

**Borders NHS Board****CARE INSPECTORATE REPORT – JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN THE SCOTTISH BORDERS****Aim**

This report provides a summary of the findings of a joint inspection of services for children and young people in the Scottish Borders carried out by the Care Inspectorate.

**Background**

The joint inspection took place between December 2015 and February 2016, covering the range of partners across the Scottish Borders Community Planning Partnership (CPP) who have a role in providing services for children, young people and families. Measured against a range of quality indicators, a number of strengths were identified as well as areas for improvement which are outlined below. The Children & Young People's Leadership Group has examined the findings and has developed an improvement action plan which is being actively progressed.

During the process, the Inspection team reviewed a wide range of documents, carried out focus group meetings with staff groups and met with staff who worked directly on specific cases as well as leaders of the partner organisations. Practice was reviewed through the reading of 90 cases and there were some meetings with young people and families. A survey of named persons and key groups of staff across the partnership also informed the process.

Evidence was gathered and assessed against a range of 9 key indicators of performance. The Care Inspectorate has rated the CPP as being very good in one indicator, good in 4 indicators and adequate in 4 indicators. It recognised that the Partnership is committed to improving the wellbeing of all children and young people. It was found there were improving trends for children and young people in terms of health, educational attainment and achievement and positive destinations and outcomes for most children and young people are steadily improving across the area and that overall universal services are working well together with a positive impact for children, young people and their families.

**Summary**

It was agreed that partners were working together to improve the lives of children and young people and that help and support is provided at an early stage and there is an immediate response to child protection concerns. Families welcomed the support they received to overcome adversity. The inspection found that there is strong partnership working across services and through collaboration with third sector services and there is a culture of meaningful engagement across services with children and families and with other stakeholders. Furthermore the Leadership were committed to the implementation of

GIRFEC and Corporate Parenting and were proactively striving to drive the pace of change, enabling improvement in some key areas.

Inspectors identified a number of areas for improvement which are outlined below:

- Development of a quality assurance framework
- Improve information sharing and use of chronologies
- Review some child protection processes including risk assessments
- further develop the performance management information and the relationship and governance structure of the Child Protection Committee and Critical Services Oversight Group
- further progress Self-directed Support
- develop a parenting strategy.

An inspection improvement plan has been developed and is being actively progressed by the Children & Young People's Leadership Group and there will be updates to the CPP. The report has been circulated to staff across the partner agencies and there have been briefings with some staff groups. Staff have been thanked for their positive involvement in the inspection process and the contribution they will make in improving processes.

There was limited low key coverage in the local press which outlined that there were positive outcomes and that the focus would be on delivering improvements based on the findings.

This report is also being submitted to the Scottish Borders Council meeting on 25 August 2016.

### Recommendation

The Board is asked to **note** the main conclusions within the inspection report, along with the improvement work that is being progressed to address the key findings.

The Board **requests** the Clinical Governance Committee monitor progress against the action plan and provide the Board with an update in 12 months time.

<b>Policy/Strategy Implications</b>	NHS Borders is one of the partners within the Scottish Borders Community Planning Partnership (CPP) and was heavily involved in the joint inspection of services for children and young people by the Care Inspectorate.
<b>Consultation</b>	Community Planning Partnership
<b>Consultation with Professional Committees</b>	-
<b>Risk Assessment</b>	Risks related to the Care Inspectorate findings have been considered by the Children and Young People's Leadership Group and potential risks will be mitigated through the progression of the inspection improvement plan.

<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Compliant.
<b>Resource/Staffing Implications</b>	All financial implications associated with the implementation of improvements will be delivered within existing resources.

**Approved by**

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## Services for children and young people in Scottish Borders

June 2016

Report of a joint inspection

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## 1. Introduction

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say 'children and young people' in this report we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report we mean leaders of services who contribute to community planning, including representatives from Scottish Borders Council, NHS Borders, Police Scotland, the Scottish Fire and Rescue Service.

When we say 'staff' in this report we mean any combination of people employed to work with children, young people and families, including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014, the Care Inspectorate published 'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'. This framework is used by inspection teams to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the framework, we evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners collectively are making in improving outcomes for children across the area; and key processes which we consider to be of critical importance to achieving positive outcomes for children and young people. These are leading change and improvement; planning and improving services and involving children and families in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.



## 2. How we conducted the inspection

The joint inspection of services for children and young people in the **Scottish Borders Community Planning Partnership** area took place between 14 December 2015 and 26 February 2016. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of named persons and lead professionals. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice through reading records held by services for a sample of 90 of the most vulnerable children and young people. We met with 98 children and young people and 62 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Scottish Borders Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. We also referred to a report of a joint inspection of services to protect children in the Scottish Borders Council area published by Her Majesty's Inspectorate of Education in December 2011, to consider what progress had been made in the areas for improvement outlined in that report. This report can be found at [www.educationscotland.gov.uk](http://www.educationscotland.gov.uk)

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 in the area.

### 3. The Community Planning Partnership and context for the delivery of services to children, young people and families

The Scottish Borders area is 473,614 hectares (1,827 square miles), located in the south east of Scotland. It has Edinburgh and the Lothians to the north, Northumberland to the south and Dumfries and Galloway to the west.

Scottish Borders is a rural local authority where 30% of the population lives in settlements of fewer than 500 people or in isolated hamlets. The largest town is Hawick with a 2011 Census population of 14,029, followed by Galashiels with 12,604. The only other towns with a population of over 5,000 people are Peebles, Kelso and Selkirk.

The 2011 Census showed that there were 113,870 people in the Scottish Borders. The proportion of children aged under 16 years is around the Scottish average at 17%. Working age people aged 16-64 years make up 62% of the Scottish Borders population, below the Scottish average of 66% and the proportion of pensioners aged 65 years and over is well above average.

Between 2010 and 2035 the National Records of Scotland projects a 10.6% increase in population for the Scottish Borders. The proportion of children and young adults in the population is projected to increase modestly. The population density for all of Scotland is 4.71 people per hectare, compared to 0.24 people per hectare in Scottish Borders, making it the seventh most rural local authority in Scotland and the fourth most rural mainland local authority area after Highland, Argyll & Bute and Dumfries & Galloway. This has an implication on the costs of providing services in more rural environments.

The Scottish Borders Community Planning Partnership's **Single Outcome Agreement** 2013 identifies three strategic priorities informed by its strategic assessment, to:

- grow our own economy and maximise the impact from the low carbon agenda
- reduce inequalities
- reform future services.

The conclusion from the strategic assessment is that Scottish Borders is generally a good place to live. The general population, including young people, is satisfied with Scottish Borders as a place to live and feel safe. Crime rates are low and life expectancy is higher than the national average. School attainment is higher than the national average and the majority of young people go on to positive destinations on leaving school.

Scottish Borders has a lower percentage of its population who are of working age, compared to the Scottish average. There are pockets of persistent deprivation, particularly in the largest towns of Hawick and Galashiels. There are significant disparities between the most and least deprived neighbourhoods in terms of health, income, child poverty, employment, benefit claimants, crime rates and educational attainment.



## 4. How well are the lives of children, young people and families improving?

### Improving the wellbeing of children and young people

This section considers improvements in outcomes Community Planning Partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Improving the wellbeing of children and young people was good. Scottish Borders Community Planning Partnership was committed to improving the wellbeing of all children and young people. Partners were actively working towards closing the gap between their most and least deprived families by targeting resources towards those communities most in need. There were examples of strong performance and improving trends, particularly in children's and young people's health and education. There was clear evidence of improvement in attainment overall and importantly this included looked after children and young people and those from deprived areas. Partners were alert to negative trends and potential barriers to improvements. Scottish Borders' current focus of attention on quantitative performance measures and process data did not allow them to accurately assess the difference services were making to the wellbeing of children and young people. Services needed to better collate data as a partnership. Leaders were highly committed to improving the outcomes of children and young people and there had been some recent improvements in performance management.

#### How well are trends improving through prevention and early intervention?

Partners demonstrated a clear recognition that overall positive statistics masked the disparities within the Scottish Borders. They were well sighted on where the areas of deprivation were and were targeting resources at those areas to close the inequality gap evidenced. There was overall strong performance on a number of key nationally reported statistics, particularly in health.

Over 90% of pregnant women were booked for antenatal care before 12 weeks ensuring more health promotion and early intervention and support was available early. This was consistent across areas of highest and lowest deprivation. Teenage pregnancy rates were below the national average and an increasing number of young people was accessing sexual health services. Children's dental health was good and improving. In 2015, 77% of children in primary 1 were assessed as having no obvious sign of decay. This compares well to the national average of 68% and is the second highest in Scotland. For primary 7 children, 84% had no obvious sign of decay in their permanent teeth, greater than the national average of 75% and the highest figure in Scotland. There had been a steady upward trend over the past decade. Dental registrations are an indication of the accessibility of preventative dental care. In Scottish Borders the rate of dental registration for children was 88%, in line with the national rate. Positively, children in Scottish Borders had the highest participation rate (regularly attending the dentist) in Scotland in 2015.

Partners were aware that smoking rates in pregnancy remained above the Scottish average and were particularly high in the most deprived areas. A range of interventions was in place to reduce this including smoking cessation support in pregnancy.

