



**care**  
inspectorate

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

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

23 May 2023



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## Introduction

### Our remit

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

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

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

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

### The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves or others, or who are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).
- When we say **partners**, we mean leaders of services who contribute to community planning.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in Scottish Borders.

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

### Key facts

**Total population:  
116,020 people  
on 13 July 2021**

This was an increase of 0.7% from 2020. Over the same period, the population of Scotland increased by 0.3%

NRS Scotland

In 2021, 21,207 (18.28% of the population) were under the age of 18, slightly lower than the national average of Scotland 18.67%

NRS Scotland

In 2020, 6% (9) of Scottish Borders data zones were in the 20% most deprived in Scotland. Only six other mainland local authorities had a lower proportion.

SCOTTISH GOVERNMENT

In 2021, it was estimated that 14.7% of children aged under 16 were living in relative low income families. This was below the national estimate of 15.1%.

SCOTTISH GOVERNMENT

Scottish Borders had 112 incidents per 10,000 population, of domestic violence recorded by Police Scotland in 2020/21. This was lower than the national average of 119.

SCOTTISH GOVERNMENT

In 2021-22, 2.1 children per 1,000 of the population aged 0-15 were on the child protection register. This is below the rate for Scotland which is 2.2 per 1000 of the population.

The rate of child protection investigations (per 1,000 of the 0-15yr population) was 9.9, this was lower than the Scottish average of 12.6.

SCOTTISH GOVERNMENT



## Our approach

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

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

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the Scottish Borders community planning partnership area took place between 7 November 2022 and 19 April 2023. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 193 children and young people and 107 parents and carers. This included face to face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 977 responses from staff working in a range of services.
- We met with staff who work directly with children, young people and families.
- We met with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

We appreciated the high level of engagement by children, young people and carers in this inspection. This reflected the partnership's work to develop and maintain strong relationships. We are very grateful to everyone who contributed to this inspection.

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

## Key messages

- Children, young people and families benefited from supportive and trusting relationships with staff across services.
- The recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Well-established collaborative working across services ensured children and young people benefited from timely responses to identification of risks.
- Nurturing and trauma informed services provided a range of supports to help children and young people recover from abuse, neglect and trauma. Some of these services were not consistently available when children and young people needed them.
- The quality of chronologies and children's plans was variable.
- Children, young people and parents and carers were supported to meaningfully contribute to decisions about their lives by compassionate staff.
- The partnership was at an early stage of ensuring that the voice of children and families routinely and meaningfully influenced service planning and improvement.
- The partnership's approach to improvement and change was not supported by a shared and systematic approach to quality assurance and self-evaluation.

### Impact of the Covid-19 pandemic

The joint inspections of Scottish Borders' services for children and young people at risk of harm and their families took place between November 2022 and April 2023. Like all other partnerships across Scotland, Scottish Borders had faced the unprecedented challenge of both the Covid-19 pandemic and the subsequent recovery over the previous two years. We appreciated the partnership's co-operation and support for the joint inspection of services at this time. We scrutinised the records of children at risk of harm for a two-year period between October 2020 and October 2022. When we consulted staff, children, young people and families we encouraged them to consider that period when sharing their experiences. As all of the practice in our inspection period was at least in part affected by the Covid-19 pandemic, all messages should be interpreted as relating to practice during that time.

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

### Key messages

1. Children and young people were safer as a result of effective recognition and initial response to risk and concerns.
2. The multi-agency public protection unit helped to ensure a timely response to the identification of risks. This was supported by well-established collaborative working across services.
3. Pregnant women and very young babies received help and support at an early stage as a result of timely referrals from pre-birth services.
4. Staff were confident in their skills and abilities to identify and respond to risks and felt supported.

### Early recognition and follow up response to concerns

Effective recognition and the initial response to risk and concerns about children was an area of strength. Our review of records evaluated the quality of initial multi-agency response to concerns as good or very good in most cases. Across agencies, staff were clear about their responsibilities and the processes to follow when they identified a risk for a child. This included the process for accumulating concerns. Information was shared timeously with social work and police and clear decisions were made to keep children safe in all the records we read.

