

**Joint inspection of services to protect children and
young people in the East Lothian Council area
January 2007**

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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?'*¹

The inspection team included Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

¹ 'How well are children and young people protected and their needs met?' Self evaluation using quality indicators, HM Inspectorate of Education 2005

1. Background

The inspection of services to protect children² in the East Lothian area took place in May 2006. It covered the range of services, and staff working in the area who had a role in protecting children. These included services provided by health, the police, the local authority and the Authority Reporter, as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services provided to help children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of the service received by every single child in the area who might need help.

East Lothian covers an area of 679 square kilometres, stretching along the east coast of Scotland from Musselburgh to Dunbar. The area is bounded to the west by the City of Edinburgh, to the north by the estuary of the River Forth, to the east by the North Sea and to the south by the Lammermuir Hills and the boundary with the Scottish Borders Council.

East Lothian has an estimated population of 91,580 of whom 22.7% are under 18. In Scotland as a whole, the proportion of under 18s is 20.8%. On the whole, the socio-economic context is a relatively advantaged one. Although there are some pockets of deprivation, none of them are within the 15% most deprived areas in Scotland. The number of new clients seeking help for drug misuse, apart from a slight dip in 2003-4 had increased steadily since 2001. In 2005/2006 levels of domestic abuse reported to the police were higher than most comparator authorities³. It had increased significantly in comparison to the average increase across Scotland since 2004/2005.

² Throughout this document 'children' refers to persons under the age of 18 as defined in the Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006, section 7(1).

³ Comparator authorities include, Stirling, Midlothian, Fife, Aberdeenshire and South Lanarkshire.

2. Key Strengths

Inspectors found the following key strengths in how well children were protected and their needs met in East Lothian.

- The impact of strong strategic leadership from Edinburgh, Lothian and Borders Executive Group (ELBEG) in developing partnership working and a more cohesive framework to guide child protection work.
- The effective inter-agency response when specific concerns were raised about children who were at immediate risk.
- A high level of awareness of staff across all services of their responsibilities to protect children.
- Recent improvements in systems and practice, particularly the management of child protection case conferences, and monitoring of children on the child protection register.
- Strong team work within and across services within a supportive culture.

3. How effective is the help children get when they need it?

Children known to be at risk had been helped effectively by the intervention of staff. They knew who to go to for help and were generally positive about their relationships with staff helping them. Some families were helped by services to reduce the possible risks to children, but access to such services varied too much. A small number of children could have been given support at an earlier stage.

Being listened to and respected

Overall, communication between staff and children and families in East Lothian was good. Most children were listened to and were encouraged to give their views on what would help them. They generally enjoyed good relationships with their social worker and saw them on a regular basis. They knew how to contact their social worker and received prompt responses when they did. When decisions were made which affected children's lives, such as seeking alternative families, social workers explained the reasons for these decisions to them. Younger children and their families had very positive relationships with health visitors. Health visitors noted and took appropriate action if indications from behaviour or appearance suggested that a baby or young child was in need of help. Children with disabilities affecting their communication were helped through a variety of strategies to express their views and their feelings. There was a strong focus on careful and consistent observation to monitor these children for any signs which might be communicating physical or emotional upset or distress.

At Children's Hearings children were asked for their views and panel members made good attempts to listen carefully to children and discuss their needs. Safeguarders were regularly and appropriately used to provide an independent voice on behalf of the child. Children who were old enough to understand the process completed a form for the panel called "Having your say" to help them express their views about what they wanted the outcomes of the hearing to be. Some children used the form effectively though less than half the children given the form returned it. Children sometimes found it difficult to participate at formal meetings to review their circumstances, or make plans for them. They did not always get the support they required in order to think through what they wanted to happen and how to explain that to others. They held some misunderstandings about the roles of different staff with responsibility for keeping them safe.