The local authority had worked hard to reduce the consequences of poverty and was successfully increasing the number of children in primary and secondary schools benefiting from free school meals. Anonymity for children and young people receiving free school meals had been successfully achieved through cashless catering in all schools. Catering staff were working closely with teachers to create important links to the curriculum and so support the implementation of **Better Eating, Better Learning**. There were plans in place for Better Eating, Better Learning to be part of all school improvement plans for 2016/17. Community Learning and Development and third sector organisations were using funds to create community gardens where vegetables were grown and used in school kitchens and by parents in parenting activities.

Scottish Borders had an above average uptake of child health reviews of young children at 27-30 months of age, with this being the third highest area in Scotland. Eighty-one per cent of children assessed in 2014/15 were meeting their developmental milestones which were greater than the Scottish average of 72%. Partners were beginning to make smarter use of information from the 27-30 month assessment to improve health outcomes at an earlier stage.

Partners had a very strong focus on ensuring road safety across the local authority area taking into consideration its rurality. There had been no fatalities over three years and a reducing trend with no serious accidents involving children in 2014/2015. The 'Skills for Life' Driving Course was made available to new drivers under the age of 25 years to help reduce the number of road traffic collisions caused by inexperienced drivers.

A significant amount of data was gathered about community safety activities, which included the experience and perceptions of those taking part. However, evidence of improving trends in outcomes as a result of community safety approaches was limited.

The Respectful Relationships Policy, an anti-bullying policy for children and young people's learning settings was actively promoted. A wide range of schools staff including those working in administration, janitorial and catering had received training about bullying. There was a strong emphasis on developing, maintaining and repairing relationships to improve outcomes for young people. Children and young people being excluded from school had been significantly reduced with a year-on-year trend.

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) suggested that alcohol consumption is reducing. However, drug use showed an apparent increase on previous years, with 16% of 15-year-olds reporting having used drugs. This rate is above the national average, although similar to comparable local authority areas. Only 9% of 16-year-olds reported smoking, the lowest proportion since the survey began in 2002. Locality integration officers, who are

police officers attached to the Safer Community Team, had a dedicated role in reducing substance use, reducing offending and risk to harm. They had developed a range of multi-agency meetings, which took place regularly to ensure services were able to quickly identify and provide an appropriate, proportionate, effective early preventative response to issues such as substance misuse as they arose. Whilst services valued the work of the officers, a consistent recording of actions taken and supports provided within the Safer Communities Team had yet to be developed to demonstrate outcomes related to the work of the team. Children and young people could be asked if participation in some of the safety events did in fact influence their behaviour, once they have had the opportunity to reflect on the experience.

Positively, in responses to our staff survey, 85% of respondents agreed that their service could demonstrate improving trends as a result of its effective approaches to prevention and early intervention.

### How well are outcomes improving for children and young people?

The Scottish Household Survey demonstrated that people in Scottish Borders felt safer in their own homes and walking alone at night than most other places in Scotland. There was a relatively low crime rate and lower levels of deliberate fire setting. Greater numbers of households were managing financially, more had savings and there were lower numbers of benefit claimants overall.

Breastfeeding rates for those babies exclusively breastfed were increasing. In 2014/15, 34.5% of babies were exclusively breastfed at the 6-8 week review; a rise of 5.3% since the UNICEF **Baby Friendly Initiative** had been implemented in Scottish Borders. This is greater than the figure for Scotland of 27.3%. A peer support model was successfully piloted as part of the Baby Friendly Initiative. There were plans to continue to build and develop this programme to further increase breastfeeding rates and continue to build community capacity through the use of peer volunteers.

Ninety-five per cent of young children were fully immunised. The highest uptake in Scotland of flu vaccine in primary schools had been achieved. Routine inspections of childminding services showed that young children were being encouraged to learn about eating well through the provision of healthy food and discussion around healthy eating.

Partners had demonstrated a four-year trend of improved attainment levels for young people leaving school. Attainment levels in literacy and numeracy had improved. Almost all secondary schools had improved the level four and five outcomes in literacy and numeracy for all young people.

There were now more young people attaining higher levels of qualifications and more being presented for formal qualifications. Duke of Edinburgh participation levels were above the Scottish average across the age groups. Year upon year, there were increasing numbers of young people taking part in Duke of Edinburgh, Sports Leadership, Saltire Awards and Volunteering. Participation in the sports leader's award had increased year upon year in the last three years, and school pupils were the main volunteer group providing sports leadership. Saltire Award

registration rate had increased from 294 to 523 between 2013 and 2015, with a total of 1,314 registrations. A significant reduction in children and young people being excluded from both primary and secondary schools had been achieved over the past three years through partnership working. School leavers were increasingly moving on to, and staying in, further education, training and employment. The percentage of young people leaving school in Scottish Borders and going on to positive destinations was 94% in 2015 and had remained above the national average over the last four years.

Staff in Community Learning and Development and the third sector were closely engaged in extending access to activities to all children and young people. More primary schools were meeting their target for physical education over the last three years. However, this was an area for further improvement as the rate remains below the national average. Secondary schools were above the national average with 100% of schools achieving the national target. A culture of outdoor physical activities in Scottish Borders means many children and young people became involved in activities such as horse riding and rugby. Staff were committed to ensuring those who may miss out on this are helped and encouraged in a number of ways.

### **How well are the life chances of vulnerable children and young people improving?**

There had been a cultural shift towards inclusion in schools. There had been notable improvement in attainment of those young people from deprived areas. Overall, the young people who live in the most deprived areas had improved their educational attainment, bringing them broadly in line with the national average.

Head teachers were proactively supporting looked after children to reach their potential and as a consequence there had been significant improvement in the attainment of looked after young people. Over the last two years, there had been a significant decrease of looked after pupils being excluded from secondary schools and having their education disrupted.

Recent improvements in sustained positive destinations for school leavers included young people who had care experience. Partners recognised the particular challenges of finding out the post-school destination of care leavers who did not remain in contact with services. They were analysing datasets provided by their electronic systems in order to improve their tracking of young people entitled to aftercare. The percentage of care leavers with known economic activity is just less than the average for Scotland, 37% compared to 38%. The percentage of care leavers in education, employment or training as a percentage of those entitled to aftercare was 17% in 2013/14, compared to 27% for Scotland.

The percentage of looked after young people in residential care was higher than the Scottish average. This meant that fewer children and young people were able to be looked after in a community setting. Partners were aware of this and recently had achieved a significant increase in foster carers. Senior managers had identified a need to focus on more robust decision making to secure long-term stable nurturing environments for some of those children who cannot be looked after at home. There

had recently been more effective use of, and considerable increase in, the number of permanence orders (legal orders which secure the long-term care of children and young people) for older children and young people.

Good quality data about child protection processes was being gathered, interrogated and used to inform improvement. There was a need to develop meaningful measures that would indicate if children and young people were being protected and their experiences improved. In the main, useful process data was gathered and analysed by partners. However, there was not enough oversight on children and young people's outcomes. This meant that there was not always enough evidence of how the wellbeing of individual children and young people was improving over time.

The Wellbeing Web was a tool which children could use to give their own perceptions of their wellbeing across the wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). Partners were beginning to explore how to make use of this perceptual information. Data collected from this tool needed to mature and partners were considering how they will use the data to inform progress about children, young people and families.

## Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

**Overall, the impact of services on the wellbeing of children and young people growing up in Scottish Borders was good. Important strengths included children being kept safe from harm as a result of staff working together and taking appropriate and timely action to address risks and promote nurturing care. There was a range of opportunities for young people of all ages to be active and their wider achievement was being promoted to their benefit. Their health needs were generally well addressed and staff efforts were helping most children and young people to be respected, responsible and to overcome barriers to inclusion. For a smaller number of children, the impact was less positive. They did not get the individual help and support they needed to improve their wellbeing or it was not provided early enough. More children were able to thrive in stable, nurturing environments when they could not stay at home, as there had been an increase in available foster carers. Most children and young people were benefiting from positive and trusting relationships with staff and carers. Meaningful engagement and a variety of communication approaches enabled the voices of children and young people to be heard.**

### How well are children and young people helped to keep safe?

Children and young people were kept safe from harm by staff who worked well together and responded quickly when a child needed protection. When children and



young people were unable to live safely at home they were benefiting from safe, secure environments in kinship, foster or residential care. Safer environments and targeted help by services were helping those most in need, contributing for example to a reduction in self-harm and anti-social behaviour. Children and young people looked after away from home, in foster or kinship care, were able to enjoy safe contact with their families as a result of careful management of arrangements. A few children had to wait too long before staff acted to reduce risks in their living situation. The necessary individual work with some children and their parents was not taking place soon enough to ensure their needs were better met and risks fully addressed. Children were learning how to keep themselves safe, particularly in relation to road and rail safety and alcohol and drug use, though a range of effective learning opportunities within schools and their communities. They were also being effectively helped to learn about keeping themselves safe when using the internet and social media.

### **How well are children and young people helped to be healthy?**

Across the partnership, services worked well together to promote the health and wellbeing of children and young people through a wide range of approaches. Babies were getting a good start in life with high rates of breastfeeding and immunisations. Children and young people's dental health was improving. Young children's health needs were being well met by the effective support of health visitors, GPs and nursery school staff. Some children of school age were skilfully supported by the school nurse. Health staff were not always able to meet demands due to a lack of capacity.