Most children told us they felt safe where they lived all or most of the time, including throughout Covid-19 pandemic and restrictions. The majority of parents and carers who responded to our survey reported workers acted quickly when concerns were first identified about their child, and, that their child was safer because of the help and support they received from workers.

Findings from audits and practice reviews had usefully informed improvement activity in the partnership's multi-agency pre-birth protection processes. Refreshed guidance had helped raise awareness of potential risks to unborn babies and provided clear direction to midwives and other services working with pregnant women. As a result of targeted training, midwives reported they had more confidence in identifying and reporting risks and concerns. Referrals from midwives for early multi-agency support had more than doubled in the period 2019-2022. These pre-birth processes supported pregnant women and very young babies at the earliest opportunity with the aim of reducing risks and promoting wellbeing.

In almost all cases an **interagency referral discussion** (IRD) was convened following notification of a child protection concern. This process had been implemented in line with national guidance and ensured joint decisions were made about the action required to ensure the safety of children. IRDs were timely and informed by relevant information gathered from all appropriate sources. This included when concerns were raised out-with regular office hours. Multi-agency teams considered the need for joint investigate interviews, emergency legal measures and medical examinations when necessary.

A few staff working with older young people reported feedback from IRDs was not always readily shared and third sector services did not always receive timely updates after sharing a protection concern. This meant the staff who were working directly with children and young people were not fully sighted on the action taken as a result of their initial referral.

### **Collaborative working and information sharing**

In almost all records that we read, the **named person** was notified when concerns were initially raised about a child and information was shared appropriately during child protection investigations.

The co-location of police, social work and health within the Langlee public protection unit supported a timely, shared response to risks to children and young people. This resource enabled staff across agencies to share information timeously and enhanced working relationships between staff groups. Staff across the authority understood the role of the public protection service and were confident they could access the public protection team for advice and guidance.

The partnership was committed to adopting a 'Think Family' approach to managing risk across child and adult protection, and staff were encouraged to consider whole family wellbeing in their assessment of risk and need. Staff who worked with adults were clear about their role in sharing information about potential risks to children and they were supported in this through an online alert system. We talk more about the 'Think Family' approach in statements two and four.

Initial multi-agency meetings took place within the required timescales following a concern being raised. These provided an effective opportunity for staff and families to come together to consider if further child protection actions were required. Police, social work, health and education staff consistently contributed to these meetings and we found children, young people and their parents and carers contributed in the majority of cases. We evaluated most records that we read as good or better for the overall quality of the follow-up to concerns.

### **Young people at risk of harm**

The children's services partnership had rolled out a number of strategies to support the effective identification and response to risks for older young people, including procedures for missing persons and those at risk of exploitation. Specific risk management tools, for example, had helped staff to assess and respond to child

sexual exploitation (CSE) and escalation processes were in place to respond to a culmination of concerns.

### **Staff confidence and competence**

Almost all respondents to our staff survey agreed or strongly agreed they had the knowledge, skills and confidence to recognise and report signs of abuse, neglect and exploitation. They were confident that they knew the standards of practice expected of them and that they were supported to be professionally curious with the aim of keeping children and young people safe.

Staff confidence was supported by a suite of learning and development opportunities available across agencies. All staff, including those working in adult and third sector services undertook annual child protection training and staff reported this increased their confidence and provided clear direction on their response to risk. A four-tiered model of public protection training, aligned to roles and responsibilities, was being implemented to provide practitioners accessible learning opportunities from general to advanced level. This had not progressed as quickly as the **public protection committee** had intended. The delivery group recently identified key priorities aligned to wider outcomes for the public protection committee and implementation of these will helpfully align staff development to the partnership's wider improvement agenda.

