

**Joint inspection of services to protect children and  
young people in the Scottish Borders Council area**

**March 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?'*<sup>1</sup>

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.

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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. Background

The inspection of services to protect children<sup>2</sup> in the Scottish Borders Council area took place between October and November 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 that provided help to 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 service received by every single child in the area who might need help.

The Scottish Borders is located in the south of Scotland and shares a border with Dumfries and Galloway in the west, and South Lanarkshire and West Lothian in the north west. The City of Edinburgh, East Lothian and Midlothian are to the north and the counties of Northumberland and Cumbria in England are to the south.

The population of just over 109,000 is located mostly in small towns. A third of the population live in communities which have fewer than 1,500 people. Around 21% of the population are aged under 18, which is in line with the national average. The number of child protection referrals increased from 241 in 2005 to 295 in 2006. This represents 14.5 children per 1,000 aged 0-15 in the authority compared with 11.3 per 1,000 in Scotland as a whole. In 2006, child protection case conferences were held for 71 children of which 59 were placed on the child protection register. This was in line with comparator authorities<sup>3</sup>, but higher than the national average. Recorded incidents of domestic abuse in 2006 were well below the national average and below the average for comparator authorities.

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

<sup>3</sup> Comparator authorities include Highland, Angus, Dumfries and Galloway, Argyll and Bute and Perth and Kinross.

## 2. Key Strengths

Inspectors found the following key strengths in services to protect children in Scottish Borders area:

- The multi-agency Child Protection and Review Unit (CPRU).
- Effective child protection procedures and policies, operated consistently by staff.
- Multi-agency staff awareness raising and training in child protection which has led to high levels of confidence and competence among staff across services.
- Safe recruitment procedures.
- Leadership and direction provided by the Chief Executives of the Council and Health Board and the police Chief Superintendent which resulted in a culture of collective responsibility and the promotion of partnership working.
- Leadership provided by the independent chair of the Child Protection Committee (CPC).

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

*Children identified as being at immediate risk received very effective help and support from services. The initial contact with children was very good, with a range of effective support services in place to protect children assessed at high risk. Communication with children, young people and their families was good in almost all cases. Children who were placed on the child protection register benefited as a result. However, the needs of children assessed as being at lower risk and those with longer term needs were not always met due to delays in receiving services or a lack of specialist support services.*

#### **Being listened to and respected**

Overall, communication between staff and children and families was good. Staff across services listened to and respected children, young people and families where child protection procedures were being implemented. They were knowledgeable about the children, young people and families who they were working with and encouraged communication in an atmosphere of trust and respect. However, in some cases where families were more challenging or had younger children, communication was less effective. There were insufficient opportunities for young people who had been abused to talk about their feelings.

Procedures within the Child Protection and Review Unit (CPRU) multi-agency team encouraged the representation of the views of children, young people and families in case conferences and reviews. Children's Hearings encouraged the active participation of children, young people and their families, which resulted in panel members having a clear understanding of their views. Family support workers and staff from Children 1<sup>st</sup> played an important role in ensuring that families were supported to be fully involved in decision-making.

#### **Being helped to keep safe**

Strategies to minimise harm to children and young people were good. There was a range of appropriate and effective services for protecting children and young people. Health visitors and midwives worked very effectively to provide both individual and group support to parents. Pre-school provision and breakfast clubs in primary schools were used flexibly to meet the needs of vulnerable children and families. A range of effective specialist services provided support to families affected by disability, mental illness, substance misuse and to young carers. Services worked well together to provide flexible and tailored intervention to meet the needs of children and young people who were placed on the child protection register. Where children were not placed on the child protection register, but where specific needs had been identified, this level of intervention was not always provided. The family support team could not always provide an immediate response due to limited resources. As a result, there were delays in providing support to some families and services for some young people who had suffered abuse. An integrated approach to needs and risk assessment was in the early stages of development.

Primary and secondary pupils demonstrated good awareness of personal safety. Effective programmes were delivered in schools to raise children and young people's awareness of keeping themselves safe. These included good quality personal safety programmes delivered by the police. Pupils were aware of the services provided by ChildLine and how to contact them. Some families benefited from home link workers who were able to build relationships between home and school. A joint social work and education programme for vulnerable pupils and those at risk of exclusion was in place. An education officer was responsible for

maintaining contact with those children and young people educated at home. Revised procedures to identify and meet the needs of children missing, but not excluded, from education were introduced in January 2007. Although systems were in place for keeping contact with and providing excluded pupils with continuing education, more robust, co-ordinated support was required.