Children and young people were benefiting from the active promotion of healthy eating and the improved uptake of Healthy Start vouchers and free school meals. Access to healthy eating and learning opportunities within schools were helping young children to adopt healthier lifestyles.

Children and young people in foster care were benefiting as a result of their health and wellbeing needs being effectively assessed, monitored and supported. Some children and young people looked after away from home in residential settings and those looked after at home did not always have their health needs fully assessed and met. A small number of young children who had experienced neglect and were on the child protection register continued to experience poor outcomes despite services' involvement.

Services, in particular child and adolescent mental health and community mental health workers, found it a challenge to respond to demand.. As a result, some children and young people had to wait too long to receive a service. The looked after children's nurse helped access to specialist services aimed at improving emotional wellbeing for this group of children.

### **How well are children and young people helped to achieve?**

Very young children, including the most vulnerable, were benefiting from valuable opportunities to learn and develop offered by childminders, playgroups and nurseries. Children and young people were supported and guided in their learning



and development at school by staff and carers who knew them well and responded to their educational and social learning needs. There were continuing improvements in educational attendance and achievement for children and young people, including those who were looked after and those experiencing deprivation. Fewer children were being excluded, with more being skilfully supported to stay at school. Some young carers did not always receive the support and understanding they needed to achieve their potential in school.

Young people, including care leavers, were gaining confidence and skills to support their future prospects through guidance, training, work experience and modern apprenticeships provided by the partners. The use of activity agreements provided good opportunities for young people to engage in youth achievement awards which contributed to the development of social skills and positive self-esteem. A number had gone on to volunteering and work experience. Their achievements were recognised and celebrated. A range of initiatives was successfully supporting children to achieve their potential. A Girls of Ambition initiative targeted those at risk of dropping out of school through one-to-one support and was successfully encouraging girls to stay on in school. Mentoring was being appropriately offered to some young people.

### **How well are children and young people helped to experience nurturing care?**

The wellbeing of most children was showing improvement as a result of the help they received. Very young children and their parents were benefiting from a range of supports to help develop attachments, resilience and confidence. Opportunities for men to engage in a positive healthy learning environment with their children was provided by the innovative My Main Man programme. This was particularly for primary 5 children to attend with the main male figure in their lives. This was strengthening relationships through a range of activities that promoted emotional wellbeing and good mental health. Children and young people who were no longer able to live at home had experienced warm and nurturing relationships and stable environments provided to them by well supported foster carers, kinship carers and residential placements. This was resulting in positive attachments and a sense of belonging. Children and young people residing away from home were effectively helped to maintain significant relationships. Some children living in adverse circumstances were not helped soon enough when there was an absence of stable nurturing care.

Whilst more children were being provided with increased certainty about their long-term circumstances through the use of legal permanence orders, particularly for older children in kinship care, we found some children and young people continued to stay in foster care due to delays in decision making about their long-term futures. Young people who were using throughcare and aftercare services were being supported to maintain relationships with carers and family members. While some children received meaningful support from staff to help them understand their past experiences (life story work), this was not the case for all children who may need it. The quality of this work was not consistently high.

## How well are children and young people helped to be active?

Babies and very young children were experiencing valuable opportunities for safe play with others in nurseries, parent and child groups and within early years centres. Most children were well supported and encouraged to take up activities that they enjoyed. An increasing number of primary schools were engaging pupils in regular exercise, for example by walking the **Daily Mile**.

The provision of a worker from Community Learning and Development linked to all high schools had increased young people's access to and engagement in activities. A significant number of individuals, many of whom were volunteers, have been involved in delivering the Active Schools Programme. The partnership, in collaboration with Youth Borders and Community Learning and Development, was providing a wide range of recreational opportunities to children and young people through drop-in services, projects and youth clubs. Examples included the Street Games activity, Bike Punks in Tweeddale, the Stable Life (caring for horses) project and the Galashiels Works employability project.

Children and young people affected by disability needed more opportunities to engage in activities within their communities. Challenges remained for some children and young people in accessing out-of-school activities as a result of living in rural settings, due to a lack of frequent, affordable transport options. Children and young people, who were looked after away from home, valued their provision of free passes to leisure centres. The availability of these has now been extended to young carers and looked after children at home.

## How well are children and young people respected?

In the main, children and young people were experiencing positive and trusting relationships with staff and carers. Positive engagement and the use of a variety of communication approaches enabled children and young people to express their views. Children and young people contributed their views through a range of age and ability appropriate methods including the proactive use of the Wellbeing Web, direct engagement with workers, Viewpoint (an interactive programme to engage with children about their views) and Having Your Say forms. The majority of children and young people receiving services had regular meaningful contact with staff. A small number of children and young people looked after at home or in kinship care were not experiencing the same level of meaningful contact with key staff. Some children and young people with additional needs or disabilities were not consistently well supported to give their views.

There was positive use of independent advocacy through the Who Cares? Scotland service for looked after children and young people accommodated in a residential setting. Children and young people were supported to be involved in discussions and decisions which affected them. However, staff were not promoting the use of independent advocacy to those children experiencing adversity and who might have benefited from it. Partners were aware of this and were making steps to increase the provision of advocacy services.

## **How well are children and young people helped to become responsible citizens?**

The majority of children and young people were encouraged and supported to be responsible at home, in school and within their respective communities. Staff working with parents were promoting and demonstrating behavioural expectations that were age appropriate and relevant to children's abilities. However, a small number of children and young people were identified as having too much responsibility for siblings and parents who had additional support needs.

Children and young people who were looked after and accommodated were encouraged to contribute to decisions about how services they were using are run. This was particularly strong in Wheatlands local authority residential unit, where young people had taken part in decision making and used a participation book to raise issues, which were systematically considered. Involvement in a range of volunteering opportunities had enabled some children and young people to contribute to their communities. A number of young people were successfully learning how to be responsible, with support from throughcare and aftercare services. A focus on developing life skills had helped enable young people to live independently within their own tenancies. A small number of young people would benefit from more focused support to better prepare them for independent living.

## **How well are children and young people helped to feel included?**

Some families with low incomes were being helped to access sports facilities and swimming pools. An 'opportunity pot' at Peebles High School, ensured young people could be funded for school trips and outings. However, limited transport links reduced opportunities to engage in community activities for some young people.

Most children and young people were being helped to maintain important links with significant people in their lives. Children in foster care were well integrated in carers' families and staff were helping children and young people make sense of their background and personal history.

Young people identifying as lesbian, gay, bisexual or transgender (LGBT) were benefiting from increasing recognition and inclusion within schools. There were examples of successful, pupil-led LGBT groups that had been instrumental in raising awareness among pupils and staff.

Children with complex needs were supported by the community children's nurses and home school link workers to attend school and participate in community activities. Valuable support from befriending services for children with learning disabilities was helping to reduce social isolation and develop the life skills of young people.

Some young people who could not remain at home were being placed outwith their local area. Whilst this may have been a positive move for them in terms of finding a placement in which their needs were met, the distance challenged services about how to help them maintain important links with family members, friends, and school and community networks.

## Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

The impact of services' work on families was good. A range of statutory and third sector services, including the family and early years centres, was providing valuable support. Families reported they were becoming more confident and resilient as a result of their participation in various parenting programmes. The circumstances of families affected by domestic abuse or substance misuse improved as a result of the help provided by specialist supports. Some families caring for children with a disability had to wait too long for respite provision. They needed more information and support to make use of self-directed support, particularly in more remote areas. Staff were persisting in working with families who were reluctant to engage, but for a few families this went on too long without an alternative strategy being deployed to effect change. Most families benefited from support from services for as long as this was needed. Partners had undertaken a scoping exercise and were in the process of developing a parenting strategy which would better coordinate appropriate supports for parents.

Parents and carers received helpful advice, support and guidance from staff working across the range of universal, statutory and third sector services. They were helped to better understand their children's developmental and learning needs by the advice and support they received from midwives, health visitors and staff working in nurseries and schools. Families were appropriately encouraged to make use of available community resources, for example parents and toddler groups, leisure facilities and **book bug** sessions at local libraries. Some parents had to rely on other parents to tell them about the supports on offer in their community. Partners had recognised this and were planning a local directory which would help improve awareness of all the resources parents and carers could access.

Families valued the practical and social supports provided through family support centres. They were able to access informal drop-in sessions and more structured parenting groups. Parents and carers had opportunities to hear from and speak to advisors about housing issues, home and community safety and to receive help and support to maximise their incomes. The new early years centres were allowing more opportunities for joint working and better coordination of support for families in areas of deprivation, though it was too early to fully assess the impact of the new centres.

Many support services for children and parents were in the larger towns and this made access for some families more difficult, particularly those living in more remote and rural areas. Whilst individual staff and services were trying to find solutions to this issue, some families remained isolated.

Vulnerable pregnant women and their partners benefited from the coordinated, flexible and very effective support they received from the multi-agency Early Years

Assessment Team. Through comprehensive and robust pre-birth assessment, parents were helped to improve their parenting knowledge and skills and to better manage their own wellbeing needs.

