



care
inspectorate

Report of a joint inspection of services for children and young people in need of care and protection in Midlothian

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and HMICS

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The cover picture for this report is the competition winning design drawn by a young person in Midlothian	

Midlothian

Key facts



Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people in need of care and protection across Scotland. When we say 'children and young people' in this report, we mean young 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 differences community planning partnerships are making to:

- the lives of children and young people in need of care and protection
- the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities.

The inspections take account of the full range of work with children, young people in need of care and protection and their families within a community planning partnership area.

When we say 'partners' in this report, we mean leaders of services who contribute to Midlothian community planning, including representatives from Midlothian council, NHS Lothian, Police Scotland, the Scottish Fire and Rescue Service and the third sector.

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 people who work in the voluntary sector. Where we make a comment that refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Where we have relied on figures, we have tried to standardise the terms of quantity so that 'few' means up to 14%; 'less than half' means 15% up to 49%; 'the majority' means 50% up to 74%; 'most' means 75% up to 89%; and 'almost all' means 90% or more.

Our five inspection questions

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

Our quality improvement framework

In July 2019, the Care Inspectorate published a revised quality framework for children and young people in need of care and protection, which was developed in partnership with stakeholders. It aims to support community planning partnerships to review and evaluate their own work. Inspection teams use this same framework to reach evaluations of the quality and effectiveness of services provided by partnerships.

Inspectors collect and review evidence against all 22 quality indicators in the framework and use this understanding to answer the five inspection questions in this report. In addition to answering the inspection questions, we use a six-point scale (see appendix 2) to provide a formal evaluation of three quality indicators that concern the impact of partners' work on the lives of children, young people and their families and the outcomes partners are achieving. These are:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people
- 2.1 - Impact on children and young people
- 2.2 - Impact on families.

We also provide an overall evaluation for leadership, which comprises a suite of four quality indicators (9.1 to 9.4 inclusive). We do this because we recognise the importance of effective leadership in ensuring children, young people and families experience consistently high-quality services that meet their needs and improve outcomes.

Our inspection teams

Our inspection teams are made up of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland. Teams include young inspection volunteers, who are young people with direct experience of care or child protection services. They receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work.

How we conducted this inspection

The joint inspection of services for children and young people in the Midlothian community planning partnership area took place between 3 February and 13 March 2020.

It covered the range of partners in the area that have a role in providing services for children, young people and families.

- We met with 129 children and young people and 73 parents and carers to hear about their experiences of services.
- We offered children and young people, and parents and carers the opportunity to complete a survey about their views of services and received 51 responses.
- We reviewed a wide range of documents and joint self-evaluation materials provided by the partnership.

- We spoke to staff with leadership and management responsibilities.
- We carried out a staff survey and received 239 responses.
- We talked to large numbers of staff who work directly with children, young people and families.
- We reviewed practice through reading records held by services for a sample of 95 of the most vulnerable children and young people.

We are very grateful to everyone who talked to us as part of this inspection. As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area in need of care and protection.

COVID-19 update

Our joint inspection programme was suspended in March 2020 following the onset of the coronavirus pandemic in Scotland. We recognised the need for partnerships to focus their attention on the continuation and adaptation of critical health and social care service provision during this time.

In this inspection, all onsite activity was concluded by 13 March 2020, before the introduction of any restrictions on movement to limit the spread of coronavirus. We recognise the commitment and co-operation of the partnership in concluding the final week (9 - 13 March 2020) of the onsite activity at the time that services were making preparations to respond to the pandemic. Due to the restrictions that took place at this time, our young inspection volunteers were not able to contribute to the final on-site week.

This report presents findings based on evidence gathered before the pandemic. However, publicly reporting on this inspection has been delayed by the national response to the pandemic. We recognise that future learning and planning to address areas for improvement need to be contextualised in a changed environment affected by the impact of the pandemic.

Summary – strengths and priority areas for improvement

Strengths

1. Leaders had embraced their collective responsibility to protect children, demonstrated through their well embedded, collaborative approach to quality assurance and scrutiny.
2. Staff recognised risk and took timely and appropriate action to keep children safe, and key processes for assessing and managing need and risk for children and young people in need of care and protection were well established.
3. The wellbeing of children in need of care and protection was improving, with most children and young people benefiting from positive and caring relationships with staff and carers.
4. As a result of operational and strategic effort, partners had achieved significant reduction in the overall number of looked after children and young people and a reduction in out-of-authority placements.
5. Children and young people had their rights respected and they benefited from opportunities to have their voices heard through the well-established **Champions board** structure.

Priority areas for improvement

1. While children and young people in need of care and protection were helped by a range of purposeful interventions, access to the specialist services some required to help them recover from trauma was not always available at the time they needed it.
2. The partnership recognised that more needed to be done to raise educational attainment and reduce the number of care experienced children and young people excluded from school.
3. Outcomes and experiences for care experienced young people transitioning into adulthood were variable. The partnership had identified this as a key area for improvement.
4. Collaborative leadership of corporate parenting had not yet consistently achieved partners' ambitions for improved outcomes and wellbeing across all groups of care experienced children and young people.