### **Quality assurance and supporting improvement**

The strengths in the IRD process were supported by regular audits and managerial oversight and findings were helpfully used to direct improvement activity. The partnership had, for example, taken recent action to strengthen the role of education within this key decision-making process and appointed a child protection education lead officer to be based within the public protection service.

Quality assurance activity also identified the benefits of introducing a more streamlined approach to recording IRDs and leaders had agreed to fund a new electronic system (E-IRD) to support this. At the time of writing this remained an outstanding priority for the partnership due to delays in implementation.

A few staff reported that when decisions were made to take action on welfare concern rather than through child protection processes, they were not as confident in the effectiveness of the multi-agency response. This potentially limited the opportunity to intervene early to reduce emerging risks. Quality assurance activity did not yet focus on the approach for these children to understand their experiences more fully.

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

### Key messages:

1. Children, young people and families benefited from supportive and trusting relationships with staff across services.
2. Nurturing and trauma informed services provided a range of helpful supports to children and young people, and staff worked collaboratively to improve whole family wellbeing.
3. Some services to support children and young people recover from abuse, neglect and trauma were not available in a timely manner.
4. Staff routinely completed assessments, plans and reviews and these were effective in directing supports to children and young people.
5. The quality of chronologies and child's plans was variable.

### Assessment, planning and reviewing to reduce risk

Assessments, plans and chronologies were routinely completed for children and young people at risk of harm and informed the delivery of supports necessary to ensure children and young people's safety and wellbeing. Our record reading evaluated the quality of assessments as good or better in the majority of cases, with assessments helpfully collating and analysing relevant information to help identify strengths and determine risk and need.

Staff were confident they had the tools and support to competently assess risk and need, with multi-agency training and supervision identified as particularly helpful in building skills and confidence. An embedded approach to **Getting it Right for Every Child (GIRFEC)** underpinned the continuum of assessment and planning processes from multi-agency wellbeing meetings to formal protective arrangements. Practice across agencies was supported by the Scottish Borders Keeping Safe and Well tool. This brought consistency to the approach to assessment and helped staff to be professionally curious.

Some children and young people contributed to their own assessment of wellbeing through the use of the **Glasgow motivation and wellbeing profile (GMWP)** and the **Mind of My Own** app. Staff were confident these had helped them to have meaningful conversations with children and young people in relation to evaluating wellbeing and identifying what actions needed to be taken.

Formal multi-agency planning meetings and reviews had continued within timescales during the Covid-19 pandemic. These meetings focused on reviewing and ensuring progress was being made and in most cases, we evaluated practice as good or better. Staff told us that they found it easier to attend virtual meetings and representation from specialist services had increased following the move to online meetings. We talk more about the involvement of children, young people and parents and carers in these arrangements in Statement 3.

Children and young people did not always benefit from consistently high-quality plans and chronologies to direct and co-ordinate their support. Our review of records evaluated just over half of plans, and, nearly two thirds of chronologies as adequate. Partners recognised the quality of these processes as an area for improvement and that more needs to be done to achieve a consistently high standard.

### **Quality of relationships**

Across services staff built supportive and trusting relationships with the families that they worked with. This enabled children and young people to express their views, feel listened to and have their rights upheld. In our review of records, we found the majority of children and young people had the opportunity to develop a relationship with a key member of staff. Furthermore, most children and young people told us they had the right help all or most of the time to develop loving and supportive relationships with the people they cared about.

We heard examples from parents about staff who had a positive impact on their family's life. The majority of parents and carers had the opportunity to develop a relationship with key members of staff and described open and honest conversations that helped them understand what needed to change to keep their child safe.

Work to maintain connections between brothers and sisters was recognised as a priority amongst staff and positive examples of one-to-one support and group work were helping siblings to reconnect. Children 1st Brothers and Sisters project was pro-actively working with brothers and sisters and their workers to re-build relationships.