Being helped to keep safe

Strategies to minimise harm were adequate. The impact of approaches to reducing risks to children was too varied and not regularly evaluated. Some children and their families benefited from a number of approaches and initiatives developed by services, including voluntary services, to reduce the likelihood of children experiencing harm. However, access to such services was not consistent across the area. Families received intensive support from a number of individual services to reduce the risk of harm. These were not always well co-ordinated and it was often unclear what the expected outcomes for the family were. Mothers and fathers who needed help with their children attended parenting support classes organised by a range of providers. The purpose of these classes was not always clear and the nature and extent of delivery varied. Families where there were concerns about long term neglect sometimes did not get effective help until a specific incident brought the situation to a

crisis. At times services were reduced because children's lives showed some signs of improvement although it was not always clear that the improvement could be sustained.

There were strengths in children's knowledge about how to keep themselves safe. Children were able to identify a wide range of staff and trusted adults, including people in their own family, who could help them with their worries and problems. Most were able to identify a trusted adult in school that they could talk to. Young people of secondary age in the Tranent area identified the Social Inclusion Partnership (SIP) resource as somewhere they would go to talk to an adult in confidence and somewhere they could get helpful advice and support. Most children were known to at least one adult who would recognise if they needed help. For pre-school children this was most often the health visitor, and for school age children, someone in school. Children educated at home were monitored by officers from the education department, who involved social workers if they needed help in assessing whether a child was at risk. Children not attending school, or excluded from school, were seen regularly by a member of the local team offering integrated support or the East Lothian Inclusion Service (ELIS). However, these children did not always have access to adults of their choice if they wanted to talk to someone.

Children believed that what they learned at school helped keep them healthy and safe. They thought staff dealt well with bullying. They felt safe in school, knew where they felt safe in the community and which areas in their community were less safe. Most children were familiar with ChildLine, knew what the service offered and how to access it. The impartiality and confidential nature of this service was viewed as crucial by the children. Children identified their friends as very important when they needed support and encouragement to seek help.

Some examples of what children said about keeping themselves safe.

"The school makes a big job of making us feel safe."

"The police tell us how to keep safe."

"You can always speak to someone in school."

"I always go down to the SIP office. They always talk to you."

Response to immediate concern

Overall, the help children received when a concern was initially raised by, or about, them was good. Children benefited from steps taken by staff to help them. Swift and appropriate action, including good collaborative initial referral discussions, had protected children and reduced or removed the risk to them. This was supported by good joint work between out of hours social work services, local health services, NHS 24 and the police. Resources were put in place immediately to ensure the child's safety. Pre-birth protocols were used to good effect, with care and protection plans drawn up to ensure the child's safety at birth. On a few occasions, however, there were delays in decision-making resulting in uncertainty for the families concerned. Services did not always feed back to staff who had referred a child

perceived to be at risk either within their own services or to other services or members of the public.

Meeting needs

Overall, children were well protected from risk or harm by the actions taken by staff. Children's lives were generally improved through such interventions. On some occasions when the risk to a child was one which gradually formed over a period of time, the child remained without help for too long before action was taken. Lack of longer term planning meant that some children experienced uncertainty at times and too many changes in their lives.

Some children, particularly younger children, were supported at home, with help to their families provided, for example through Children 1st, family support workers or day carers. Others were settled with foster carers and as a result had made good progress emotionally and educationally. For some children the decision had been made that they should not live with their parents and permanent, alternative families were being sought. Children were also helped effectively by foster carers and residential care staff, through emotional, practical and social support. At the time of the inspection there were no children waiting for alternative care arrangements.

Children who needed it were generally able to access support from locally based child and adolescent mental health services (CAMHS). Children benefited either from direct referrals to CAMHS or through the advice given by the CAMHS team to significant adults in their lives, such as teachers, carers or social workers. Children who needed therapeutic support for recovery from sexual abuse, including those who had learning difficulties, were effectively helped through Barnardo's Skylight service. They received help for as long as they needed it, and their parents and carers were also helped to understand the impact of sexual abuse on the child or young person. A small number of children whose difficulties included sexually harmful behaviour were helped through Barnardo's Lighthouse project. Parents, carers and staff working with the child were well-supported by the service.

4. How well do services promote public awareness of child protection?

Services were available to allow members of the community to raise concerns about a child's welfare at any time. Members of the public used these services and responses were appropriate. Some steps had been taken to raise public awareness of children who might need protection, but the impact had not yet been evaluated.