Midlothian in context

Geography and demography

Midlothian council area covers 354 square kilometres. It is one of four councils within the NHS Lothian area. It borders with Edinburgh, East Lothian and the Scottish Borders.

Dalkeith is the administrative centre and the other main towns include Penicuik, Bonnyrigg, Loanhead, Newtongrange and Gorebridge. The southern half of Midlothian is predominantly rural, including villages and farms.

On 30 June 2019, the population of Midlothian was 92,460. This was an increase of 1.2% from 91,340 in 2018. Over the same period, the population of Scotland increased by 0.5%. Between 1998 and 2019, the population of Midlothian increased by 15.4%, the fifth highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.6%. Midlothian is projected to have the highest percentage change in population size out of the 32 council areas in Scotland between 2018 and 2028, a projected increase of 13.8% compared to a projected increase of 1.8% for Scotland as a whole. It is also predicted to have the highest increase in Scotland of the 0-15 years age group. 19% of the population are under the age of 16, compared to 17% in Scotland.

Social and economic

The Scottish Index of Multiple Deprivation (SIMD) splits Midlothian into 115 data zones. Seven of these are within the 15% most deprived data zones in Scotland and one is within the 5% most deprived data zones in Scotland. The three most deprived data zones are in Dalkeith.

In terms of employment, 62% of the population are of working age, compared to a Scotland figure of 64%. SIMD shows that 11% of the overall population of Midlothian are income-deprived, compared to 12% in Scotland as a whole.

The partnership

Community planning in Midlothian brings together local agencies and organisations from the public, private and voluntary sector to deliver better public services. The overall vision of the community planning partnership is 'Midlothian - a great place to grow'. The top three priorities for the period 2019-2022 are connected with reducing inequalities in learning and health outcomes and in economic circumstances.

Five thematic groups report to the community planning board of which the Getting it Right for Every Midlothian Child board is one. This group oversees the children's services plan and annual progress reviews. The corporate parenting group and the champions board provide leadership and direction to improve the experiences and life chances of care experienced children and young people.

The East Lothian and Midlothian public protection committee (EMPPC) encompasses responsibility for adult support and protection, child protection, offender management and violence against women and girls across both East Lothian and Midlothian. The EMPPC reports to the East Lothian and Midlothian critical services oversight group.

Table 1: Children in need of care and protection: key strategic groups and plans in Midlothian

Children in need of care and protection: key strategic groups and plans featuring in this inspection	
Groups	Strategic plans
<ul style="list-style-type: none"> Public protection critical services oversight group. Getting it right for every Midlothian Child board. East Lothian and Midlothian public protection committee. 	<ul style="list-style-type: none"> Single Midlothian Plan 2019-2020. Integrated children’s services plan 2017-2020. Corporate parenting plan 2019–2022. East Lothian and Midlothian protection committee annual report (2018-2019).

The five inspection questions

1. How good is the partnership at recognising and responding when children and young people need protection?

Key messages

1. Staff were well supported by a comprehensive range of guidance, procedures and training opportunities. They demonstrated confidence and competence in keeping children and young people safe.
2. The inter-agency referral discussion (IRD) process was highly effective in supporting staff to share information and make joint decisions in response to child protection concerns. Robust quality assurance arrangements for IRDs had led to improved quality and consistency of practice and enhanced opportunities to share learning.
3. Recognition of, and response to, children and young people at risk of immediate harm was effective in the majority of cases.
4. Vulnerable young people's procedures and child sexual exploitation protocols were being used to help staff respond to risk to older young people.
5. While staff were effectively involving most children and their parents and carers in protection processes, this was not always the case. Additionally, independent advocacy was not routinely made available to children and young people in need of protection.

Recognition of risk

Staff recognised when children and young people needed protection and took appropriate action to keep children safe. Almost all staff who completed our staff survey were confident in recognising the signs of child abuse, neglect and exploitation and most staff were confident about the effectiveness of local child protection arrangements. Staff were supported in keeping children safe by clear child protection guidance and procedures. In the majority of the case records that we reviewed, services were evaluated as good or very good at responding to concerns about immediate risk of significant harm to children. However, in a few cases partners needed to identify and respond to cumulative neglect at an earlier stage. This was a priority development area for the East Lothian and Midlothian public protection committee, which had made promising progress developing a shared approach to using risk assessment tools to help staff better understand cumulative risk of neglect.

Partners had embraced their collective responsibility to recognise and respond to risk and harm in response to increasing domestic abuse referrals. The Police concern hub had a clear process in place to respond promptly to risk for children and adults experiencing domestic abuse and it shared concerns about the offending partner appropriately through effective **multi-agency risk assessment**

conferences (MARAC). Pre-birth planning arrangements supported early identification of vulnerable pregnant woman, with midwives making routine enquiries to identify risks at an early stage. This helped to ensure early multi-agency intervention for high risk pregnancies, including involvement from social work to support safe care planning arrangements.