Primary and secondary pupils had good awareness of how to obtain help and who they would trust. Almost all young people had established positive and trusting relationships with a wide range of staff within the school setting. In particular, they felt they could approach guidance staff and school nurses to seek help and advice. An impressive range of support programmes were in place which provided effective help in dealing with a range of issues including bullying. Pupils had a clear understanding of the role of the locality based police integration officers through the close links which had been established with their schools.

### **What children and young people told us:**

*“It’s not easy moving up from primary - I was scared stiff. We feel we can make a contribution to keeping each other safe and put something back into the school at the same time.”*

*“I get a lot out of the peer advocacy project and hope that I am doing something useful in the process.”*

*“We know places not to go like the half mile tunnel.”*

*“A couple of years ago I had to speak to my mum and my guidance teacher about something that happened in the park. I know that they took it seriously and did something about it and made me feel better.”*

### **Response to immediate concerns**

The response to immediate concerns was very good. Services worked well together in response to the initial expressions of concern about the safety of children and young people. Staff and voluntary workers were aware of their responsibilities to protect children. Referral procedures were clear and readily accessible. The CPRU ensured that immediate concerns were treated seriously and that prompt action was taken in response. Effective systems had been put in place within the unit which included early joint service assessment of referrals and identification of who would carry out investigative work. This resulted in a planned and appropriate response. The CPRU ensured that services shared information and agreed on appropriate service involvement. This was helped by good administrative support. As a result, there was a consistent approach to addressing and responding to concerns, including those referred outwith normal working hours. The CPRU also organised and ran case conferences and reviews very effectively.

## **Meeting needs**

Meeting the needs of children and young people was good. A range of appropriate services was available to those children and young people who were at most risk and those on the child protection register. Overall, the short term needs of children and young people were met more effectively than their longer term needs. Some services to provide long term support were not always available to children, young people and families when they required them.

Children and young people who were on the child protection register or within the Children's Hearing system were given priority in the allocation of resources to meet their needs. Social work staff provided effective support to those children and families most in need. In some longer term cases, there were difficulties in allocating social workers due to limited resources. A range of services provided practical and emotional support to families. These included family support workers, health visitors, school nurses, well-trained foster carers and outreach workers. There was also some confusion among other professional staff on the particular roles and responsibilities of qualified social workers and family support and outreach staff.

Young people received effective specialist help through the Reiver Project's work with young alcohol users. The Andrew Lang Unit provided effective support for children and young people experiencing mental health difficulties, including those suffering from emotional abuse. Children 1<sup>st</sup> provided very good therapeutic support to some vulnerable children who had experienced abuse. However, there were waiting lists for some specialist services, and gaps in services, including counselling support for children and young people who had experienced sexual abuse. A domestic abuse forum, chaired by an elected member had been established. Information on domestic abuse cases was shared very effectively across services to meet the needs of children and families involved.

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

*A variety of successful information and public awareness initiatives had led to a high level of public awareness of ways in which they could identify and raise concerns about the welfare of children and young people. Services had reliable systems in place to respond to concerns raised by the public. Referrals from the public were increasing.*

##### **Being aware of protecting children**

Initiatives taken to raise public awareness of child protection were good. Significant progress had been made in raising awareness of child protection issues through the work of the CPC. A parenting handbook which included very clear information on child protection, substance misuse and domestic abuse had been issued. Services worked well together on a range of public awareness initiatives, including *Safety 1<sup>st</sup>*, a multi-agency home safety programme. There was a strong emphasis on personal and community safety through effective school programmes and information provided to local communities by police, health and fire services. The Safer Communities Police Unit provided a mobile information service on drugs and alcohol issues. Informative talks were given by unit staff to schools, parents and community groups. Staff in social work family centres provided good quality information and advice to parents on health, well-being and child protection.

There was a growing level of awareness and confidence in services to protect children. Recent campaigns, including the information card on child protection circulated to a wide range of local employees, had contributed to increased awareness of child protection. The CPRU staff provided awareness raising training to a range of community groups. The CPC public awareness group had produced good quality information leaflets for parents and carers. Police and social work had effective systems in place for members of the public to contact them at any time. Child protection co-ordinators had been appointed in all schools and they were able to respond to concerns raised by parents and pupils. There had been a growing number of child protection referrals from the public. Services responded promptly to the concerns raised and took appropriate action. The CPC was in the early stages of monitoring local trends and referral information.