Being aware of protecting children

East Lothian Council and key partners had undertaken a broad range of effective activities and campaigns to promote the safety of children. Health visitors employed by NHS Lothian consistently promoted child safety and protection in their visits to parents and carers at key stages of their child's development. There was an extensive campaign to promote personal and community safety for all children in both primary and secondary schools. This was delivered by Lothian and Borders Police in partnership with both schools and youth services. Leaflets with contact numbers were available in some public places, but were not widely available at the time of the inspection. Children had all received information about

contacting services for help in the form of an attractive bookmark. The Child Protection Committee (CPC) had not yet implemented a co-ordinated strategy to raise awareness in the whole community about keeping children safer and reducing risks. They had not identified levels of public awareness, nor evaluated the impact and consistency of approaches deployed by individual services.

Members of the public, including family members and neighbours, had successfully contacted services about child protection concerns. There was a swift response by services to concerns raised by members of the public. When feedback had been given to a member of the public or other staff who had raised a concern about a child, this was not routinely documented in files. The daytime duty system operated in children and families services ensured any member of the public or staff could talk immediately to an experienced social worker who was knowledgeable about child protection. The police call centre and the Emergency Social Work Service (ESWS) contracted by the council from the City of Edinburgh Council ensured that contact with a professional was available at all times to anyone who had a concern about a child.

5. How good is the delivery of key processes?

Recent improvements in processes for protecting children were beginning to have an impact on the experience of children and families. Staff were developing effective means to ensure families understood what was taking place and were involved in decision-making. Overall, staff shared information appropriately when children were at risk. Assessments of initial risk were effective, but assessment of longer term needs and risks was not sufficiently robust and consistent across services. Weaknesses in planning had an impact on the effectiveness of support for children, in particular the stability of arrangements to meet their needs.

Involving children and their families

Arrangements for involving children and their families were good. Staff ensured that clients were kept informed and involved in processes relating to their safety and protection, particularly in child protection case conferences. In the most effective practice, children, parents and family members were fully involved in a range of meetings. In these instances, they were encouraged to provide their views which were taken into account. When appropriate, families were supported by pre-meeting discussions with a key professional and were always encouraged to bring someone to support them. The extent to which children young people and families were actively involved in key processes depended too much on the skills of individual workers. A more strategic and consistent approach, with agreed procedures and training for staff was required. In a small number of cases, parents were not provided with written documents in advance of meetings and assisted to participate. They did not always fully understand what decisions had been made and why. The Children's Rights Officer provided advocacy for looked after and accommodated children. However, not all children had access to advocacy services at crucial meetings such as child protection case conferences. Family group conferences successfully engaged children and their immediate and extended family members in decision-making. This ensured that families contributed fully to decision-making and planning for children's safety and well-being. Procedures for taking forward these plans and their relationship to other child protection processes were not always clear to families. Children's hearings effectively involved children, young people and their families in discussions and provided clear explanations of their decisions. Good arrangements were made for parents who had difficulties with

communication. Where parents did not attend meetings, or had withdrawn from services, staff made very good efforts to ensure that they were kept informed about progress and decisions. Children, young people and their parents were very effectively involved in parenting assessments and risk assessments undertaken by Children 1st.

All key services had clear policies and procedures for handling complaints. These were available to service users and the general public in various formats. All services had clear expectations of staff conduct and procedures for dealing with allegations of misconduct. There were few reported formal complaints and there were some good examples of local resolution of dissatisfaction recorded in children's files. In some cases outcomes and arrangements for feedback were not recorded.

Sharing and recording information

Overall, the processes of sharing and recording information in the interests of children was good and some aspects of practice were very good. Staff took appropriate action when a child's safety was more important than confidentiality, and implemented inter-service protocols for sharing information. The recent introduction of revised procedures for protecting children living in families with problems with substance misuse had further enhanced approaches to information-sharing.