Initial response, information sharing and managing risk

Multi agency team around the child meetings and wellbeing meetings in schools were widely used to identify risks and needs for vulnerable children, young people and families and put in place timely support. The principles of **Getting it right for every child (GIRFEC)** were embedded and understood by practitioners across agencies. This was supporting the early identification of children in need of protection and a multi-agency response.

Appropriate and timely information sharing between agencies had effectively assisted the assessment and management of risk. The **inter-agency referral discussion (IRD)** process was highly effective in supporting staff to share information and make joint decisions in response to child protection concerns. Through the IRD process, partners agreed robust interim safety plans for children that clearly set out the expectations for each agency in ensuring the protection of the child. We found the standard of these to be high. The electronic system was well embedded and ensured timely recording and sharing of the IRD records amongst relevant partners. When making plans for children's immediate protection, staff made use of appropriate legal measures.

Vulnerable young people's procedures and child sexual exploitation protocols were being used to help staff respond jointly to risks to older young people. Services used the IRD process to agree a shared approach to the management of risk and needs for this vulnerable group. Performance reporting in relation to these aspects of work was less developed than other areas of child protection work. However, the public protection committee had started to develop performance reporting further on these areas to help provide a greater understanding around the consistency of practice.

Robust and timely arrangements for submitting and sharing police concern reports meant partners were well placed to respond jointly to concerns at an early stage. Internal arrangements within Police Scotland helped to identify repeat concerns which were highlighted and initiated an escalation process to ensure multi-agency intervention and support.

The multi-agency youth offending management group was providing a robust early intervention process that was helping to divert young people from more formal community justice systems and reducing their risk of offending. Funded by the local authority, the Midlothian community action team of police officers was tasked with working directly with young people engaging in risk-taking behaviour.

Involvement and engagement of children, young people and families

The involvement of children, young people and families in assessment, planning and reviewing was generally well supported in practice and children's services workers played a key role in supporting children and young people to give their views. Our review of records found the effectiveness of staff in involving children and young people in these processes to be good or very good in the majority of cases. While this was largely supported by the feedback we received from children and young people, there were some who did not feel as well involved. Independent advocacy was not easily available to all those children and young people who could potentially benefit from it. In our analysis of case records, we noted that independent advocacy had been offered to the child or young person in only 13% of cases.

Most parents who took part in our survey told us they had been involved in agreeing the plan for their child. In our review of case records, we found that staff were effectively involving parents and carers in planning for the protection of their child and that key professionals had maintained contact at a level commensurate with their child's plan. Most parents told us they had been given appropriate support to keep their child safe from risk and harm. However, a few parents said that they had not felt listened to, had been unable to influence decisions, or had not been kept updated. Collaboration with parents had been supported through the implementation of the **Safe and Together approach** to domestic abuse across the partnership. This strength-based approach encouraged the non-offending parent to have a voice and prioritised safety plans for children.

Staff confidence and competence in protecting children

Staff demonstrated confidence in protecting children. The well-established learning and development sub-group of the East Lothian and Midlothian public protection committee facilitated a range of multi-agency training and development opportunities that had a positive impact on staff confidence and appreciation of each other's roles. Joint investigative interviews were reviewed against practice standards, feedback was given to workers and learning shared more widely. Clear standards for practice provided direction to staff and they had the opportunity to discuss their work with a manager in almost all the records we reviewed. This was helping to improve consistency of practice. Staff who had benefited from training as part of the Safe and Together model felt more equipped for difficult conversations with parents, which in turn helped to support problem solving and collaborative safety planning. Children's services practitioners valued **seven-minute briefings** that helped them understand and reflect on key learning from initial and significant case reviews.

Quality assurance

Child protection practice had improved as a result of the robust approach taken to review and quality assure all IRDs undertaken by the partnership. The IRD overview group was attended by managers from police, social work and health and it reviewed the decisions made in all IRDs. This included considering the experience of each child as well as checking adherence to key processes and practice standards. Both inconsistent and best practice were being identified and overall learning from the

IRD overview group was shared widely through the East Lothian and Midlothian public protection committee. When necessary, measures were in place to address improvement at a practitioner level. Information relating to IRDs was being monitored over time; the joint response to the increasing numbers of IRDs involving domestic abuse was an important example of how data was being used to implement improvement activities. The public protection committee maintained appropriate oversight of the IRD process through routine quarterly reporting and exceptions reporting through the IRD oversight group and the performance and quality improvement sub-group. We consider the robust approach to quality assurance of the IRD process and the subsequent impact on child protection practice to be an area of **good practice**.

2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?