Many parents and carers were becoming more confident in their parenting role as a result of their participation in various group-based parenting programmes, such as the Incredible Years Parenting Programme; Triple P; Living with Parents; and My Main Man. Some parents with older children benefited from the support they received when they attended the ESCAPE and Parallel Lines parenting programmes. Parents told us that they were better able to understand their child's needs and manage their child's behaviours and had established more consistent routines as a result of taking part in these programmes. However, programmes were not available in all localities and supports for parents with primary school age children and teenagers were less available.

Overall, families were helped to overcome adversity through the support they received from services. Social workers worked hard to engage with families to develop positive relationships and provide valuable support. Some parents, children and young people affected by substance misuse had their resilience and confidence improved as a result of very effective individual and whole-family support from the Action for Children Drug and Alcohol Children and Families Service. They received help for as long as they needed.

As a result of the work being done through the **Domestic Abuse Pathway Project**, families affected by domestic abuse were benefiting from a more coordinated response to their needs. More recently, interventions by the Safer Home options had enabled those experiencing domestic abuse to remain safe within their own homes and communities.

Parents of children with a disability valued the quality service provided by Aberlour Options, as it allowed them to have a break from their caring responsibilities. The limited availability of respite provision and a clear prioritisation system for places meant that some families were unable to benefit from this resource. Some parents were helped to understand the options available to them through **self-directed support**, however many families found it difficult to source appropriate high quality home care services particularly in more remote and rural areas. Some parents of children with disabilities did not receive the support they needed to support their child and experienced isolation.

Many vulnerable families benefited from meaningful support provided by staff, which engaged them well and built positive, respectful relationships including home school link workers and family support workers. They were helped to understand what needed to change to improve circumstances for their children, and were supported to make purposeful contributions within decision making meetings. Staff sought creative solutions to engage those parents and carers who were resistant to engage. However, despite their persistence, the overall impact of the support being provided was reduced and for some families, their circumstances did not improve. Partners had developed a protocol to direct staff when families were not engaging with support, to ensure children could get the help they needed, but we found staff were unfamiliar with it.



Families who needed additional support were identified at an early stage and their needs assessed and coordinated through the **Meeting Around The Child** process. However, for some children, their needs escalated and in a few cases, reached crisis point before they got the right help. Whilst most families benefited from support for as long as this was needed, a small number of families, whose children's names were removed from the child protection register, would have benefited from ongoing social work support for a longer period of time.

## 5. How well are partners working together to improve the lives of children, young people and families?

### Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provided help and support at an early stage was good. Staff were increasingly confident in using the **Getting it Right for Every Child** principles to share information and identify when additional help and support was required. Meetings Around the Child were held routinely when staff knew that the families they were working with needed additional support. There was clear evidence of strong partnership working and the Meetings Around The Child were viewed positively by staff as a means of organising support to improve the circumstances of the child and family. There were some delays in information sharing within health and education services after police had shared reports with low-level concerns. Information about children's needs was not always effectively shared by staff working in adult services. Families benefited from a range of effective supports and interventions available to them at an early stage. These were provided in a flexible way and tailored to meet individual needs. However, some families told us that they were not always supported as there were gaps in the availability and accessibility of services in more rural and remote areas.

Services were working well together to identify children, young people and families who needed additional help and support. There was a high degree of growing confidence among staff and managers that the implementation of **Getting it Right for Every Child** was supporting improved partnership working through the use of a common language and a shared assessment framework. In our survey of named persons and lead professionals, 83% of respondents agreed that Getting it Right for Every Child had made it easier to help children, young people and families at an early stage. Ninety-one per cent of respondents agreed that their service does everything possible to ensure that children and young people receive timely help and support to give them the best start in life.

Meetings Around The Child were being used routinely by staff to identify ways to provide early support on a multi-agency basis to children, young people and families. Staff were familiar with this process and viewed it as a constructive way to work in partnership at an early stage when it was recognised that additional support was



needed. These meetings were usually chaired by the named person or by the lead professional and included a wide range of services.

Midwives and health visitors were successfully identifying vulnerable pregnant women at an early stage of their pregnancy. Comprehensive pre-birth assessments undertaken by the multi-agency Early Years Assessment Team led to the provision of coordinated and flexible support to address identified needs, such as substance misuse, housing difficulties or mental health issues. The work of the Early Years Assessment Team was externally evaluated by Centre of Excellence for Looked after Children (CELCIS) in June 2015 and the positive impact of the team's work in providing very effective early intervention with vulnerable families was recognised. Flexible, practical and timely support was provided to families through the helpful supported childminding scheme. Parents and carers with preschool children affected by disabilities received well coordinated support from the Early Years Coordination and Assessment Team. Across nurseries and schools, staff were implementing various nurturing approaches and successfully using the Wellbeing Wheel, an online tool, to alert them to factors that may be getting in the way of a child's wellbeing.

School nurses and dental services were working together to identify children who missed dental appointments or were experiencing chronic dental neglect. Health visitors and school nurses were working closely with some families. This key staff group described being challenged in meeting the demands of their responsibilities. They were unable to undertake the early intervention work to support the families they worked with appropriately. Home school link workers were effectively addressing difficulties early, such as poor school engagement. They worked well with staff in schools and families to support children's emotional wellbeing.

Staff had developed strong professional working relationships and valued the roles undertaken by other services. Staff from social work, schools, the third sector organisation Action for Children and Community Learning and Development, all sought creative ways to identify and support young carers, although not all carers had their circumstances understood by their school. Locality police officers intervened early in situations when bullying in schools became an issue, particularly bullying through social media. The officers provided effective individual support to young people and staff and their input was highly valued. Staff from Child and Adolescent Mental Health also supported young people who had difficulty interacting positively with their peers. Peebles High School had a successful partnership between senior pupils and police and lunchtime support sessions were available for pupils. Hawick High School had developed an online communication system directly with guidance teachers to reduce barriers for pupils who wanted to approach staff for help. Community mental health workers also supported young people in experiencing emotional and mental health difficulties. Through consultation and training, they supported staff to work with young people in school to better understand their feelings and emotions.

Early reports of offending behaviour by children and young people were being routinely diverted from formal measures by early intervention and restorative justice approaches. When a pattern of offending was emerging, more formal discussions took place within a multi-agency meeting which ensured interventions were offered

by the right people at the right time and in accordance with the Scottish Government's **Whole System Approach**.

Staff reported that using information sharing protocols and holding training sessions for practitioners had improved the way in which services shared information about children who needed additional support. Although there had been an improvement in the way adult services shared information when there were concerns about children's wellbeing, there was still some variability in how well GPs and adult mental health services shared information early enough so that additional support could be provided.

Police officers promptly provided the necessary concern reports to health and education services but administrative delays within those services meant that these reports were not being distributed to health visitors and school staff in good time on all occasions. This resulted in a few children and young people not being able to receive the help, support and understanding from those staff who knew them best.

Families experiencing domestic abuse benefited from the effective and coordinated support provided by staff in the **Domestic Abuse Pathway Project**. Clear pathways to advocacy, counselling and CEDAR (Children experiencing domestic abuse recovery) were in place.

### **Assessing and responding to risks and needs**

This section examines the quality of assessment of risks and needs in relation to three themes. These are the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life and the quality of assessments.

**Overall, assessment of risks and needs was adequate. Most staff recognised when something was getting in the way of the safety or wellbeing of a child or young person. Where there was a risk of immediate significant harm, staff acted promptly to secure the safety of the child. However, where concerns were less urgent or less clearly defined, the clarity of processes and quality of response by staff was variable. As a result, some children remained in situations for too long whilst their family circumstances deteriorated. Some initial referral discussions were undertaken without all the relevant agencies being involved. This limited the availability of information to fully inform decisions and ensure an appropriate response. Local and national risk assessment frameworks were not well used and we found some risk assessments of individual children were weak. Assessments were facilitated by staff coming together to share information at Meetings Around The Child. Assessments within these meetings did not sufficiently recognise when children's circumstances and outcomes were failing to improve. In case records, most chronologies were not fit for purpose. This had a detrimental impact on the ability of staff to base their assessments upon adequate evidence.**

## Initial responses to concerns about safety and wellbeing

Most staff across services recognised when a child might be at risk of abuse, neglect or harm. They were clear about the action they should take and appropriately shared concerns with partner agencies. The Keeping Children Safe tool, when used, was contributing towards a shared understanding of thresholds and language and helped to inform initial risk assessment and promote greater consistency of practice. Most young people who were identified as posing a risk to themselves or others had their needs well considered, assessed and met.

The quality of response after immediate child protection and wellbeing concerns were raised about a child, was variable. In practice, it was evident that there were two steps taken after staff sought to share concerns with partner agencies. An initial joint referral discussion took place first, sometimes within the social work service and sometimes between social worker and police. At this first discussion, a decision would be made whether to proceed to formal interagency referral discussion. This two tier process was causing confusion amongst staff. We found information to inform decisions about the level of risk was not always being sought from education and health staff who knew the child best. The first discussion was not supported by robust recording of discussions, information shared, decisions and who was involved. We found the lack of recording when concerns were initially raised meant that staff, particularly in the social work emergency duty team, did not have all the available information if another concern was raised. On occasions, the lack of robust recording systems meant decisions were being made on the basis of limited information when situations arose outwith office hours. The second formal interagency referral discussion was supported by quality assurance mechanisms which on most occasions ensured all services were involved.