## **5. How good is the delivery of key processes?**

*Overall, staff worked together effectively to provide services to protect children and meet their needs. They ensured that in almost all cases children, young people and families were actively involved in decision-making. Information-sharing was well established among those staff located in the CPRU, but needed further development between schools and social work. Electronic systems were being reviewed and developed to further enhance information-sharing. Risk assessment required further development to ensure greater consistency across agencies. Planning and action taken to meet the immediate needs of those children and young people at higher risk was effective. However, planning was less effective in meeting the needs of those young people assessed as being at lower risk.*

### **Involving children and their families**

Procedures to involve children and their families were very good. Copies of minutes of meetings and reports were provided to families and, where appropriate, children. All services discussed the content of reports with families unless there was a specific reason for confidentiality. Family Support and other services were used effectively to assist a child's involvement where necessary. Family members participated fully in case conferences, where possible, and were clear about decisions and plans. They received effective support, particularly from social work staff, in coping with the experience, and received advocacy when required. School liaison groups ensured the active involvement of families in decision-making. Home link staff, attendance officers, behavioural support and guidance staff made home contacts and involved parents effectively. Panel members took very good account of the views of children and key adults. Where a child was unable to attend, a written submission was prepared for the meeting, with additional support when necessary. However, in a small number of cases, families were not aware that the multi-agency child protection process involved information-sharing. Some reports consisted of a single assessment on more than one child rather than individual reports to ensure that the particular needs of each child were considered separately. Occasionally, documents were made available to families just before meetings which made it difficult for them to gain a clear understanding of the information in time.

Policies and procedures to deal with service users' complaints were appropriate and effective. Information leaflets on complaints procedures were available in a wide range of public offices. They were easy to understand and included clear timescales for responding to complaints. Prompt action was taken to deal with complaints in line with the policy of each service. Staff working within the CPRU were often able to deal with any difficulties informally without further action being required. The CPC had recognised the need for joint-service procedures to deal with complaints and these were being produced.

### **Sharing and recording information**

Overall, the processes for sharing and recording information across services were good. The co-location of the CPRU led to very effective information-sharing. Systems were in place which enabled staff to discuss both formally and informally different levels of concern. This allowed information to be shared effectively at different stages. Staff across services contacted the unit regarding concerns, but did not always receive feedback on what action was taken. Information-sharing between social work and schools was not always effective.

Particular features of information-sharing included:

- The pre-referral multi-agency screening group which led to a quick response to meet immediate needs.
- Notification of concern from police juvenile liaison officers (JLOs) were sent promptly to the agency who had most contact with the family.
- A multi-agency group met regularly to review progress with referrals received by the CPRU.
- Planning meetings, including pre-birth meetings.
- School liaison group meetings were well attended by most key staff, including Children 1<sup>st</sup>, which led to additional support for families when required.
- Social workers in the children and families team worked closely with adult services, including criminal justice and addiction services.

Police, health and social work records were mostly clear, easy to follow and outlined a chronology of critical events. GPs used a chronology of critical incidents in a child's life which assisted information-sharing within the practice. Education records were of a variable standard and required improvement to ensure that relevant details of critical events and changes in circumstances were recorded systematically. *Framework*, the social work electronic recording system, provided a useful tool for recording and sharing information. Despite the benefits of accessing information quickly and efficiently, this system was not used consistently or accurately by all staff. The Director of Social Work chaired the Data Sharing Partnerships which was developing safe and effective procedures for sharing data, including child protection, across services.

In almost all cases, staff ensured that families were aware of the need to share information for the well-being of children. Staff in the CPRU had developed positive and trusting relationships with families and ensured that they were aware of the need to share information. Following any incident where the police had been involved, young people and families were informed that information would be shared with social work, health and the Reporter. This led to honest and open working relationships with children, young people and families.

Sharing and recording information on sex offenders was good. Services had established regular meetings of inter-agency risk management panels. At these meetings services shared information and carried out effective risk assessments of sex offenders associated with children or families. Close working relationships between services ensured effective communication and sharing of information. Effective systems were in place to ensure that information was recorded appropriately. Details of registered sex offenders were held on appropriate databases and case files were held by the criminal justice social work Sex Offender Liaison Officer (SOLO) and offender management officers. The police SOLO also held electronic case files. Inter-agency guidelines and procedures on sharing information on sex offenders were in draft format and required to be finalised and implemented.