Particular features of information-sharing included the following:

- School staff and housing staff were good at sharing their concerns with police or social work staff.
- Police, health and social work conferred quickly and appropriately when concerns were raised leading to effective initial referral discussions (IRDs).
- Paediatricians were always included in discussions about possible medical examinations.
- Information was shared appropriately between the Scottish Ambulance Service, NHS 24, the out of hours social work service and general medical practitioners (GPs).
- Links were well-established between the Police Domestic Abuse Liaison Officer (DALO), Children 1st, Victim Support and Women's Aid.
- Health and social work staff passed information to housing staff to facilitate the provision of alternative accommodation for families.
- The linking of information and communications technology systems to give the out of hours social work service staff access to East Lothian social work records was unreliable and limited information-sharing at critical periods.
- Despite recent improvements, GPs did not consistently share information and attend case conferences.

The recording of information and the structure of case files held by a range of services was variable. More recent social work, health, and the Authority Reporter's files had a record of significant events at the front of the file. This was not yet fully embedded in practice across all services. Ongoing contact and work with families by social workers was recorded, but was often difficult to follow, and it did not facilitate regular review of contacts. Many of the school files lacked a chronology of significant events and did not contain details of contacts with other staff.

Education and Children's Services in East Lothian Council had developed a very effective approach to obtaining the written consent of families when information about them was shared with other staff. Police referral forms also made specific reference to information being made available to other services. However, approaches to ensuring parents, children and families knew what information was held about them, and was likely to be shared, were not yet established across all services.

Information regarding risk assessments undertaken on registered sex offenders was shared at child protection case conferences by the police Sex Offender Assessment Officers. Good links had been established between the police sex offenders' liaison officer and the criminal justice social work sex offenders' liaison officer. The local authority child protection manager attended the inter-service joint discussions on registered sex offenders which had enhanced the level of information-sharing. However, there was some confusion amongst some police officers about the extent to which information held about individuals who may have had access to children could be shared with other staff. More detailed guidance was needed. Uniform and specialist police officers recorded information relating to allegations of abuse or neglect against named individuals at the conclusion of an investigation or when an offence report was submitted rather than at the point of initial investigation. As a result, information about individuals who had committed offences, but had not yet been convicted, was not known to Disclosure Scotland.

Recognising and assessing risks and needs

Strengths in recognising and assessing risks just outweighed weaknesses. Although there were strengths in recognising when a child was at risk in initial assessments and in responses to concerns, there were weaknesses in how further assessments of longer term needs and risks were carried out. Staff were clear about their roles and responsibilities in recognising and taking action when a child was at risk. When a child was identified as needing help staff generally contacted social work, police or the community paediatricians to enable an IRD to take place. IRDs effectively assessed the risk to a child from information shared between services, and ensured prompt decision-making and appropriate action. When an IRD established a cause for concern requiring further action, social workers gathered information from families and relevant staff and undertook background checks to assess risks and needs. Although these further enquiries and assessments took place quickly and effectively, there was then, for some children, delays in convening case conferences.

The appointment of a Child Protection Manager had brought greater consistency and rigour to joint-assessment of risk and need. Recent social work reports contained much more comprehensive risk assessments. However, a common approach to risk assessment had not been agreed across all services and individual staff relied too heavily on their own knowledge and experience. Risk assessment tended to focus on current circumstances rather than fully considering case history and recurring patterns. Parenting capacity and long term needs of the child were not always fully taken into account in joint-assessments. The risks and needs of unborn children were effectively assessed by key staff who knew the family. Generally this ensured that decisions were made within an appropriate timescale, but on occasions the case conference was held too late, resulting in delays in further planning. A recent review of the Child Protection Register (CPR) had resulted in more consistent use of the criteria for registration. Attendance at case conferences had improved, ensuring a broader range of staff shared their expertise and knowledge of the family. Further development was required across all services to ensure a shared understanding of assessment and shared thresholds of risk.

NHS 24 and the Scottish Ambulance Service played an effective part in recognising and assessing when a child was at risk. Police and social workers jointly planned and carried out interviews and investigations. Effective links between paediatricians and forensic medical practitioners ensured a consistently high standard of provision. Arrangements were in place at the Royal Hospital for Sick Children in Edinburgh to ensure children received clinical medical assessments promptly.

Drug and alcohol workers and mental health workers routinely asked parents about their responsibilities and contact with children and assessed how well they managed to meet the needs of these children. However, assessment was limited as support workers did not routinely see their clients' children, or visit them at home. Staff assessing risks to children living in households affected by drug abuse did not consistently document the risks to children caused by the presence of drugs in the household and the impact of related criminal activity.