Key messages

1. Most children and young people who had experienced harm benefited from supportive and caring relationships with staff. This was underpinned by the partnership's developing focus on trauma informed practice.
2. Statutory and third sector partners were working well together to provide support to children and families affected by domestic abuse.
3. Parents and carers of young children under five had benefitted from a range of high-quality, flexible and tailored support. There was less support available for families with children who were older or who had disabilities.
4. While there was positive action across universal and third sector services to support children's emotional needs, too many children and young people had to wait too long to access specialist mental health support when it was needed.

Trusting relationships with key professionals

Children and young people in need of care and protection, and their families benefited from trusting relationships with staff who spent time getting to know them. This was confirmed by our review of records and by children and young people, who told us they experienced caring relationships with their workers. We saw examples of this in schools and third sector services, such as Artlink and the 180 service at Y2K youth club.

Staff across agencies recognised the importance of building relationships with children and were supported to prioritise this important area of practice. The strategic approach taken across the partnership to upskill staff in trauma-informed practice underpinned the partnership's commitment to ensuring children and young people received support from professionals with whom they had a trusting relationship. The majority of staff who responded to our survey were of the view that children and young people were thriving as a result of nurturing and enduring relationships with their carers and people who worked with them.

Assessment and planning to reduce risk and meet needs

Almost all of the records that we read had an assessment that considered needs and risks and in the majority of cases, these were evaluated as good or very good. The introduction of an outcome-focused approach had made a positive impact on the quality of assessment, planning and reviewing that was supporting staff to meet needs and risks. This approach had helped to achieve better partnership

working with parents and supported timely decision making. Multi-agency meetings helped staff to understand the nature and assessment of risk and supported collaborative decision making. The partnership recognised the importance of high-quality multi-agency chronologies to inform comprehensive assessments of need and risk and had undertaken improvement activity in this area. However, our review of records found it was too early to see the full impact of this work in practice. While we found chronologies in most of the cases we reviewed, we evaluated more than one in three of these as adequate and one in six as weak. Continued improvement in this area is required to help staff identify patterns of concern or an accumulation of experiences.

Engagement with children, young people

The majority of staff who responded to our survey were confident that effective plans for children and young people were produced in a timely way with an active contribution from their families and all relevant agencies. Children and young people had been supported to engage in key processes with the help of staff who knew them well and the **Mind of my Own app**, eco maps, surveys and talking mats were examples of some the tools used by staff to make it easier for children and young people to express their views. The partnership was well placed to build on this performance to ensure all children and young people feel included and listened to.

Positive change and sustained improvement

Vulnerable children and young people's wellbeing benefited from a range of supports provided through universal and targeted services. Collaborative working was well embedded across the partnership and staff were working creatively together to meet the needs of vulnerable families. Most staff who responded to our survey were confident their service had improved the wellbeing and life chances of children and young people. Working to the GIRFEC approach, **universal services** aimed to provide a range of services at the earliest opportunity. Wellbeing meetings and team-around-the child meetings were established in schools and were providing an effective pathway to a range of services including the homelink team, the inclusion service, community police and social work. Initiatives designed to promote and strengthen a nurture culture in schools also had a positive impact on the wellbeing of pupils. This was contributing to the overall aim of supporting young people within the school whenever possible, rather than having to refer them on to external resources. Further action was needed to ensure children and young people in need of care and protection did not experience part-time timetables and exclusion from school in order to enhance their learning experiences and opportunities.

Restructuring within the council's children's services had helped staff to focus on early support and preventative services. Children under five benefited from opportunities to play, learn and eat healthily at Midlothian Sure Start family learning centres and at the Hawthorn family learning centre. Commendably, the quality of care and support at the Hawthorn centre was evaluated to be of an 'excellent' standard following its most recent inspection.

Overall, children and young people in need of care and protection were helped by a range of purposeful interventions to support their recovery from the impact of abuse, neglect and trauma. Statutory and

third sector services including the Midlothian Young People's Advice Service (MYPAS), play art and family therapy, **Lets Introduce Anxiety Management for Children and Young People (LIAM)** and Women's Aid, were effectively responding to children and young people's emotional needs. Educational psychologists had helpfully worked with residential care staff to implement a trauma-informed approach to practice with residential children's homes.

The team-around-the-child multi-agency resource group was identifying appropriate services and staff considered this helped them to match families with timely support. The Midlothian Early Action Partnership (MEAP) collaborative project was formed to improve children and young people's timely access to appropriate mental health and wellbeing support. Through an initial 100-day challenge, children, young people, families and staff had worked together to identify and prioritise key areas for development. Using this learning, the MEAP project had supported a range of initiatives aimed at improving school and community-based provision of early, preventive support.

Waiting lists for some services, including MYPAS and art therapy, and lack of availability of child and adolescent mental health services (CAMHS) for some children and young people was slowing down recovery from trauma. It was too early to see whether there had been a positive impact on the mental health and emotional wellbeing of children and young people from the recent investment in services in this area. Just under half of the respondents to our staff survey were confident that children and young people who have experienced abuse and neglect have got the help they need to recover from experiences.