Investment in relationship-based practice was helping youth workers at TD1 Youth Hub engage with increasing number of young people at risk of problem alcohol and substance use across the Galashiels area. Early identification and intervention approaches enabled staff to build trusting and meaningful relationships. Young people who attended told us staff had encouraged them to engage in positive post school opportunities and reduce their problematic alcohol use following work with TD1 staff.

### **Support for children and young people**

Statutory services partnered with third sector organisations to provide a continuum of support from lower level to more specialist services in line with GIRFEC principles. Across education establishments there was a growing ethos of trauma informed, nurturing approaches. Additional resources helped education staff assist children and young whose voices are less often heard. School staff continued to connect with children and families throughout periods of lockdown and the ability to involve

families virtually had increased engagement for some. Home link workers and police engagement officers were intervening early to help reduce stress and risk at home.

School nurses provided Low Intensity Anxiety management (LIAM) interventions for children and young people aged 8 to 19 years old. With a focus on those who experienced milder difficulties with anxiety, this approach had helped children to set, and work towards, their own wellbeing goals. Wellbeing apps were available on iPads given to all pupils from primary four and above, making online mental health tools accessible. The Quarriers Resilience for Wellbeing service offered guidance to children and young people within schools, who had been identified as requiring an additional level of emotional support above that provided by universal services.

Partners were aware of the impact of whole family wellbeing on children's experiences. In nearly three quarters of the records we read, concerns for children arose from parents and carers circumstances or behaviour. The evolving 'Think Family' approach across Scottish Borders had helped to direct staff teams across children's and adult services to work together to support whole families and to reduce risk.

Staff who worked within adult services were regularly involved in supporting planning arrangements for children where this was appropriate. Across agencies strong relationships with families and flexible interventions had helped build parental confidence and resilience. Many children, young people and parents and carers told us they viewed support from services as positive and that it had helped them overcome difficulties in their lives.

The principles of the 'Think Family' approach underpinned joint working across alcohol and drug agencies and children's services. Action for Children's CHIMES service provided a range of support to children who were impacted by parent or carer problematic drug or alcohol use. Working directly with Borders Addiction Services they focused on improving outcomes for the whole family as well as individual services for children. Children and young people were benefiting from direct support in developing support networks, safety planning, family and peer relationships and for their emotional health.

Other targeted services which supported children and young people to recover from trauma, abuse or neglect, included Children 1st trauma recovery service which provided a mixture of group and individual supports. Staff within this service used a variety of approaches, including art based and play activities, life story work and, listening and talking to help make things better for children. Children Experiencing Domestic Abuse Recovery (CEDAR) project provided therapeutic programmes for children and young people who had experienced difficulties as a consequence of domestic abuse. CEDAR staff worked alongside colleagues from Rape Crisis to maximise opportunities to support whole families.

Stable Life in Selkirk worked alongside statutory partners to provide intensive animal therapy to children and young people who were affected by a range of social and emotional difficulties. Children and young people were caring for and enjoying time with horses as a way to help them cope and recover from trauma. Through

individual or group work activities, children were building confidence, resilience and having fun.

For children and young people requiring more specialist mental health support, the child and adolescent mental health service (CAMHS) used a range of evidence based and therapeutic approaches to help reduce difficulties. However, the percentage of children and young people commencing treatment within the target 18 weeks of referral to CAMHS had been decreasing as demand increased. Staff were concerned this specialist support was not available when children needed it and a few children and young people told us they had been waiting too long for help from this service.

### **Availability and impact of support**

Not all children and young people benefited from improved outcomes following interventions from services. In just over half of the records we read, we evaluated the effectiveness of work carried out to reduce risks to the child arising from parents and carers circumstances as adequate. Similarly, there was room for improvement in the effectiveness of work to reduce risks that had arisen from circumstances within the community in a third of records we read.

The availability of the range of services was not always available in a timely manner. A few staff in universal services experienced challenges when referring children on for more targeted interventions. The growing demands and complexity of referrals for emotional and mental health support had intensified pressures on third sector services resulting in increased waiting times for some. This meant not all children and young people benefited from the right help when they needed it. The recent developments in mental health and wellbeing were not readily understood by staff and it was too early to see the impact of this on the experiences of children and young people.