### **Recognising and assessing risks and needs**

The recognition and assessment of risks and needs to protect children was good. Staff across services, including those who did not have direct responsibility for children, were alert to the signs that a child may be at risk and referred them to social work or the CPRU. An initial referral discussion (IRD) was arranged when there were immediate concerns. The IRD was

particularly effective when the agencies gathered background information from staff who knew the families well and then agreed on the most appropriate response.

Assessment of needs was effective in almost all cases. Child protection conferences were well attended by those who knew the child well. Occasionally, there was a problem implementing the actions agreed in plans due to a delay in allocation of a social worker. The views of children and young people were taken into account when assessing risks and needs. Staff across services carried out effective risk assessments including assessments of risk within a family. This assisted them in planning appropriate intervention. The Borders General Hospital Accident and Emergency Department carried out effective risk assessments for every child prior to discharging them from hospital. After discharge from hospital, the medical record is reviewed by the consultant paediatrician on call and a decision is made on any further action required. Health visitors made effective use of a range of assessment processes to identify risk factors within a family.

When carrying out joint investigations police and social workers communicated effectively with children and young people. They had access to a paediatrician at all times which enabled investigations to be carried out appropriately. Medical examinations were carried out in a child friendly environment and children were offered medical follow-up treatment and counselling if required. As there was not a dedicated forensic medical examiner for the Scottish Borders area there were occasional delays in accessing a doctor from the Lothian and Borders-wide service. GPs had very good communication links with NHS 24 through an electronic information-sharing system. They also regularly monitored the progress of child protection cases. Both NHS 24 and the Scottish Ambulance Service had effective systems in place for assessing risks.

The effectiveness of assessing risk in circumstances of parental substance misuse was good. The Drug and Alcohol Team (DAAT) had developed effective procedures which included assessment guidelines for pregnant women, children and young people. There was a wide range of support services who worked closely together. Child protection referrals routinely took account of factors relating to parental drugs misuse in assessing risk.

### **Planning to meet needs**

Planning across services to meet the needs of children and young people who required protection was good. Staff shared information and worked together well to make and carry out plans to ensure the safety and well being of children, young people and families. A multi-agency approach was taken to identify the most effective response to meet needs in cases where risks were identified as being high. Planning across services at preventative and early intervention stages was less effective.

The deployment and co-location of staff in the CPRU had led to improved consistency in decision-making. Regular multi-agency meetings had resulted in generally efficient, targeted responses to child care and protection concerns. Staff ensured that child protection case conferences were well organised and attended by the relevant professionals and parents and carers as appropriate. Staff who led case conferences ensured that meetings were well co-ordinated and that detailed care plans with agreed actions were produced. Plans had a positive impact in improving outcomes for children through effective intervention from a range of services. These included day nursery placements, the family support service and short break and day care services provided in partnership with the Aberlour Child Care Trust.

Staff across services worked well together in responding to child protection referrals and where child protection registration or involvement in the children's hearing system was considered necessary. Members of the Children's Panel took good account of the changing circumstances of children, young people and families when making decisions. Overall, care plans were flexible and responsive to changing needs. However, in a few cases, the implementation of plans was delayed due to a difficulty in allocating cases to the social work intake and long term teams. This was particularly evident when a child had not been placed on the child protection register, but where social work intervention was still required.

In most cases, regular reviews and core group meetings included effective monitoring of the implementation of plans for children who had been placed on the child protection register. However, there was occasionally a lack of clarity among staff regarding the functions of reviews and core groups. The co-ordination of planning for those children and young people who were assessed as being at lower or reduced levels of risk was not as well developed as those at higher risk.

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

*Services to protect children had a range of effective policies and procedures, including inter-agency guidelines, which were used effectively. However, there was not yet a system for them to evaluate how well policies and procedures were improving outcomes for children. Services were in the early stages of using management information for planning and service improvement. There was a lack of a consistent and co-ordinated approach to seeking the views of service users and involving them directly in the development of policies. Staff had access to a range of good quality training opportunities which had led to increased confidence and improved professional competence in dealing with child protection. Effective procedures were in place for staff recruitment, retention and safe recruitment.*