We found staff did not always fully understand the importance of seeking information from all relevant services to inform initial risk assessment and decisions about whether, and how to proceed in relation to any potential investigation. We found in a few records, concerns were not appropriately directed for a joint police and social work investigation. There were, however, clear strengths in the recognition, identification and assessment of risk relating to vulnerable pregnant women and swift referral to the early years assessment team was improving outcomes. Effective partnership working and the **Domestic Abuse Pathway Project** was also effectively identifying and supporting victims of domestic violence.

## The quality and use of chronologies

Only 17% of the chronologies read during the inspection were found to be fit for purpose. They were often incomplete, beginning at the point of a referral to services as opposed to reflecting the whole life of the child. They were not well maintained, had gaps in significant information which was contained elsewhere in the record, and in many cases did not help the reader gain a comprehensive overview of a child's or young person's life. Staff were unable to demonstrate an understanding of the importance of chronologies to identify patterns or accumulations of risk. Partners had previously identified chronologies as an area for improvement, however progress had been very limited.

## The quality of assessments

A range of assessment tools was in use across all services. The national Getting it Right for Every Child wellbeing indicators were providing a shared language and promoting understanding of children's and young people's needs. The practice of sometimes excluding some of the eight of the Getting it Right for Every Child wellbeing indicators in assessments, however, constrained staff from making a holistic assessment of children's needs.

A range of health assessments, including comprehensive and specialist medical assessments, was supporting understanding of the health needs of children and young people. We found the lead professional was not always sufficiently informed of the relevant health and wellbeing needs and this limited how well children's holistic needs were understood. Not all looked after children, including those living away from home, benefited from having their health needs assessed and met. Children looked after at home had yet to have their health needs routinely assessed and this had been identified as an area of improvement by health. The looked after children's nurse was undertaking valuable work in liaising closely with paediatricians and facilitating access to specialist services and assessments by those services. However, as the sole nurse with this remit, whilst also carrying other responsibilities, she was compromised in her ability to meet demand. The health visitors and school nurses who were covering the large geographical area were also expected to undertake health needs assessments of looked after children. This group of staff was also challenged to meet this responsibility.

When there were concerns that a child's or young person's wellbeing might be compromised, services made effective use of multi-agency meetings to pull together all relevant information to help inform an assessment of risk or need. This happened, for example, when self-harming, drug or alcohol misuse or poor mental health was identified. Meetings Around The Child were held and chaired by the named or lead professional. Meetings convened under the vulnerable young person protocol also provided a useful mechanism for bringing together information to inform a shared risk assessment. These meetings, were coordinated by either an adult protection or child protection officer in the public protection unit.

In a small number of cases, families remained in the Meetings Around The Child system for too long without sufficient review and analysis of the available information. The usefulness of these meetings was not subject to systematic scrutiny, overview and quality assurance by managers to ensure a robust outcome-focused analysis of a child's changing circumstances. The absence of sufficient ongoing robust assessment for some children and young people meant they remained in situations whilst their family circumstances deteriorated for longer than needed.

Whilst the majority of risk assessments in case records were of an acceptable standard, a significant minority (13%) was evaluated as weak. Some staff were developing confidence in using the National Risk Assessment Framework tool, although its use was inconsistent across staff groups. Staff working in the Early Years Assessment Team routinely used the national risk assessment materials to conduct pre-birth assessments and inform individualised and flexible packages of

support for vulnerable mothers and their babies. Children's hearing members reported that frequent changes in key workers of some children, particularly in social work, had a detrimental impact on the quality and continuity of these children's assessments.

## **Planning for individual children and young people**

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

**Planning for individual children and young people was adequate. Partners had recognised the need to improve the quality of plans. Managers were in the process of reviewing protocols to guide practice for inter-agency decision-making where children were subject to child protection plans. This work had been identified as necessary to ensure sufficient rigour and collective oversight for this important group of children. Until recently, very slow progress had been made in securing alternative stable and nurturing families for some of those children unable to experience this in their birth family. It was clear that partners were taking action to tackle the delays evident in planning for a small number of these children. There was a committed effort being made to expand placement provision through increasing the number of foster carers. The arrangements in place for the regular reporting and oversight of looked after children's circumstances by senior managers and leaders across services promoted their corporate responsibility for looked after children. The majority of plans for individual children were not sufficiently SMART (specific, measurable, achievable, relevant and time bound) in setting out what was to be achieved.**

### **The quality of children and young people's individual plans**

Most children and young people who needed a plan had one in place to direct staff in managing identified risk or meeting need. The child's intended outcomes were structured around the Getting it Right for Every Child wellbeing indicators. The use of the national framework had improved plans to meet children's needs. However, the majority of plans were not sufficiently SMART (specific, measurable, achievable, relevant and time bound) in setting out what was to be achieved. There was a small number of cases where the plan to manage risks or meet needs was evaluated weak or unsatisfactory and the desired outcomes for the child were not specified. Some plans needed to reflect a more holistic approach in considering aspects of the child or young person's wellbeing. On occasions, there were delays in identifying and planning for health needs when a child or young person became looked after. The lack of explicit information for contingency planning slowed essential decision making during times of crisis. This occurred particularly when staff working outwith office hours was trying to determine the most appropriate service response.

### **The quality and effectiveness of planning and reviewing**

Partnership working and the promotion of involvement of services by lead professionals was leading to improvements for children and young people and their



families. As noted earlier in this report, a small number of staff working in health roles, for example, school nurses were unable to meet all the demands placed on them. This prevented them being as involved with some children and young people as they or other partners sometimes wished. The needs of children and young people with learning disabilities were being monitored through the role of the Transitions Tracking Group with transition planning for young people with complex needs. The relevant staff from a number of agencies came together to systematically consider those with complex needs in order to plan in advance the necessary transitions from children's to adult services.

Reviews of progress were organised within a continuum of reviewing in proportion to the level of intervention in place. Recent training had taken place following recognition in a case audit that some children were experiencing ongoing and potentially harmful levels of neglect. A protocol had been introduced for staff to request a multi-agency review of such cases by a senior manager. Independent reviewing officers brought increased objectivity and quality assurance to the role in chairing reviews for children and young people who were looked after or subject to child protection plans. An escalation policy was available in the event of difficulties in case progression which could not be resolved by the chair. Some delays in making suitable progress were exacerbated by changes of social worker, and staff working with vulnerable parents noted that support for some families could be reduced too quickly following deregistration from the child protection register.

### **Securing stable and nurturing environments**

Wheatlands, Scottish Borders sole residential unit for children and young people, was awarded the CELSIS (Centre for Excellence for Looked after Children in Scotland) Team of the year award 2015. It had been recognised for its very good practice and the way in which it ensures good outcomes and provides consistency and stability for young people. Young people moving on from care were being supported very well by the persistent efforts of staff in the 16+ Transitions Team. Young people ready to live more independently were able to move into single-occupancy flats offering six-month assured tenancies with support and a full-time concierge. However, the limited availability of supported carers and other suitable accommodation options delayed some young people's progress to more independent living when young people might consider themselves ready to do this. During the inspection, leaders directed the discontinuation of an unhelpful administrative process which meant that some young care leavers were designated as 'homeless'.

Some children requiring permanent alternative care continued to face considerable delays in case planning and decision making. The Looked After Review Group met fortnightly to review carer recruitment and placements. It had recently extended its membership to include the manager of Inclusion, Additional Support Needs managers and the manager of Child and Adolescent Mental Health. Social work managers met regularly to review placements. Partners had focused considerable efforts to develop the range of local accommodation and education options for children who could not remain with parents or extended family members. Although still insufficient to meet the level of demand, the number of foster carers has been



increased by a third over the past three years. Partners recognised that additional, experienced and trained foster carers were needed to care for children and young people with challenging behaviour, so that they can stay in their communities. Placement breakdown rates were low and young people were increasingly encouraged to remain living in their substitute family setting or residential provision beyond 18 years, and to maintain important relationships into adulthood. Children and young people with complex health or behavioural needs were sometimes placed outwith the area, which reduced their links with their local community and networks.

Community children's nurses coordinated services and ensured continuity of care for children with complex health needs. This allowed children to be cared for at home and attend school where possible and was highly valued by families.

## Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

**Joint planning to improve services was evaluated as adequate. Strategic planning was informed by a strategic needs assessment and demonstrated clear priorities which were shared across the partners. A new integrated services plan had recently been published providing a clear vision and outcomes for future service delivery. However, performance measures were based almost exclusively on processes and collected on a single agency basis. This had a subsequent impact on the effectiveness of partnership planning and the delivery of services. This also impacted on the quality of the child protection business plan. Limited progress had been made on a recommendation from a previous inspection of child protection services to strengthen approaches to joint self-evaluation, ensuring a clearer focus on outcomes for children and families. While partners said they were committed to their responsibilities for managing and mitigating risks to children and young people, they were not sufficiently well sighted on some key risks. This was due to a lack of quality assurance at operational levels and the impact of staff being constrained to meet demands in some services. The current focus on quantitative performance measures and process data rather than outcomes provided managers with limited opportunity to assess the difference services were making to children, young people and families.**

Whilst the senior leadership team was relatively new, planning structures were mature. Leaders were able to demonstrate the achievements delivered by previous multi-agency plans and used findings from a comprehensive strategic assessment to identify and prioritise recognised and emerging needs. The Community Planning Partnership delegated responsibility for the development of the **Integrated Children and Young People's Plan** to the Children and Young People's Leadership Group which was formed in 2015.