Parent and carer capacity and support

The majority of parents and carers who responded to our survey reported positive relationships with staff across statutory and third sector services and felt staff were trying to help improve outcomes for them and their children. The creative approach taken by independent reviewing officers and staff involved in family group decision making had helpfully encouraged parents and carers to participate in key decision-making processes, therefore increasing the likelihood of successful outcomes. Our review of children's records found the effectiveness of staff in involving parents and carers to meaningfully participate in key processes to be good or above in most cases.

A range of flexible and tailored supports were available to parents and carers of young children that helped them to develop confidence and parenting competence. The range of supports available through the Hawthorn family learning centre and Midlothian Sure Start family learning centres were effectively maximising wellbeing of whole families. [We considered the comprehensive approach towards early and effective intervention with families with younger children that was provided through these services to be an area of good practice.](#)

While parenting programmes were helping some families, these were more likely to be available to parents with younger children and some parents with older children did not benefit to the same extent. We heard from a small number of parents and carers of children with disabilities who had not felt supported at the time they most needed it. Strategic planning of services to support parents and carers had not been informed by a comprehensive assessment of current and future needs. This made it difficult to be confident that the right services were reaching the right families at the right time.

The partnership's joint response to an increase in domestic abuse concerns, including the commissioning and implementation of the Safe and Together practice model had resulted in improved highly effective joint working across services and with families. This work was supported by a coherent approach to gathering and understanding local data. With the aim of keeping children safer, staff kept a clear focus on perpetrator behaviour. Targeted services, for example Women's Aid, Safer Families and Families First programme, supported non-offending adults to better protect children and to recover from the trauma of domestic abuse. We heard positive feedback from some parents about how the approach taken by staff had helped them to keep their children safe.

3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?

Key messages

1. Looked after children and young people reported positive relationships with trusted adults. Most felt listened to and respected by the staff working with them.
2. The partnership's strategic approach had been successful in reducing the overall number of looked after children and in enabling more children to be cared for in locally and community-based placements.
3. Good quality assessment, planning and reviewing processes were effectively addressing needs and risks for the majority of children, young people and families.
4. We identified a number of examples of services making a positive impact on children, young people and their families. However, partners were not yet making full use of their data to comprehensively understand the difference services were making to the lives of all care experienced children and young people.
5. The partnership recognised more now needs to be done to build on the alternative vocational education already in place to raise attainment and reduce the number of care experienced children and young people excluded from school.

Consistent relationships with trusted adults

Care experienced children and young people told us they valued consistent relationships with staff. Children and young people living in kinship or foster placements enjoyed trusting and nurturing relationships with their carers, and supportive care staff were helping those in residential care feel safer. In the **Midlothian Residential Service**, practical steps had been taken to ensure greater consistency of staff working with children and young people.

Most of the children and young people who responded to our survey told us they believed their worker cared about what happened to them and was available when they needed them. Almost all the children and young people who completed our survey told us that they had an adult they could trust and confide in.

Listening to children and young people

Care experienced children and young people were encouraged to participate meaningfully in care planning processes by staff who were committed to listening to them and respected their views. Both our review of children's records and children and young people surveys evidenced that in the majority of cases, staff took account of children's wishes and their views and feelings influenced plans for their future. Encouragingly, reviewing officers were supporting the involvement of children and young

people in their reviews. The reviewing officer for children and young people looked after at home had helpfully developed more creative approaches for children and young people engaging in planning and reviewing their support and care.

Care experienced children and young people were generally aware of their rights and most felt their views and opinions were listened to. In the majority of records we read, the quality of support given to the individual to understand and exercise their rights, comment on services received and make a complaint was evaluated as good or very good. We heard examples of individual young people being supported effectively to participate in their care plan by the **Who Cares? Scotland** worker, who provided independent advocacy to care experienced children and young people.

The **Champions board** and the **Mini Champs** gave care experienced young people a sense of belonging and an opportunity to develop positive relationships with professionals and carers. Involvement in these groups had a positive effect on children and young people's self-esteem and self-confidence. The well-established champs structure provided meaningful opportunities for care experienced children and young people to influence service delivery. The appointment of a participation officer, based within children's services helped to make the voices of children and young people heard.

Care planning and assessment of needs and risks

Staff were guided in their work with vulnerable children and families by good-quality assessment, planning and reviewing processes that purposefully considered needs and risks. Our review of records found that standards of assessments, plans and reviewing arrangements were good or very good in the majority of cases. Improvement activity, for example using the learning from case reviews and audits and the implementation of the outcome-focused framework, had helpfully enhanced the quality and consistency of practice in this area. This was a promising development to help focus attention on improving outcomes for children and young people in need of care and protection and provided a strong platform to achieve consistently high standards.

Securing stable environments and the balance of care

Good planning was helping to secure stable and nurturing environments for care experienced children and young people. In our review of case records, we evaluated the quality of planning to help secure a caring and stable environment as effective for the majority of children and young people.