Partners had taken promising action to develop a locality-based cluster model formed around secondary schools to support timely provision of services. Early plans involved multi-agency services coming together to identify and respond jointly to local need. At the time of this inspection the cluster school approach had not been rolled out across all localities and there was no definitive timeframe for this in place.

We heard from staff about their frustrations in identifying appropriate supports for young people, particularly as they transitioned into adulthood. Staff acknowledge the different tools and approaches to CSE across services lacked consistency and was less robust than other areas of practice. The reduction in community learning and development services had negatively impacted on relationship-based practice with young people at risk of harm. Developing a joint, coherent and impactful approach to responding to risk for young people should be a priority.

Leaders recognised they did not have a comprehensive understanding of what services and resources had made the most impact on improving the lives of children and families. This limited their ability to ensure they were targeting resources where they could make a difference. We talk more about a joint strategic response to service provision and increased demand in Statement 4.

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

#### **Key messages:**

1. Children, young people and parents and carers were listened to and meaningfully involved in decisions about their lives.
2. Relationship based practice by compassionate staff supported the effective participation of children, young people and parents and carers.
3. The partnership was at an early stage of ensuring that the voice of children and families routinely and meaningfully influenced service planning and improvement.
4. The partnership's aspirations to further improve participation of children and families was not supported by a meaningful participation strategy and plan to drive forward their priorities.

#### **Meaningfully involving children, young people and their families in decisions about their lives**

The majority of children, young people and parents and carers were listened to, heard and included by staff working with them and we found notable strengths in relationships between practitioners and children and families. Children and young people told us they understood why staff were involved in their lives, with the majority agreeing that they had a good relationship with workers. Overall, children and young people reported that they felt listened to and appreciated when staff spent time getting to know them and helping them.

The views of children or young people had been considered during investigations in most of the records we read. In almost all cases at least one of their parents or carers participated. While almost all parents and carers contributed to the initial child protection planning meeting, just over half of children or young people had contributed.

A range of supports and tools had enabled the participation of children and young people. The Mind of My Own app had helped some contribute their views in advance of planning meetings, and access to iPads assisted some children and young people to be involved in their virtual meetings. In particular, school based staff, played a key role in supporting children and young people to share their views before multi-agency meetings. Strengths in relationship-based practice meant children felt well supported and confident to contribute to wellbeing assessment tools and engaged through creative methods with education staff to share their views.

Reviewing officers provided additional assurance that children's and parents' views were contributing to planning meetings and that families understood the child's plan and their role within it. In recognition that reviewing officers were not independent, leaders had recently agreed to commission an independent advocacy service for children and young people at risk of harm.

### **Publicly available online information**

Information regarding services for children and young people was available through agency websites. Information about safety and protection was largely written to an adult audience, with limited detail presented in a child-friendly format. Social media was not routinely used to help inform children and young people about the role of services in helping to keep them safe. At the time of this inspection the partnership was reviewing its approach to communication in this area.

### **Influencing service planning, delivery and improvement**

Opportunities for children's voices to influence service planning, delivery and improvement were being developed across services. Individually, agencies had gathered, and were using feedback from children and young people to influence improvement planning. The health and wellbeing census for example, had assisted leaders identify four key wellbeing areas which were driven forward through education improvement planning. Subsequent developments included the 'Always be wary' training initiative which was co-created with young people in response to online safety concerns. Now used across all primary schools, this raised awareness of online risk in an accessible format.

Senior pupils within secondary schools who had volunteered to be mental health ambassadors had successfully engaged with their peers to better understand what current issues young people were facing. A significant response to their initial survey informed the group's action plan and development of supports. In one school, young people shared problems or concerns on the 'talking wall' and QR codes displayed discreetly across the school linked to a 'tell me anything' page. These provided accessible spaces for young people to express their worries and inform service priorities.