The Strategic Corporate Parenting Group played a key role within the Children's planning structure and the Partnership, Implementation and Evaluation Group focused upon Getting it Right for Every Child. All strategic groups had a strong focus on delivering positive outcomes and the language of Getting it Right for Every Child permeated the planning process and strategic documents.

Publication of the Integrated Children and Young People's Plan in February 2016 followed a period of extensive consultation with a variety of stakeholders. Third sector partners were meaningfully consulted and involved and acted as an important conduit for communication with harder to reach young people. Strategic plans were appropriately linked to the Community Planning Partnership priorities outlined within the Single Outcome Agreement, particularly regarding reducing inequalities. Partners recognised the need to progress the implementation of self-directed support. Strategic objectives and mechanisms for measuring and delivering outcomes were not yet fully understood by some staff.

There was a clear corporate approach to budgeting, and partners collectively challenged themselves to direct their resources where improvement was most needed. Leaders were clear they could not just focus on the most deprived geographical areas as children and young people affected by deprivation were spread across the area, although the lack of joint self-evaluation limited the evidence base to inform planning. The Children and Young People Business Plan was SMART (specific, measurable, achievable, relevant and time bound) and clearly detailed available resources to fund delivery of services to children, young people their parents and carers.

### **Child Protection Committee business planning**

Business planning for child protection was the responsibility of the multi-agency **Child Protection Committee**. The Child Protection Committee was accountable to the Critical Services Oversight Group and was situated within a wider public protection forum alongside Adult Support and Protection and Multi-agency Public Protection Arrangements.

The Child Protection Committee used a performance framework which monitored a range of useful process data. However, gathering information on outcomes for children and young people was in the very early stages and had yet to meaningfully inform Child Protection Committee business planning. The joint inspection of services to protect children in the Scottish Borders Council in 2011 identified an area of improvement was to strengthen approaches to self-evaluation, ensuring a clearer focus on outcomes for children and families. We found progress with this area of improvement had been very limited. Although a variety of practice audits had been undertaken by the Child Protection Committee, they were not sufficiently outcome focussed to establish the difference services were making to the lives of the most vulnerable children.

Some staff and operational managers reported they needed more meaningful sharing of relevant information from the Child Protection Committee, particularly in relation to outcomes for children and young people involved in the child protection

process. We found information and decisions made within the committee were not always sufficiently shared with the committee's working groups.

An independent external review on child protection had recently been completed. The Child Protection Committee had established an operational group to facilitate discussion and learning regarding child protection matters from a multi-agency perspective. This newly created group had the potential to improve practice by ensuring the Child Protection Committee disseminates information and uses feedback effectively.

The Child Protection Committee delivered training on child sexual exploitation to practitioners as well as a wide range of stakeholders including elected members. The recognition, identification and protection of children and young people who are at risk of child sexual exploitation was at an early stage. Staff were still unclear about some systems, processes and practice. Partners were aware that the development of a local strategy would support a more consistent and robust approach.

### **Managing and mitigating risks**

Strong working relationships across leadership and within localities contributed to identification, analysis and response to some emerging risks at locality level. Partners had identified the totality of spend on children and young people. They had made a decision that statutory services would absorb budget savings in the short term while budgets were being reviewed. This was made to reduce risks which might develop if services provided by the third sector services were reduced. Whilst this was successful in the short term, partners told us work was being undertaken to better inform them about future budget challenges.

Partners were able to articulate their roles and responsibilities in relation to the management and mitigation of risk. Chief officers were able to demonstrate that they requested and considered information about risks, particularly in the localities. However, we found leaders were not fully aware of the risks due to lack of quality assurance at operational levels across services. Child sexual exploitation could have been better prioritised and leaders more informed. The lack of joint self-evaluation also limited the information about emerging risks regarding staff in some services meeting demands. Staff across services found that this impacted on key staff being able to contribute regularly at important decision making meetings around children, for example, Meetings Around The Child and children's hearings.

### **Participation of children, young people, families and other stakeholders**

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

**The extent of participation by children, young people, families and other stakeholders was very good. There was a very strong commitment from the partnership that service planning and development should fully reflect the views of service users and stakeholders. A culture of meaningful engagement**

across services was demonstrated through several examples of well-planned approaches to consultation, participation and service user involvement. A range of consultation opportunities had been developed and delivered through core services and effective third sector partnerships. An inclusive culture of youth involvement, participation and inclusion in the area was well embedded. The Youth Borders and Community Learning and Development partnership demonstrated clear evidence of effective partnership working. Its delivery of a wide range of third sector-led youth groups, projects, support services and activities had benefited a large number of young people. Young people including those with additional needs, mental health challenges or social, emotional and behavioural difficulties, were more involved and included, more confident and had more positive destinations as a result of these services.

There was a strong commitment from the partnership to ensure service planning and development fully reflected the views of service users and stakeholders. A culture of meaningful engagement across services was demonstrated through several examples of well-planned approaches to consultation, participation and service user involvement. The Children and Young Persons' Leadership Group had introduced a number of approaches and opportunities for increased communication and consultation with young people and families. This had included the delivery of locality- and community-based consultations on the Integrated Children and Young People's Plan which took place in libraries, supermarkets, youth clubs and schools as well as through mail and online questionnaires.

The Youth Borders and Community Learning and Development partnership had delivered a number of activities and programmes which actively encouraged and supported the involvement of children and young people in local decision making, including participation in youth work services. Young people had experienced meaningful consultation through their involvement as youth representatives on the partnership Education Committee and through their role as members of the Scottish Youth Parliament. Children, young people and their families had good access to elected members and were using this opportunity to express views and suggestions on service delivery.

A range of consultation opportunities had been developed and delivered through core services and third sector partnerships. Partners employed a range of valuable approaches to involve children, young people and their families in the co-production of policy documents. These included the respectful relationships policy, young carer's strategy, young people's participation strategy, corporate parenting strategy and children and young people's health strategy. The Scottish Borders Youth Voice project, which has a membership of over 70 young people from across the area was consulted for views and ideas.

A range of activities and programmes encouraged and supported the involvement of children and young people in local decision making, including participation in the youth work service. Children and young people had a high degree of involvement in the planning, production and delivery of youth media projects. The Voice of My Own (VOMO) TV had been established for 11 years and had worked with young people in order to support them to express themselves through the creation and production of

films, documentaries and animations. Many of these had either been nominated, shortlisted or won awards including the Scottish BAFTA Newcomer. Over this period 90 children and young people had participated in studio-based sessions. Over 1,600 people including a large number of children and young people had participated (those interviewed, filmed or reported on) in VOMO programmes. Some of those involved had additional needs, physical and mental health challenges or social, emotional and behavioural difficulties. VOMO also supports young people from minority groups and those facing the challenge of rural isolation.

WIRED radio also had a high degree of young person involvement in the planning, production and delivery of programmes. The partnership between Community Learning and Development and Borders Radio had resulted in the only radio show produced and presented by young people for young people on commercial radio in Scotland. The public information nature of many of their broadcasts was providing useful information across the community. Young people we met spoke about the considerable improvement in their confidence, self-esteem and communication abilities as a result of their involvement.

Youth Chex, established in 2009, was a Youth Bank funding project which makes cash awards to other youth community groups. Young people involved in sports groups, youth clubs, school projects and large or small community groups were able to apply for funding for a specific activity or for equipment. The young people at Youth Chex reviewed the applications and decided who should qualify for a grant. Young people were developing valuable knowledge, skills and confidence throughout the process of running the youth bank service and have made considerable contributions to how the process is delivered.

Children's rights were promoted effectively and underpinned by the participation strategy. The organisation Who Cares? Scotland was being used effectively to provide advocacy for more vulnerable children. We found the majority of children and young people experienced positive and trusting relationships with staff and carers and were supported and encouraged to understand and exercise their rights. Children and young people contributed their views through a range of age and ability appropriate methods including the proactive use of the Wellbeing Web, direct engagement with workers and completion of feedback forms. There was evidence that children and young people were included in discussions and decisions which directly affected them. Partners recognised that not all children, young people and families who needed it had access to independent advocacy services.



## 6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

**Leadership of improvement and change was adequate. The recently formed (June 2015) Children and Young People's Leadership Group was proactively striving to drive the pace of change and was making real progress in some key areas where there had been a previous lack of momentum. Resources were being targeted successfully towards early intervention and prevention, and reducing inequalities was a high priority. Corporate parenting responsibilities were well understood and actively promoted across services. Third sector organisations and the children's reporter service were effectively integrated in strategic forums. Collective responsibility amongst partners was being developed. However, leaders' ability to provide constructive challenge across services was compromised by a lack of robust performance information across services. The lack of robust quality assurance and joint self-evaluation based on outcomes meant that leaders were not sufficiently sighted on how and where improvements needed to be made.**

Partners had developed a shared vision across services which was clearly recognised and owned by most staff. There was a strong commitment to Getting it Right for Every Child which underpinned the Integrated Children and Young People's Plan and plans within services. Staff were very positive and enthusiastic that the progress of Getting it Right for Every Child was helping them in their work.