Planning to meet needs

The effectiveness of planning to meet the needs of children who required protection was weak. Planning for children mainly focused on what actions would be taken and what resources would be provided, without considering sufficiently what outcomes were required and longer term support strategies. Managers did not routinely review written care plans or review outcomes for individual children and families with the professionals involved. As a result, delays or poor quality planning were not adequately addressed and appropriate action taken.

All children who were on the CPR had a protection plan in place. Consistent efforts were made to ensure a balance of views from staff from different services was taken into account when decisions were made about the protection of children. Staff were confident that their views would be taken into account. Timescales and responsibilities for carrying out the plan were not sufficiently clear. The needs of each individual child and the collective needs of the family were not consistently identified and recorded. At some case conferences, insufficient attention was paid to the needs of the child as a result of the strong focus placed on supporting parents.

When planning for children, staff did not consistently consider what alternative actions may be necessary to help them if levels of risk or circumstances changed. As a result, staff were sometimes slow to respond to changes in children's situations. Planning focused mostly on the immediate needs of the child and solutions to current difficulties. Staff did not always fully consider what children needed to ensure long term stability in their lives.

The development of core groups of a small number of key people and parents and/or carers was valued by families and staff. These groups gave an opportunity for staff, parents and children to meet regularly to discuss and monitor ongoing support. Parents found it easier to participate with a smaller number of staff. The planned outcomes of these meetings were not always clear and recorded.

6. How good is operational management in protecting children and meeting their needs?

Operational management across the services to protect children in East Lothian was effective overall. Staff were provided with appropriate guidance for their work. Key staff from services worked well together at a local level to plan for children’s services, including those to protect children. Effective arrangements for the safe recruitment of staff were in place. Services did not consistently seek the views of service users to plan improvements in provision. Aspects of the structure of services for protection of children were not sufficiently clear, for example the responsibilities of the local CPC and the Edinburgh, Lothian and Borders Child Protection Office.

Aspect	Comments
Policies and procedures	A good range of policies and procedures, linked to national policies and relevant legislation, provided effective guidance for staff. The Edinburgh, Lothian and Borders Child Protection Office (ELBCPO), was producing new inter-service child protection procedures. Individual services had developed more specific procedures, such as the handbook for staff in social work dealing with cases of domestic abuse and the handbook for community midwives. The housing service was in the process of revising its policies and procedures to take account of the safety and protection of children.
Operational planning	The 2005-08 Integrated Children’s Service Plan, “ <i>For East Lothian’s Children</i> ”, set out detailed aims, objectives and strategic actions for keeping children safe and protected. The targets within the plan were based on a local multi-service audit of child protection carried out in 2005. An earlier audit in 2004 had resulted in the establishment of the child protection unit, which was beginning to have a positive impact on services. A shared staged assessment and intervention process to improve joint working between schools, social work, health staff and specialist services was in the process of being implemented. However, not all staff involved were clear about how this would affect their work. There was insufficient clarity about the responsibilities of the local CPC and ELBCPO. Approaches to using information and communication technology (ICT) to manage information and inform planning were at an early stage. Overall, operational planning was good.

Aspect	Comments
Participation of children, young people and families in policy development	Overall, the participation of children, young people and families in policy development was weak. There was no consistent approach to gathering feedback from service users and using this to inform service improvement. The local authority had begun to involve young people through Dialogue Youth and had held a Youth Futures event to inform strategic planning. Sufficient steps had not yet been taken to engage with hard to reach and more vulnerable groups.
Recruitment and retention of staff	Arrangements to ensure appropriate staffing levels to provide effective services to protect children were good. This had resulted in the establishment of a stable and experienced staff group across services. However, in some instances less experienced workers had taken on demanding roles in child protection. All children who were considered to be at risk of harm had an allocated social worker. Within children's services some groups of staff had overlapping responsibilities and there was a lack of clarity about roles. Procedures for safe recruitment were clear and took account of current legislation, including pre-employment checks where required.
Development of staff	The development of staff in child protection was good and had increased staff competences and confidence. Within individual services, child protection training was regularly delivered to a wide range of staff and had had a notable impact on improving their understanding and skills. Social work staff were given opportunities to review their case work with managers, but these meetings did not always provide sufficient challenge. Child protection advisors in the health service regularly reviewed child protection cases with health visitors which enabled them to work more effectively. Inter-service child protection training events had recently commenced and were well attended by a wide cross-section of staff.