Engagement activity carried out by NHS Border's Catch the Light project informed the children and young people leadership group and alcohol and drug partnership's approaches to early intervention and transitions. Over 100 young people had directly influenced the provision of youth alcohol and drug services through the TD1 youth hub survey. Their views and priorities for services for young people at risk of problem alcohol and drug use had directly informed resource provision from the drug and alcohol partnership to focus on intervening early and preventative approaches.

A children and young person participation board had focused on streamlining the partnership's approach to participation, aligned with the principles within **The Promise**. Although board members were planning to increase the involvement of those with lived experience, there was no set timescale for this to be achieved. The participation worker had begun to build relationships with children and young people whose voices are less often heard to prepare them for an increased role in involvement activities.

There was no clear alignment between the participation board and the public protection committee and there was no overarching approach to ensuring children and young people at risk of harm could influence the services in place to support them. Individual services had gathered data with a view to better understanding the extent of children and young people's participation, however this was not being analysed routinely and used effectively to inform joint resource decisions. Children's service planning partners had identified increasing participation and engagement as one of four key priority areas for the next children's services plan. Partners acknowledged that without a coherent and well-informed joint participation strategy they risked missing opportunities for engagement or duplicating their efforts.

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

### Key Messages

1. The partnership's vision to help families as a whole was understood by staff and helped them to work together to improve children and young people's wellbeing.
2. Chief officers had taken action to strengthen the oversight and governance of child protection.
3. The public protection committee did not yet have place measures to demonstrate the difference that services were making to the lives of children and young people.
4. The partnership's approach to improvement and change was not supported by a shared and systematic approach to quality assurance and self-evaluation.

### Vision, values and aims

Across children's services, leaders shared a commitment to combine their resources to deliver the best possible services, working within the following vision: 'Working together we will ensure all children and young people have a sense of belonging, self-worth and self-confidence to achieve their unique potential.'

Leaders had identified improved, whole family wellbeing as central to their ambition to achieve positive outcomes for individuals. Referred to as 'think family' approach, leaders across children and adult services considered this a key attribute of current and future service provision to ensure the most effective use of resources.

Complementing an embedded approach to GIRFEC, this prioritised the wellbeing of whole families and early intervention to prevent difficulties from getting worse.

Leaders were developing their approach to communicating values and aspirations with staff and the majority of respondents to our survey agreed leaders shared a joint vision. While we found some confusion at the frontline between 'think family' and the 'whole family' approach which has been driven forward nationally, staff understood the principle of working across children and adult services as key to keeping children safe and improving outcomes.

### Leadership of children's services

Senior leaders had worked together to plan and deliver children's services across Scottish Borders. Collective accountability and leadership for children's services sat within the multi-agency children and young people's leadership group (CYPLG) which included statutory and third sector partners. Children's services planning was informed by a strategic needs assessment, local intelligence and was underpinned by an embedded approach to GIRFEC. Across the planning structure partners had

maintained a focus on key areas which impacted on children and young people at risk of harm. Priority areas included anti-poverty, early years, mental health, supporting refugees, unaccompanied asylum-seeking children and homelessness.

The current planning structure had however become complicated and lacked clear direction. Strategic plans were not well supported by specific and measurable targets, which made it hard to know what improvements had been achieved. At the time of this inspection, the partnership was transitioning into a new children's service planning group structure, aligned with the priorities within The Promise. While it was too early to see the impact of this change, we recognised this as a promising opportunity for services to enhance their approach to sharing resources and targeting areas where they can make the most impact.

### **Leadership of child protection**

In 2019 the **chief officers group**, known as the critical services oversight group (CSOG), agreed new arrangements to provide leadership and oversight for public protection, and former separate committees were merged into one public protection structure. Governance arrangements were established which supported the CSOG and public protection committee to fulfil their responsibilities in relation to child protection. Through well attended CSOG meetings, chief officers have been kept informed of key performance areas and provided supportive scrutiny. The jointly resourced public protection unit at Langlee effectively led on protection services at an operational level.