The vision was informed by regular strategic assessment commissioned by the Community Planning Partnership. Partners demonstrated a clear recognition that overall positive statistics masked the disparities within Scottish Borders. For example, whilst rates of child poverty in the Scottish Borders are lower than Scotland as a whole (12.8% compared to 18.6% in Scotland), rates were as high as 41% in the most deprived areas. Partners were well sighted where their challenges lay in tackling inequalities. The Single Outcome Agreement was strongly focused on closing the gap and addressing inequalities.

We found early intervention and prevention was a high priority with partners. Staff were committed and clearly wanting to make a positive difference to children, young people and their families. For example, partners had jointly agreed that the four early years centres originally funded by change funds were to be further resourced from core funding to ensure sustainability.

Significant restructuring within the council had involved the creation of a new corporate management structure with two Deputy Chief Executive posts covering people (social work, education and health and social care integration) and place (neighbourhood services, capital projects and regulatory services and commercial services). The very recent formation and development of the multi-agency Children

and Young People's Leadership Group in June 2015 under the effective leadership of the Depute Chief Executive for People, was striving to drive the pace of change. This group had delegated authority from the Community Planning Partnership through the Joint Delivery Team to drive forward the improvement agenda for services for children, young people and families. This recent leaner and more accountable structure was viewed positively by partners, and although in its early stages, was already promoting collaborative leadership amongst partners. The formation of the Children's Service had aligned social work and education under new leadership. There had been recent significant investment in the development of staff in education services which had been agreed as an area for priority action. This had successfully led to improvements in the attainment levels across the area. Similar developments in the social work service were scheduled for later in 2016. We found health services less well informed about demands on operational services to meet needs. This affected managers' ability to be effective partners in improving the outcome for children, young people and families.

Leaders across services, including elected members, were clearly committed to their corporate parenting responsibilities. The long established (2008) Corporate Parenting Strategic Group was supported by the Corporate Parenting Operations Group which had helpfully recently extended membership to Borders College and registered social landlords. Partners had successfully developed the Borders Young Person's Guarantee. The Guarantee had been designed to ensure an offer of work, further education or training opportunities, with appropriate support if required, to all young people leaving school who do not have a positive destination. A number of young people had benefited, with some currently involved in employment opportunities and modern apprenticeships provided by partners.

Partners jointly recognised their responsibility to address inequalities and promote inclusion. Participation at strategic level from the third sector and Community Learning Development were particularly well embedded. Partners recognised the need in the current and future economic climate to identify and be creative about commissioning services which are flexible and fit for future purposes but joint commissioning was at an early stage of development.

There was some evidence that the chief officers reviewed performance and provided effective challenge about emerging risks. However, they acknowledged they still needed to develop a sense of the performance across all services. Whilst leaders were committed to driving progress, they did not have a good enough overview of performance within their services. The lack of effective quality assurance and joint self-evaluation informing leaders meant there was not a robust evidence base to recognise emerging risks and provide more effective and timely challenge within and across services. Leaders started a self-evaluation of outcomes for their vulnerable children immediately following our findings from the review of records within the inspection. Our findings had shown the need for increased, systematic, outcome-focused quality assurance and joint self-evaluation at operational level across all services.

A strong culture of collaboration and strong partnership working amongst strategic and operational staff was evident. Our staff survey, however, indicated a significant minority of staff did not agree that senior managers communicated well with them or that changes are managed well.

There was a strong commitment from partners to learning from others. There were several examples where learning had been sourced from other local authorities. They had taken appropriate account of national drivers such as Raising Attainment for All and the **Early Years Collaborative**.

## 7. Conclusion, areas of particular strengths and areas for improvement

Outcomes for most children and young people are steadily improving across the area. The current leadership team has demonstrated that it knows its local area well. Leaders recognise where they need to take action to address existing inequalities and are now making significant steps to do so. The recently developed Children and Young People's Leadership Group has been proactively driving progress, collective leadership, effective challenge and accountability.

Corporate parenting is a reality, with leaders expressing strong commitment to jointly improving the outcomes of all looked after children. Children and young people in need of protection are successfully identified and their safety prioritised. More work is needed to ensure that staff are equally alert to situations where, over time, children's wellbeing may be compromised and that they ensure appropriate help is provided which is effective in improving children's outcomes. There has been a notable cultural change across the school estate with greater inclusion and rising attainment for most children under the leadership of the new Service Director, Children and Young People's Services. Embedding the systematic use of the whole range of Getting it Right wellbeing indicators into children's assessments and plans should help to improve the quality of these key processes and better support the meeting of each child's unique needs.

In the course of the inspection, we identified a number of particular strengths that were making a positive difference for children, young people and families in Scottish Borders. These are:

- the recently formed Children and Young People's Leadership Group which is helping to increase the pace of change
- the coordinated, flexible and very effective support that vulnerable pregnant women and their partners received from the multi-agency Early Years Assessment Team
- the culture of meaningful engagement across services with children and families and with other stakeholders.

Until relatively recently, the pace of change on some longstanding issues has been slow, such as reducing delay for children requiring permanent alternative care and addressing the very low proportion of children looked after at home. Chief officers have not always asked sufficiently searching questions in the right areas to ensure they understand where they need to focus their attention. Nonetheless, the current leadership team has shown an impressive commitment to making best use of the findings of the inspection. For example, they instituted an appraisal of assessment and plans for all vulnerable children immediately on receipt of our review of a sample of case records and have committed to a new approach to sharing information from children's health assessments. Recently, important gains have been made which are starting to show tangibly better outcomes for many children and young people. If leaders can replicate these successes in key areas of social work practice and Child Protection Committee functioning, we are confident that the partnership will be able to make the necessary improvements in light of the inspection findings. In doing so, chief officers should take action to:

- ensure that decisions taken in response to concerns about the safety and wellbeing of children and young people are informed by information from all partners, including staff who have frequent contact with the child and family and know them well
- improve the quality of chronologies and ensure they are used effectively across services to support assessment of risk and need
- ensure that the Child Protection Committee and Critical Services Oversight Group are working effectively together to recognise strengths and to identify and respond to emerging risks to children and young people, including the risk of child sexual exploitation
- embed a stronger, clearer focus on outcomes for children and families in all quality assurance and self-evaluation processes.

## **8. What happens next?**

The Care Inspectorate will request that a joint action plan is provided which clearly details how the Scottish Borders Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements. They will also monitor progress in taking forward the partnership's joint action plan.



## Appendix 1: Good practice examples

In each inspection we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

### Youth Borders and Community Learning and Development Partnership

This initiative is an innovative structure providing more effective youth work and youth involvement in the Scottish Borders and is underpinned by strong joint working between the third sector, Community Learning and Development, Education and other agencies. A particular strength of the model is the range, diversity and number of third sector youth organisations which make up the membership and the presence that it has across the Scottish Borders region.

Membership organisations include youth clubs, youth cafes and a wide range of projects focusing on training, transitions, advocacy, advice and specialist support. The common ethos is to develop the skills, ability, confidence and self-esteem of all young people involved in youth services.

This has resulted in the development of safe, trusting and inclusive environments where young people can become involved at their own pace and attend regularly or just drop in occasionally. The inspection team, including young inspection volunteers, met with a number of young people from different localities across Scottish Borders who spoke eloquently about the benefits of being involved in these projects and activities and made particular reference to the trust that they had in staff and the improvement that has been made in their confidence and communication abilities.

The creation of the Specialist Youth Work Network, coordinated by Youth Borders and with links to the Scottish Borders Children's and Young People's Leadership Group, has also resulted in a two-way partnership approach with increased dialogue and partnership decision making at a strategic level with the third sector.

The Youth Borders/Community learning and Development arrangement and approach is seen as unique by Youth Scotland. It has created a more effective approach to funding opportunities and has resulted in an increase in sharing intelligence on community needs. It has reduced duplication of effort and has enabled signposting and informal pathways to be developed for the most vulnerable young people in the catchment. It also provides an increased opportunity to have the voice of children and young people represented at strategic level.

The flexibility of the model and ethos of co-production, rather than fixed structure, means that component parts could be adapted and emulated in different rural or urban situations.

## Scottish Borders Safe Housing Options service

The driver for the development of the Safe Housing Options service was the evidence drawn from the **Domestic Abuse Pathway Project** – a set of specialist domestic abuse services – which suggested that too many women and children who had experienced domestic abuse were having to leave their own homes, had reduced choices and options available to them and that the percentage of those presenting to homelessness as a result of domestic abuse was significantly higher than those from other groups.

Purposeful leadership from the Violence against Women coordinator supported partners to work constructively together on building a successful business case that resulted in a project being awarded funding. The project was up and running within a few months.

Partner agencies were consulted, to draw out some of the main challenges of addressing domestic abuse from a housing perspective. Barriers to safe housing and the challenges of meeting the cost of domestic abuse all contributed to the model of Safe Housing Options. Feedback from domestic abuse victims also supported the model.