As a result of a concerted effort at both a strategic and operational level and with the aim of improving outcomes, the partnership had achieved a significant reduction in the overall numbers of looked after children and young people and reductions in the use of out-of-authority placements. As a result, more children and young people were successfully cared for in their local communities, often within a family-based setting. This could either be within their own family, kinship carers or a local foster placement.

Increasing numbers of care experienced children and young people were benefiting from the stability and security provided by permanent living arrangements. Working alongside the **Centre for**

Excellence for Children’s Care and Protection (CELCIS) on the **Permanence and Care Excellence (PACE) programme**, the local authority had improved how they gathered and analysed data, and set and achieved targets to reduce delays and drift in permanency planning. This had resulted in improvements in the timeliness of decision making regarding permanent care arrangements for looked after children. The Care Inspectorate’s most recent inspection of Midlothian council adoption service found a clear focus on permanence, keeping children at home, within their wider family or in stable alternative family care, including adoption.

Improvements in wellbeing

Services across Midlothian were generally having a positive impact on the wellbeing of looked after children and young people. Staff held positive attitudes about the benefits their service had on wellbeing and we saw improvement in the child’s wellbeing in most of the records we reviewed. Additionally, in the majority of the records we reviewed, children and young people were helped to maintain important relationships with parents and siblings.

Looked after children were being equipped to develop emotional resilience and a number of services had adopted a nurture-based approach with a strong emphasis on listening to children and supporting them to express feelings and recover from trauma. Services promoted through the Midlothian Early Action Partnership (MEAP) project, along with a range of support from third sector services, provided effective support and therapeutic interventions to promote the emotional and mental health of looked after children and young people. Well attended youth provision across Midlothian, for example, InvolveU drop-ins at Y2K and Feel Good Friday in high schools were also having a positive impact on children and young people’s emotional wellbeing. Midlothian Young People’s Advice Service (MYPAS) groups provided in school enabled young people to identify and share their feelings, and the life story work undertaken by social workers had helped children and young people develop their sense of self identity. However, as we have said earlier in this report, not all children and young people benefited from the support to promote emotional wellbeing and address mental health concerns at a time that was right for them. CAMHS staff were offering a flexible consultation service to professionals, foster carers and kinship carers in an attempt to mitigate waiting lists.

Alternative vocational education provided a flexible and varied curriculum to those needing extra support in their education. Services such as **PAVE (Programme of Alternative Vocational Education)**, Pathways to Success and Artlink helped children and young people engage, make positive choices and experience achievements. The inclusive and nurturing approach taken in Newbattle high school had made a meaningful impact on the experiences of looked after children. As a result of this approach, children and young people were supported to remain in their school setting and access more educational opportunities. *We considered this approach to be an example of good practice.*

Despite these efforts, more needs to be done to raise attainment and attendance overall of care experienced children and young people and reduce the number of exclusions from school for this group. Partners recognised this area for improvement and had taken action to improve performance. This included implementation of a ‘zero tolerance’ approach to exclusions of looked after children. Developments in the roles of the virtual head teacher and educational psychologist for looked after children had made promising changes in the support and education provided to all looked after children.

Careful analysis of data had helpfully informed the partnership's approach to young people going missing from residential care placements. Developments in practice, including an enhanced, person-centred approach to returning-home interviews, had given staff a greater understanding of the reasons for going missing. As a result of this work, partners had achieved sustained reductions in the instances of young people who were accommodated in residential children's houses being reported missing to the police.

While the partnership was able to demonstrate improvements in outcomes for looked after children and young people, more work is required to routinely gather performance data across different groups of care experienced children and young people.

Support for carers

Foster carers told us they felt well supported by staff and that their views were taken into account by staff. Collaborative training undertaken by carers and their allocated workers facilitated reflective practice and shared learning. The approach to assessing and supporting kinship placements was more variable and we heard from a few kinship carers who did not feel well prepared to take on their caring role. A few told us how the challenges in accessing full-time education for their child was impacting on the wellbeing of the whole family. Kinship carers who attended self-managed support groups appreciated the peer support they got from each other.

4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?

Key messages

1. The well-established Champions Board structure provided an effective forum for care experienced children and young people to share their views and engage with service planning and delivery.
2. Many older care experienced young people had benefited from well planned, effective transition planning but the quality of this was not sufficiently consistent.
3. Further work was required to fully and consistently embed the principles of continuing care to ensure that more young people can benefit from remaining in their care placements for longer.
4. Not all care leavers had benefited from the right support at the right time to enable them to sustain a stable home, access health services and achieve sustained positive destinations.

Relationships with staff and carers

Care leavers experienced positive and trusting relationships with the flexible and caring workers, developed through consistent support from children's services. Our review of records found that most care leavers had been supported by one or more key person over the past two years. Overall, the young people we met or who completed our survey agreed that their worker cared about what happened to them, listened to their views and opinions, treated them with respect and wanted the best for them. This was reflected in the increasing number of care leavers who remained in touch with social work services, which was above the Scottish average.