7. How good is individual and collective leadership?

The recently developed structure for providing strategic leadership across Edinburgh, Lothian and the Scottish Borders had resulted in strong partnerships and effective collective leadership. The importance of protecting children had been given a high priority within and across services. This had resulted in increased understanding of staff at all levels of their role in protecting children. Procedures for evaluating the impact of processes to protect children were at an early stage of development.

Vision, values and aims

The quality of vision, values and aims to protect children in East Lothian was good.

Individual services had clear vision, values and aims in relation to the protection of children. This had effectively raised staff awareness of, and their commitment to, protecting children.

- Elected members in East Lothian Council provided effective support to officers carrying out responsibilities for protecting children. The Chief Executive and senior officers were clear about their vision for keeping children safe. All council staff had been given written information about the council's commitment and each individual's responsibility for child protection. They were, generally, aware that it was a high priority for the council but were not always clear about their specific role in delivering that priority.
- The Chief Executive of NHS Lothian had ensured that staff within the health service were clear about the vision and their responsibilities for child protection. They were fully aware of the importance of the contribution of the health service in keeping children safe. NHS 24 and the ambulance service had taken effective steps to ensure that staff had an appropriate understanding of their services' strong commitment to protecting children, and their role in implementing this.
- Within Lothian and Borders Constabulary there was a strong vision for child protection within a focus on the long term safety and wellbeing of vulnerable members of society. There had been a recent successful drive to ensure that officers and support staff, whose main responsibilities were not related to child protection, were made aware of the force's commitment. This had successfully raised awareness of, for example, staff who took direct calls from the public.

The Integrated Children's Service Plan, set out a clear, collective vision and aims for children in East Lothian. Through ELBEG, Chief Executives and the Chief Constable agreed a shared vision for protecting children across their areas of responsibility.

Leadership and direction

Senior managers across all services were clear about their individual and collective responsibilities for protecting children. Through ELBEG, the Chief Executives and the Chief Constable had established authoritative leadership, by providing joint strategic leadership and direction for the protection of children. The local authorities across Edinburgh, Lothian and the Scottish Borders had jointly funded ELBCPO, to support sharing and developing expertise, and ensuring high quality joint policies and procedures for child protection. The ELBCPO was responsible for overseeing the management and development of the Edinburgh and Lothian child protection register. A good start had been made to providing strategic

direction through the Lothian and Borders information-sharing protocol and the development of revised child protection procedures.

East Lothian CPC had made a sound start to developing its role in leading the delivery of services to protect children at a local level. However, it had not yet fully established its key role in providing leadership and direction. It had further developed the project, initially started by social work, to review child protection procedures by including other services. The committee had taken a lead in successfully reviewing and improving procedures against recommendations in recently published child protection investigations and enquiries. The planned appointment of a lead officer should strengthen the role of the committee.

Within the East Lothian area, services had worked closely together and with voluntary organisations to prioritise and manage available resources for protecting children and meeting their needs. There was not as yet a strategic overview of the range and purpose of resources, or identification of gaps in services.

Leadership of people and partnerships

The individual and collective leadership of people and partnerships across all services in East Lothian was very good. ELBEG had made a significant impact in promoting partnership working at a strategic level. Whilst there was universal support for ELBEG, senior managers within the local authority needed to develop closer links with ELBCPO to maximise the benefits of sharing resources and developing consistent practice across all services. Senior managers supported staff effectively and valued their work. They had succeeded in developing a very supportive and collaborative culture.

The East Lothian Chief Officers Group, comprising representatives from health, education, social work and the Authority Reporter, played a significant role in planning and developing partnership working with the statutory and voluntary organisations. Staff, across services, were encouraged to work together to protect children. Relationships between staff from various services were constructive and were enhanced by the close proximity of services in a small geographical area.