Key themes included the need for risk assessments, legal advice, coordination of repairs, pet accommodation, home security assessments, fire safety assessments and accessing a range of additional supports.

The main partners in Safe Housing Options were: Scottish Borders Council Safer Communities, Homelessness services, Berwickshire Housing Association, Eildon Housing Association, Scottish Borders Housing Association, Waverley Housing Association, Scottish Fire and Rescue, Police Scotland, seven local registered catteries/kennels and Domestic Abuse Pathway project.

The main aim of the Safe Housing Options service was to ensure that victims of domestic abuse were offered a wider range of options to either remain in their own home (if safe to do so) or live in a home of their choice. This is achieved by utilising the existing strong partnership approach to addressing domestic abuse in Scottish Borders, providing skills, knowledge and expertise in housing, domestic abuse and a lead worker who coordinates the needs of the family, building on models of good practice. For example, domestic abuse advocacy, risk assessment, safety plans, trauma recovery, improving the universal services understanding of domestic abuse and the needs of families, engaging directly with registered social landlords to improve the response for tenants, and provide direct cost savings in relation to failed tenancies.

The Safe Housing Options worker works in each of the registered social landlords offices one day a fortnight to help staff deal with cases take referrals and develop consistent practices.

A unified policy on domestic abuse has been adopted by the four registered social landlords and Scottish Borders Council.

In the first nine months of operation, the Safe Housing Options service took 103 referrals, this equated to 122 children in total in families affected by domestic abuse.

Children and young people were safer because of increased security in their homes, information was shared about the person causing harm with those involved in their daily lives, and they had a safety plan. Children and young people were maintaining healthy lifestyles because they could stay in their home and access the same football club, hockey club and feel more able to talk to their parent about their feelings. Families were supported to maximise their income enabling them to have a healthy diet. Children's and young people's education wasn't disrupted and they knew that their teachers knew about them. Children and young people were able to remain in a nurturing stable environment with practical supports to have a comfortable home. Children and young people were able to access support from CEDAR (Children experiencing domestic abuse recovery) groups. Children and young people were respected because the Safe Housing Options worker asked them where they would like to stay, kept their pets safe, and returned their pets to them. Children and young people were encouraged to be responsible because they agreed to their own safety plan, and agreed to speak to a trusted adult when they needed to. Children and young people were included because they got the chance to get their own worker, they felt listened to in relation to their needs, and they could maintain their peer relationships and remain within the communities where they were known.

### Early years centres

The early years centres deliver a coordinated and targeted approach for services for children and their families within the Scottish Borders. There are four early years centres across the Scottish Borders, strategically placed in communities of most need. They are located within local schools which are already an established part of the community activities, reducing some of the barriers for families to access services.

The first centre has now been opened for over a year and has welcomed over 180 families. The early years centres provide a 'one-stop shop' approach with a comprehensive range of services delivered locally and tailor made to support families.

Partners have a shared vision, working jointly with families to plan, co-produce and coordinate services delivery within the centres. The early years centres are continuously evolving, responding flexibly to meet the identified needs and requirements of the families. A wide range of professionals routinely travel to the centres to provide help, support and deliver training events for families.

Families use a range of services and supports within the centres through the delivery of one-to-one meetings, sessions, groups and classes which are provided along with crèche facilities for babies and young children. Examples include breastfeeding cafés, nutrition and cookery groups, a range of parenting classes and adult learning. More formal meetings and clinics also take place within the early years centres. These include child protection cases conferences, health clinics, housing meetings, citizen's advice bureau and welfare benefit drop-ins.

The early years centres have been able to demonstrate increased local resilience within the communities with local families developing community networks, learning new skills and qualifications through adult learning, volunteering and peer support. A few parents have now returned to employment, with a few being employed within the early year's centres.

Links within the wider local community have been developed, with supermarkets, shops and banks providing advice, support and resources for the centres. For example, food donations for cookery classes, clothing for babies and children and a local bank providing financial advice and help with curriculum vitae. Professionals have reported an increase in contact and engagement, especially with the most hard to reach families within the centres. An agreed approach to monitor and measure improvements for families has been developed. The early years centres routinely use the wellbeing wheel to record parents' views. The wellbeing wheel has been able to demonstrate improved outcomes for children with parents reporting increased knowledge and confidence in their parenting role. Baseline data has been established and will be used to continue to monitor improved outcomes for children and their families.

## Appendix 2: Evaluated Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. *'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'*. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

<b>How well are the lives of children and young people improving?</b>	
Improving the well-being of children and young people	<b>Good</b>
Impact on children and young people	<b>Good</b>
Impact on families	<b>Good</b>
<b>How well are partners working together to improve the lives of children, young people and families?</b>	
Providing help and support at an early stage	<b>Good</b>
Assessing and responding to risks and needs	<b>Adequate</b>
Planning for individual children	<b>Adequate</b>
Planning and improving services	<b>Adequate</b>
Participation of children, young people, families and other stakeholders	<b>Very Good</b>
<b>How good is the leadership and direction of services for children and young people?</b>	
Leadership of improvement and change	<b>Adequate</b>

This report uses the following word scale to make clear the judgements made by inspectors.

<b>Excellent</b>	outstanding, sector leading
<b>Very good</b>	major strengths
<b>Good</b>	important strengths with some areas for improvement
<b>Adequate</b>	strengths just outweigh weaknesses
<b>Weak</b>	important weaknesses
<b>Unsatisfactory</b>	major weaknesses



## Appendix 3: The terms we use in this report

**Scottish Borders Community Planning Partnership** is the local community planning partnership for the Scottish Borders Council area. It is formed from representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Scottish Borders.

A **single outcome agreement** is an agreement between the Scottish Government and Community Planning Partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

An **integrated children and young people's 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.

The **Child Protection Committee** brings together all the organisations involved in protecting children in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

**Getting it Right for Every Child** is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators, which are safe, healthy, achieving, nurtured, active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential.

[www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and Police Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

**Meeting Around The Child** is multi-agency meetings of staff who work with children to provide additional support when it is needed for children, young people and families.

**Better Eating, Better Learning** involves using school food as part of a whole school approach, serving school food that drives change in eating habits, championing fresh, seasonal, local and sustainable produce, celebrating provenance and ethical sourcing. Partnerships are developed between schools and catering to support mutually beneficial outcomes for learners; putting food items on the school menu to tie in with the curriculum and school projects.

**Baby Friendly Initiative** is a worldwide programme of the World Health Organisation and UNICEF. The initiative is a global effort to improve the role of maternity services to enable to breastfeed babies.

**Daily Mile** is a scheme to ensure children walk or run a mile a day in addition to physical education classes to improve their health and wellbeing.

**Book Bug** gives four free books to children from birth to primary 1. There are also free book bug sessions in libraries with songs, stories and rhymes.

**Self-directed support** is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided, and gives them as much control as they want of their individual budget.

**Whole System Approach** is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people who offend from statutory measures, prosecution and custody through the use of early intervention and robust community initiatives.

**Domestic Abuse Pathway Project** provides a coordinated, integrated response to domestic abuse in the Scottish Borders. It provides three main services: Domestic Abuse Advocacy Support, which works with the highest risk victims of domestic abuse; Domestic Abuse Community Support, which provides adults and children with the longer term support to recover and reintegrate into the community; and Children Experiencing Domestic Abuse Recovery, which provides therapeutic intervention to enable mothers and children to rebuild relationships through developing a shared understanding of their experiences.

## Appendix 4: The Quality Indicators Framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families	How good is our operational management?	How good is our leadership?
<b>1. Key performance outcomes</b>	<b>2. Impact on children, young people and families</b>	<b>5. Delivery of key processes</b>	<b>6. Policy, service development and planning</b>	<b>9. Leadership and direction</b>
<b>1.1</b> Improving the well-being of children and young people	<b>2.1</b> Impact on children and young people	<b>5.1</b> Providing help and support at an early stage <b>5.2</b> Assessing and responding to risks and needs <b>5.3</b> Planning for individual children <b>5.4</b> Involving children, young people and families	<b>6.1</b> Policies, procedures and legal measures	<b>9.1</b> Visions, values and aims <b>9.2</b> Leadership of strategy and direction <b>9.3</b> Leadership of people <b>9.4</b> Leadership of improvement and change
	<b>2.2</b> Impact on families		<b>6.2</b> Planning and improving services	
	<b>3. Impact on Staff</b>		<b>6.3</b> Participation of children, young people, families and other stakeholders	
	<b>3.1</b> Impact on staff		<b>6.4</b> Performance management and quality assurance	
	<b>4. Impact on the community</b>		<b>7. Management and support to staff</b>	
<b>4.1</b> Impact on the community		<b>7.1</b> Recruitment, deployment and joint working	<b>7.2</b> Staff training, development and support	
			<b>8. Partnership and resources</b>	
			<b>8.1</b> Management of resources	
			<b>8.2</b> Commissioning arrangements	
			<b>8.3</b> Securing improvement through self evaluation	
<b>10. What is our capacity for improvement?</b>				
Global judgement based on an evaluation of the framework of quality indicators				

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