Independent advocacy through Who Cares? Scotland was available to children and young people looked after away from home and care leavers, although the criteria for access to this finite resource was unclear to some staff. A few older young people told us that while they were not aware of this service, they had been supported by staff to give their views and contribute to their plans. Midlothian council had experienced a recent rise in the numbers of unaccompanied young people seeking asylum. Staff had made efforts to provide accommodation, support and build relationships. Staff from across services, including children and residential services, education, housing and translators were working together with the aim of improving outcomes for unaccompanied young people seeking asylum. However, providing the right help remained challenging for the partnership and these young people needed more support to fully integrate in their communities and access suitable services. The profile of unaccompanied young people seeking asylum had recently been raised through the East Lothian and Midlothian public protection committee and work was underway to build on the supports available to these young people.

Supporting successful transitions into adulthood

Across services, staff had worked well together to support positive transitions into adulthood for care experienced young people. Transition planning was supported by multi-agency staff who had developed effective working relationships, and processes were in place to share information between children's and adults' services. This included the multi-agency resource group (MARG) and the early involvement of dedicated social workers within adult services. Data-sharing arrangements were helpfully established between children's services and adult social work to help staff predict future need and plan resources. An important example of effective transition planning resulted in two commissioned residential homes within Midlothian for young people with complex needs. [The joint operational planning arrangements and long-term vision for these young people enabled them to remain living close to their families and is an area of good practice.](#)

The quality of transition planning was not however sufficiently consistent. While most of the respondents to our survey felt they had been involved in their plans, we heard from a few young people that they had not benefitted from support and planning at the point of moving to become more independent. A few young people told us that transitions happened too early and that they were not ready to move on from children's services. A few parents told us that capacity pressures within education resulted in children with complex needs leaving school before completing their senior phase. Nearly one-quarter of respondents to the staff survey disagreed that children and young people were getting the support they needed to make a successful transition. Midlothian has also been performing below the national average in the nationally-reported figures relating to pathways co-ordinators and planning.

It was encouraging that the Midlothian CAMHS team and adult mental health services were undertaking improvement work to improve the experience and consistency of transitions for young people.

Continuing care

Partners were committed to full implementation of continuing care legislation, and young people had benefited from being supported in their choice to stay put in residential or foster care placements beyond their eighteenth birthday. Across staff groups, there was a developing approach to understanding and embracing the principles of continuing care, however more work is required to fully embed these into practice to consistently improve experiences for young people. Work to ensure that all staff and young people understand their rights and the culture across the partnership fully embraces the principles underpinning continuing care should gather momentum. A more formal approach to ambitions and targets in this area would support the partnership to realise this area for improvement.

Champions board

Increasing numbers of care experienced children and young people benefited from meaningful opportunities to influence service planning and delivery and engage with corporate parents. In

addition to the well-established Champion Board, satellite groups including mini-champs, care leavers groups and the young parents group provided effective forums for two-way communication between the partnership and young people. Recent investment in the Columba 1400 programme enhanced relationships between young people and staff and we heard from young people about how they enjoyed spending time with enthusiastic and committed staff. Participation workers and Who Cares? Scotland workers were engaging with a wider group of children and young people and helping to ensure their voices were heard within more formal forums. The Champions were committed to improving experiences for all care experienced children and young people and were key contributors to recent improvement planning for housing options for care leavers, improvements to the children's hearing centre and raising awareness of care experience amongst the wider community. Midlothian's Champions had also made a meaningful contribution to identifying priorities for the new corporate parenting plan.

Steps towards living independently and positive destinations

The support and guidance provided to the young people in the records that we read was evaluated as completely or mostly effective in the majority of applicable cases. The children's services 12+ team provided continuity by being responsible for all young people up to age twenty-six and we heard about the positive impact of staff being persistent in their attempts to engage with young people. The throughcare and aftercare nurse helpfully provided care leavers with advice on emotional and sexual health.

A range of options for education, training or employment existed in Midlothian and neighbouring authorities and young people were supported to attend. PAVE (Programme of Alternative Vocational Education) and PAVE 2 consistently helped young people who were not in mainstream education to achieve positive outcomes. PAVE 2 offered a targeted approach to care experienced young people at risk of not attaining qualifications or sustaining positive destinations. Community & Lifelong Learning (CLL) tracked those not meeting positive destination targets and Skills Development Scotland, the Job Centre and Edinburgh College worked together to address obstacles for individual young people. Other services such as Pathways to Success and Artlink also provided varied opportunities to help young people engage in learning. The young people we met were generally positive about the help they received in transition and the majority of young people aged 16 and over who responded to our survey felt that they had enough help getting work, training and education.

Barriers to learning such as exclusion meant that attainment figures for care experienced young people were poorer than those of the general population, and looked after school leavers had not achieved as well as comparable authorities. We have highlighted the action partners have taken to ensure all care experienced young people receive a full and rewarding education earlier in this report. Despite the range of post school opportunities available, young people faced challenges in sustaining engagement with these. While recognising the numbers of care leavers are small, performance around positive destinations required further improvement.