The establishment of the East Lothian Community Health Partnership (CHP), had strengthened partnership and joint working between health staff and their partners in East Lothian. There was good partnership between NHS Lothian and NHS 24, including the sharing of resources. The council's children's services department worked effectively in partnership with Children 1st to develop services to meet identified needs in the area.

Leadership of change and improvement

Overall, leadership of change and improvement was adequate. Strategic leaders and managers recognised the importance of taking a systematic approach to quality assurance as a means of ensuring continuous improvement within and across services. The development of quality assurance mechanisms within and across services, including robust self-evaluation, had laid effective foundations for improvement.

Elected members and officers in East Lothian Council used the outcomes of local and national critical case reviews to compare and improve systems for child protection. Following earlier child protection audits, a more recent multi-disciplinary audit of child

protection cases and initial referral discussions had been carried out by social work staff. The outcomes of this audit were used to inform multi-agency child protection training. The CPC's quality assurance sub-group were well placed to develop more rigorous procedures for self-evaluation across all the services involved.

The police had carried out a single service structured self-evaluation of child protection across the Lothian and Borders area. Good practice and areas for development were circulated to senior and key staff, and changes in practices had led to service improvements. Within NHS Lothian, the Clinical Governance / Performance Management System monitored the delivery of the key service priorities, including child protection, and reported on them to the Board of NHS Lothian. A recent audit of compliance with child protection procedures had been undertaken and the results were due to be reviewed by the clinical governance committee.

8. How well are children and young people protected and their needs met?

Summary

Inspectors were confident that children who needed protection in East Lothian were known to services, and that action was being taken to meet their needs and improve their lives. However, some children waited too long for decisions to be made and remained uncertain about their future. Further work was required to develop clear, agreed and shared thresholds of risk to minimise the possibility of children being in unsafe situations.

The Child Protection Committee and the individual services they represent, working in co-operation with the Edinburgh, Lothian and Borders Child Protection Office, and guided by Edinburgh, Lothian and Borders Executive Group, are well placed to take forward improvements to strengthen services for protecting children living in East Lothian. In doing so they should take account of the need to:

- improve processes for planning and decision-making;
- 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;
- 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; and
- 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.

9. What happens next?

The chief officers have been asked to prepare an action plan indicating how they will address the main recommendations of this report, and to share that plan with stakeholders. Within two years of the publication of this report HM Inspectors will re-visit the authority area to assess and report on progress made in meeting the recommendations.

Christine Knight
HM Inspector
January 2007

Appendix 1 Indicators of Quality

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services to protect children and meet their needs.

How effective is the help children get when they need it?	
Children are listened to, understood and respected	Good
Children benefit from strategies to minimise harm	Adequate
Children are helped by the actions taken in response to immediate concerns	Good
Children's needs are met	Good
How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Adequate
How good is the delivery of key processes?	
Involving children and their families in key processes	Good
Information-sharing and recording	Good
Recognising and assess risks and needs	Adequate
Effectiveness of planning to meet needs	Weak
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Good
Operational planning	Good
Participation of children families and other relevant people in policy development	Weak
Recruitment and retention of staff	Good
Development of staff	Good
How good is individual and collective leadership?	
Vision values and aims	Good
Leadership and direction	Good
Leadership of people and partnerships	Very good
Leadership of change and improvement	Adequate

The report uses the following word scale to make clear the evaluations made by Inspectors:

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

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.

If you wish to comment about the inspection

Should you wish to comment on any aspect of the inspection you should write in the first instance to Neil McKechnie, Director of Services for Children 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 Hazel Dewart, Business Management Unit, HM Inspectorate of Education, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. A copy of our complaints procedure is available from this office or by telephoning 01506 600258 or from our website at 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 Services Ombudsman. The Scottish Public Services Ombudsman is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to The Scottish Public Services Ombudsman, 4-6 Melville Street, Edinburgh EH3 7NS. You can also telephone 0870 011 5378 or e-mail enquiries@scottishombudsman.org.uk. More information about the Ombudsman's office can be obtained from the website: www.scottishombudsman.org.uk.

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