Aspect	Comments
Policies and Procedures	Policies and procedures to protect children were good. Staff used very clear inter-agency guidelines well to keep children safe from harm. Staff in the CPRU used these effectively when investigating incidents. All staff made regular use of inter-agency guidelines which had been placed on the intranet of different services. Council employees were provided with an informative handbook which clearly outlined child protection procedures. The CPC ensured that policies and procedures were updated on a regular basis, taking full account of national advice. Services had yet to develop an effective system for evaluating the impact of policies on protecting children.
Operational Planning	Operational planning of services to protect children was adequate. The Integrated Children's Services Plan (ICSP) clearly identified areas for improvement in keeping children safe. Operational managers were actively involved in the implementation of plans to deliver more integrated services in local areas through the Children's Change Group (CCG). However, those in health were not always clear on their role in the development of health services within the emerging structure. Other staff, including those in community learning and development, were unclear about how this new structure for the delivery of services would impact on their work. Police made very good use of management information to inform their work. The CPC was beginning to develop good awareness of local trends and referral information.

Aspect	Comments
Participation of children, young people, their families and other relevant people in policy development	Overall, the participation of children, young people and families in policy development was adequate. Services had started to seek their views, including those of some particularly vulnerable children and young people, through meetings, leaflets and questionnaires. Their views had been sought through Dialogue Youth and the Young People's Health Forum. Staff had developed some useful tools to engage with children and young people. The Department of Education and Lifelong Learning was developing a participation strategy to increase the involvement of children and young people in decision-making, including child protection. However, services had not developed a co-ordinated and systematic approach to gathering views to inform the continuous improvement of services. In particular, more needed to be done to involve children, young people and families who were hard to reach and the most vulnerable.
Recruitment and retention of staff	Staff recruitment and retention were very good across agencies, with effective procedures in place. Staff with well-developed skills and high levels of competence had been deployed in the CPRU. All services had effective safe recruitment policies and practice in place. The council and NHS were making good progress in carrying out retrospective checks on staff. This included a programme for carrying out retrospective checks of teaching staff. Services had established positive approaches to retain staff, including flexible working arrangements.
Development of staff	Staff development and training was very good. Services had effective training programmes in place. Multi-agency training had resulted in raised awareness of child protection and the promotion of joint-working across services. Training programmes were effective and tailored to meet the individual needs of participants. As a result, staff who had key functions in protecting children had increased their professional competence and confidence and had a clearer understanding of their roles and responsibilities. All police and social work staff who carried out joint investigations had received necessary training. All services did not provide refresher training to staff. Staff across services also required more training in disability awareness. Managers ensured that staff received appropriate levels of support and supervision which enabled them to carry out their roles more effectively.

## **7. How good is individual and collective leadership?**

*All services had a well-established shared vision for protecting children. Strategic leaders worked collectively within the Edinburgh, Lothian and Borders Executive Group (ELBEG) strategic framework. Effective inter-agency approaches and partnership, working across services to protect children, were evident and resulted in positive outcomes for children, young people and families. The Critical Services Oversight Group (CSOG) had played a key role in improving services to protect children. There were well-developed plans in place to implement robust systems for quality assurance.*

### **Vision, values and aims**

The vision, values and aims of all services to protect children were very good. Leaders took full account of the ELBEG strategic plan in the promotion of effective collaboration between services. There was a strong emphasis on collective responsibility across services driven by the CSOG and CPC. There was a shared and collective vision for the ICSP. All services demonstrated their commitment to the promotion of diversity in services to protect children.

- Elected members, the Chief Executive of the Council and senior officers were all clear about their responsibilities to protect children. Staff at all levels were aware of their individual responsibilities within the overall vision that it was everyone's responsibility to protect children.
- The Chief Executive of NHS Borders had ensured that staff working at all levels within the health service were aware of their collective responsibility for keeping children safe. Staff had a very good understanding of the vision, values and aims for protecting children. They demonstrated a high level of professional competence in dealing with child protection issues.
- The Chief Constable of Lothian and Borders Police and the Chief Superintendent within Scottish Borders had played important strategic roles in ensuring that all officers working directly with children, young people and families understood the vision and their role and responsibilities to ensure that children were protected. Staff demonstrated their understanding of the vision, values and aims in their work to protect children.

All strategic leaders worked well together and ensured that the CSOG promoted the collective vision, values and aims for protecting children. This included the launch of new information leaflets through the CPC to raise further the awareness of local people about the shared vision to protect children.