However, child protection business planning arrangements did not easily support leaders to identify priorities and targets for improvement. Action plans to direct change often lacked detail on measurable impacts and timescales, and these plans were not consistently informed by quality assurance activity. Changes in key leadership positions and the impact of the Covid-19 pandemic stalled progress in this area. Leaders' understanding of emerging risks was not supported through a functioning risk register and the connectivity between the public protection committee and wider children's services leadership group was ambiguous. This meant lines of accountability and influence were not always clear and limited the partnership's collaborative approach to plan and improve services to reduce risk for children.

Leaders had taken action to strengthen their child protection business planning arrangements and a number of promising developments had recently been progressed. An experienced independent chair had been recruited and action had been taken to streamline child protection improvement priorities and enhance business planning. This systematic approach had started to help the partnership identify achievable improvement targets. A number of activities had taken place to implement the 2021 national child protection guidance. While recognising it is early days, the right foundations are now in place to make the necessary improvements.

### **Performance management**

The partnership had been improving their understanding of how well services performed in keeping children safe. They had gathered a range of data which gave them access to a variety of helpful information. The quality assurance team, child

protection delivery group and public protection committee maintained oversight of performance data, including the **minimum dataset for child protection committees**. We saw examples of when this data had been analysed to identify trends, potential areas of concern, and used to inform further work with the aim of supporting improvements. These included when changes to IRD and re-registration data had been noted. The partnership had an effective approach to quality assurance of IRDs and the positive impact of this on practice was supported by strengths found in our record reading results.

However, the current performance reporting structure did not focus on measuring the impact of services on the lives of children and young people. The presentation of information was not always clear and the use of performance data to better understand whether children and young people at risk of harm were increasingly safer, was not well developed. Data had not been segmented to help partners understand the experiences of different groups, for example, older young people. The independent chair had led on early changes to improve the use of data to support improvements. The CSOG and elected members reported that recent developments in performance reporting was enhancing their capacity to undertake scrutiny and challenge.

### **Children's voice**

Work was progressing to improve the participation of children and young people in the development and improvement of services. Work in progress included listening to children's voice in the development of the new children's service planning structure, developing the Champions Board to reach a wider audience and developing approaches to engage with those with voices that are less well heard. Leaders had prioritised plans to develop the impact of children's voice in child protection structures and processes, although at the time of this inspection this was at an early stage.

### **Leadership of people**

It was clear that the visibility of leadership is experienced positively by staff across the partnership and staff were confident that leaders know the quality of work undertaken. A culture of learning and development was being promoted across the workforce and staff reported they feel supported by line managers in their work. A promising approach had been taken to developing a trauma informed workforce and nurturing approaches were embraced across services.

Leaders had acted in response to challenges to maintain a sufficient workforce, including supporting internal career progression and development opportunities for existing staff. However, as with other geographical areas, recruitment and retention of qualified staff remained an area of concern for the partnership.

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

In our 2016 joint inspection of services for children we identified the partnership's approach to joint self-evaluation as an area for improvement. The impact of the Covid-19 pandemic and changes in key leadership positions had contributed to slow

progress in this area. Individual services had developed their approach to better understand the impact of their work however partners agreed a more collaborative approach to quality assurance and self-evaluation remained an area for improvement.

As noted above, the partnership was at an early stage of transitioning into a new structure with the aim of streamlining strategic groups and to improve connections within the planning structures. Recognising that elected members were not formally involved in current planning structure, plans had been established to enhance their contribution. The partnership was working towards clear and realistic timescales and transparent monitoring arrangements to achieve their ambitions for meaningful improvement. We noted that the partnership has access to a range of intelligence at individual service level which could be helpfully drawn upon to inform and streamline priorities and timely progress.

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

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

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

In Scottish Borders we found important strengths that had significant positive impacts on children and young people's experiences.

Therefore, we evaluated quality indicator 2.1 'impact on children and young people' as **good**.

