved the level of information health staff could bring to Initial Referral

Discussions (IRDs). A multi-agency group of senior managers monitored all IRD decisions, effectively contributing to consistent good practice. Referrals to the police about children's welfare were considered by a multi-agency group of practitioners. This group shared information and decided on the most appropriate course of action to help families. The police had also led an approach to responding to domestic abuse which strengthened links between adult and children's services. As a result of these initiatives, children received services earlier, in a coordinated way and from the most appropriate source.

### **3.2 Develop a more consistent approach to monitoring and evaluating key processes, to ensure consistent high standards across services, and continuous improvements in how staff carry out their work**

Services in the area, working together, had made very good progress on this main point for action.

Members of the CPC worked very well together to share guidance and develop clear expectations of what they expected staff to do. A small team, drawn from key services, worked together to look at case files from health, children and families and police to ensure work was being carried out to a high standard. They shared their findings with the full CPC, and planned to share lessons learned from the exercise across all services. Social workers and health visitors had regular meetings with their managers to discuss their work. These meetings were used effectively to monitor work and ensure that agreed actions were carried out. This also ensured that the services had a shared understanding of what circumstances posed a risk to children, and what actions were appropriate to help them.

Staff in the service development team in the Children and Families Department had developed a very helpful approach to analysing the work carried out by the department. They sent out a monthly report which showed trends in children coming on to and going off the child protection register, patterns in the arrangements for children looked after by the local authority, and trends in referrals to children's services. Staff used this information well to review their practice, monitor resources and plan for improvements.

Services had effectively developed training courses which were attended by staff from children and families, health, police and voluntary organisations. The training was regularly reviewed to take account of national initiatives and local needs. Members of the CPC and managers within services had made very good progress in developing a culture of self-evaluation and challenge. Services can now build on this to develop a more rigorous approach across individual services.

### **3.3 Ensure police officers record information on any individual who is the subject of an enquiry related to harm to children at the commencement of the enquiry**

Very good progress had been made in ensuring that police officers record information on any individual who is subject of an enquiry related to harm to children at the commencement of the enquiry.

When information is received by the police regarding abuse or neglect by a named individual a Scottish Intelligence Database (SID) log is completed. This is done when the initial referral is made or when an IRD is carried out. On completion of the police investigation the enquiry officer submits a second SID log detailing the outcome. When an enquiry is allocated to uniformed police officers they complete the second SID entry before passing the file back to the police Public Protection Unit (PPU). A check list at the front of the investigation file reminds officers of the need to complete SID logs. Staff in the PPU monitor to ensure the log is completed. The police computer system where details of child protection investigations are recorded is updated with relevant SID log reference numbers before the record is closed. These revised processes ensure that as soon as an individual is being investigated as a risk to children that information is available to organisations making enquiries about the individual's suitability to work with children. If the individual is subsequently found not to be a risk that is also recorded.

### **3.4 Gather systematically the views of children, young people and their families about the services they have used, and the processes they have been involved in, and use this information more effectively to improve services**

Overall, services in the area had made good progress with this main point for action, with very good progress in some aspects.

A consumer involvement officer (CIO) had been employed through the CPC to take forward involvement of children and young people and their families in improving services. She had engaged young people very successfully and supported them to develop and present their views about the services they had received.

After a successful trial with a small number of children, social workers will now use a questionnaire with all children to gather and record their views about the help they have received from the Children and Families Department, at the point when the work with the child has been completed. The department has begun collating the responses and plan to use the information to help them improve services. A small group of parents also took part in a trial questionnaire, and further work is planned to consider how to extend this opportunity to more parents. Social workers have all been trained in using an interactive computer game to gather the views of the children they are working with. They have done some early work using this across a number of services within the Children and Families Department, including the integration team and the youth justice team. The disability team, in partnership with colleagues from education, have started looking at ways to support children who have difficulties in communicating, to give their views.

The CIO had also successfully helped young people to be involved in the development of policies. For example, the policy on financial arrangements for young people who are looked after away from home by the local authority and who are earning from employment was developed in partnership with young people. Young people also made a significant contribution to a conference on corporate parenting organised by the local authority. As a result, there have been commitments made by departments across the local authority to improvements. Young people have already benefited from improved opportunities for employment training.

The police in the East Lothian area have developed an approach to working with young people which includes meeting with them and listening to their concerns and views.

Young people were also involved in the selection of the agency taken on by the council to provide a rights and advocacy service. The young people who have been involved in these consultations felt that their views were listened to and that they were making a difference to services. Services now need to build on this very good start and embed these approaches into practice across all services.

#### **4. Conclusion**

Services in East Lothian Council area had made, overall, very good progress since the inspection of January 2007. They had improved practice within and across services, resulting in better outcomes for children. These improvements had been monitored and systems put in place to ensure high standards are maintained. The Children and Families Department had begun asking children and young people their views about the services which had been helping them. They had taken account of these views and had put in place arrangements to gather views systematically so that they can use them to improve services.

As a result of this very good performance, HMIE will make no further visits in relation to the inspection report of January 2007.

Christine Knight  
HM Inspector  
January 2009

## **How can you contact us?**

### **If you would like an additional copy of this report**

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website [www.hmie.gov.uk](http://www.hmie.gov.uk).

### **If you wish to comment about this inspection**

Should you wish to comment on any aspect of this inspection you should write in the first instance to Neil McKechnie, HM Chief Inspector at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

### **Our complaints procedure**

If you have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. You can also e-mail [HMIEcomplaints@hmie.gsi.gov.uk](mailto:HMIEcomplaints@hmie.gsi.gov.uk). A copy of our complaints procedure is available from this office, by telephoning 01506 600200 or from our website at [www.hmie.gov.uk](http://www.hmie.gov.uk).

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Service Ombudsman. The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail enquiries to [ask@spsso.org.uk](mailto:ask@spsso.org.uk). More information about the Ombudsman's office can be obtained from the website: [www.spsso.org.uk](http://www.spsso.org.uk).

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