### **Leadership and direction**

Leadership and direction of services to protect children were good. ELBEG provided strong strategic leadership. The Edinburgh, Lothian and Borders Child Protection Co-ordinating Group (ELBCPCG) played a key role in advising and directing strategic leaders in the development of procedures and guidance. The CSOG provided strong strategic leadership across services. Staff in the Edinburgh, Lothian and Borders Child Protection Office (ELBCPO) had started to provide effective support for training and in the implementation of quality assurance procedures, building on the good work previously established locally. The Lothian and Borders Domestic Abuse Liaison Officers Group (DALOS) provided an

effective forum for sharing practice and developing work to protect children and families from domestic abuse.

The independent chair of the CPC was very effective. He provided very good leadership and direction and, along with the lead officer for child protection, took forward actions agreed by the CPC successfully. The CPC Chair met regularly with strategic leaders to discuss progress, share information and plan developments. The CPC demonstrated good practice in inter-agency working. It encouraged the full participation of all representatives in taking responsibility for implementing agreed actions in their own services.

The joint-funding of the CPRU provided a very good example of the effective deployment of resources across services. The CSOG agreed the strategic deployment of joint resources for staff training programmes and raising public awareness of child protection. The CCG had representation from all agencies and was working towards the implementation of joint provision of children's services in local communities. Services were working towards a more effective joint-planning structure to improve the current arrangements to match resource allocation to identified priorities.

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

Leadership of people and partnerships across agencies was very good. There was a well-established approach to working together through a range of partnerships involving all services. The Chief Executive of the Council, Chief Executive of NHS Borders, Police Chief Constable and Chief Superintendent, Directors of Education and Lifelong Learning and Social Work, the Authority Reporter and other strategic managers, ensured that effective partnerships were put in place to enable staff to work effectively together.

The Chief Executive of the Council had set up the CSOG with support from the Chief Executive of Health and the Chief Superintendent of the police. This provided a strong strategic partnership and very good working relationships. The CPC had representation from all services and had developed very good team work across services to protect children.

At operational level, the CPRU provided very good practice in multi-agency team working. This included the very effective multi-agency pre-referral screening group. The CCG had very good representation from a range of children's services and was led effectively by the Director of Education and Lifelong Learning. Partnership working with the voluntary sector required further development.

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

Leadership of change and improvement across services was good. The CSOG had applied recommendations from previous reviews of cases of abuse to improve services to protect children. This had resulted in more effective communication and information-sharing between services, record keeping, multi-agency approaches to protecting children, public awareness and staff training and development. The CSOG played a very effective role in improving services based on the results of reviewing critical cases reviews.

The Council's Department of Education and Lifelong Learning had allocated prime responsibility for child protection to a Quality Improvement Officer (QIO). She carried out this role effectively and provided very good support to staff to improve services to protect children. The CPC had a key responsibility to review and improve practice and had established a practice development sub-group. All services had representation on this group

which had begun to review practice in protecting children and plan for improvement. The CPC had also established a quality assurance sub-group. This group had carried out a broad audit of provision and more detailed audits of particular aspects of services which identified strengths, areas for improvement and future action. This process was being supported by the newly appointed quality assurance development officer based in ELBCPO.

The health service had established a system to monitor and review case files and information from the reviews was used to improve practice. A performance assessment of child protection activity was completed annually. The police had effective systems in place to review and evaluate the performance of the family protection unit. Leaders across services were at the early stages in implementing consistent and systematic approaches to evaluating outcomes for children. Self-evaluation was yet to be embedded in the practice of all staff working in services to protect children.

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

### **Summary**

Inspectors were confident that children who required protection received well co-ordinated action to assess and meet their immediate needs. The co-location of staff in the CPRU led to good information-sharing and a common understanding of the needs of children, young people and families. As a result, children at high risk were provided with prompt multi-agency responses and effective planning to meet their needs. However, in some cases where children and young people were assessed as being at lower risk or required long term support, their needs were not always fully met. There was a high level of confidence and competence among all staff working directly with children.

The Chief Officers, CSOG and CPC, working with ELBEG, were well placed to continue to improve services to protect children. In doing so, they should take account of the need to:

- further develop effective systems for seeking the views of children, young people and families on the impact of services and their participation in the planning and improvement of services;
- ensure that the longer term needs of children, young people and their families and those assessed as being at lower risk are met;
- improve arrangements for sharing information, particularly between staff in social work and education; and
- improve procedures for self-evaluation and performance monitoring and make more effective use of management information to continuously 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 key 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.

Anne Gibson  
HM Inspector  
March 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.

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

This 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](http://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](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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