The important strengths that were having a significant positive impact on the experiences of children and young people at risk of harm.

- Children and young people were benefiting from supportive and trusting relationships with staff across services. Those that we spoke with were overwhelmingly positive about the opportunities that they had to build strong relationships and felt safer as a result.
- Children and young people were safer as a result of effective recognition and initial response to risk and concerns.
- Children and young people benefited from support from committed and compassionate staff who worked well together.
- A variety of services were available to provide support to children and young people at risk of harm. Statutory and commissioned services were having a positive impact on children, young people and families.
- A collaborative approach to improving whole family wellbeing had helped to ensure that adult and children's services were working together to achieve the best possible outcomes.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- As the Covid-19 pandemic progressed, children and young people benefitted from continued contact with staff through remote and face to face contact.

We noted that improvement was required by the partnership to ensure consistency in experience and outcomes for children and young people at risk of harm and their families.

- The partnership was at an early stage of ensuring that the voice of children and families routinely and meaningfully influenced service planning and

improvement. Opportunities for children and young people's voices to influence wider strategic planning were more limited for those at risk of harm.

- Children and young people did not always benefit from consistently high-quality plans and chronologies to direct and co-ordinate their support.
- Some children and young people did not get the additional help and support they needed at the right time.
- The partnership acknowledged they had more work to do on joint quality assurance and self-evaluation to maximise the impact of services on children and young people.

## Conclusion

The Care inspectorate and its scrutiny partners are confident that the partnership in Scottish Borders has the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following.

- Evidence of strong partnership working, and staff and leaders demonstrating their commitment to improving outcomes for children, young people and families.
- The partnership's performance to date in identifying and responding to risk.
- Strengths in our inspection findings in relation to staff competence and confidence.
- The recognition from leaders of areas that require improvement and the action already taken by the time of this inspection.

The partnership will need to maintain its focus on developing its use of data, quality assurance and joint self-evaluation to help understand what differences services are making and what needs to change. Partners should continue with implementing their plans for improvement to ensure all children and young people are meaningfully involved in development of future service provision.

## What happens next?

The Care Inspectorate will ask Scottish Borders community planning partners for evidence that the areas for improvement identified in this report are included in appropriate improvement plans. Actions should clearly detail how the partnership will make and prioritise improvements in the key areas identified. The Care Inspectorate will offer support for improvement and monitor progress through our linking arrangements.

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

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

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

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

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

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

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

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

## Appendix 2: Key terms

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

**CAHMS (child and adolescent mental health services):** are the NHS services that assess and treat children and young people with mental health difficulties. CAMHS includes psychological, psychiatric and specialist social work support, addressing a range of serious mental health issues.

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

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

**Getting it Right for Every Child (GIRFEC):** is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

**Glasgow motivation and wellbeing profile (GMWP)** was originally developed by Glasgow City Council's Educational Psychology Service to support monitoring and tracking of the wellbeing of children and young people. It links with self determination theory and can support children and young people themselves evaluate their own wellbeing in line with the principles of Getting it right for every child (GIRFEC).

**Independent advocacy:** a service which supports a child or adult to express their own needs and views and to make informed decisions on matters which influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

**Inter-agency referral discussion (IRD):** the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

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

**Mind of my own app:** designed to support children and young people to give their views to professionals.

**Minimum dataset for child protection committees in Scotland:** a set of agreed measurements, criteria or categories required to create a robust understanding of information about a service. The data populated through these measures provide a baseline and then a progress measurement for the planning and development of services delivered.

**Named person** is a central point of contact if a child, young person or their parent or carer(s) want information or advice, or if they want to talk about any worries and seek support. The Named Person can also, when appropriate, reach out to different services who can help.

**The Promise:** the main report of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It described what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

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

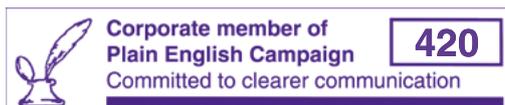
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