There was a shortage of suitable permanent housing available to young people in the area and partners had recognised appropriate support and accommodation options for care leavers are a priority area for improvement. Supported by meaningful involvement from young people, the

partnership had recently made a successful application to the National Housing Project with the aim of increasing suitable housing options, although it was too early to see the impact of this. A shared approach across the local authority to support care leavers access and sustain appropriate and secure homes needed to be prioritised. We heard from a few young people that they needed more help with sustaining a tenancy and living independently.

The partnership was unable to consistently to demonstrate tangible improvements in the life chances of care leavers and recognised that it had the opportunity to enhance its efforts through the review of its corporate parenting plan and the work of the Getting it Right for Every Midlothian Child (GIRFEMC) board. Partners across services, along with care experienced young people, had recently agreed priority areas for further development and the implementation of the new plan would be an opportunity for all partners to further strengthen the delivery of their statutory corporate parenting responsibilities.

5. How good is collaborative leadership?

Key messages

1. The majority of staff understood the community planning partnership's shared and ambitious vision to reduce inequalities and prioritise improving outcomes for children and young people.
2. Leaders of child protection services encouraged a culture of collaboration and commitment to continuous improvement. Performance reporting, quality assurance and a coherent governance structure provided effective scrutiny and oversight of child protection.
3. The strength in collaborative working from partners at all levels and commitment to improving services had resulted in positive changes for looked after children.
4. Corporate parents were aware that their approach to improvement and change would be further enhanced by a shared and systematic approach to performance reporting, quality assurance and self-evaluation.
5. The partnership had not yet fully developed a consistent approach to making joint resource decisions to ensure the best provision of universal, targeted and specialist supports for children and young people in need of care and protection.

Vision, values and aims

The community planning partnership shared a coherent vision to reduce inequalities and prioritise improving outcomes for children and young people. Partners set out their shared ambitions for children in need of care and protection through key strategic plans. Collective ownership for implementation was provided through the Getting it Right for Every Midlothian Child (GIRFEMC) board and the East Lothian and Midlothian public protection committee. The cross-party group of elected members and the integration joint board (IJB) shared a common purpose and high expectations for improving outcomes for children and young people in need of care and protection.

A collaborative and supportive culture with strong partnership working was well embedded across the partnership and the majority of staff understood the partnership's vision for delivery and improvement of child protection and services for care experienced children and young people. However, for a minority of staff this was not clear. Children and young people influenced service planning and delivery, most notably through the Champions board and community planning partnership engagement events. Leaders and elected members were visible to children and young people and actively listened to their feedback. Opportunities for all children and young people in need of care protection, and their parents and carers, to influence planning and service improvement would benefit from continued focus.

Leadership of strategy and direction

Strategic leaders had worked well to collaborate, plan and provide direction for the delivery of services for children in need of care and protection. Accountability and governance for children's service planning sat within the Getting it Right for Every Midlothian Child (GIRFEMC) board and associated subgroups, which helpfully included third sector representation. Children's service planning was informed by the community planning partnership's strategic needs assessment that identified current and future needs based on a review of local demographics. More work was required to further understand the needs of children and young people in need of care and protection. Partners recognised the benefits of this approach and work was already underway to develop a dynamic strategic needs assessment for children in need of protection through the East Lothian and Midlothian public protection committee.

The East Lothian and Midlothian public protection committee functioned well and was providing effective leadership of child protection. Robust reporting arrangements to the **critical services oversight group (CSOG)** ensured leaders were well sighted on current and emerging risks. Positioning leadership of child protection within a joint public protection committee supported strong collaboration across public protection teams and enabled partners to share information, learning and resources. The public protection committee benchmarked against comparable authorities and provided scrutiny and assurance on the quality of child protection services through performance reporting and quality assurance activities. The jointly resourced public protection office led effectively on implementation of policy at operational level.

Partners were acutely aware of the benefits of gathering and understanding key data to inform the strategic direction of child protection services and had made promising progress towards full implementation of the child protection national minimum dataset. The established multi-agency performance framework enabled the public protection committee to analyse information, recognise trends and understand the performance of child protection services. The committee had identified the need for additional reporting about vulnerable young people to help improve their awareness of trend information on older young people who may be at risk. The work on developing outcome measures needs to continue in order to help the partnership understand the effectiveness of services in making a difference to the lives of children and young people and their families.

Partners were highly committed to improving the wellbeing of care experienced children and young people. Chief officers, senior managers and elected members were well sighted on the challenges they faced in fulfilling their ambitions for both children and young people who were looked after and care leavers. Partners were refreshing their corporate parenting plan and integrated services plan to enhance strategic planning for this group and to streamline outcome measures and targets. Leaders recognised gathering and analysing performance information for care experienced children and young people as an area requiring further attention.

Children and young people in need of care and protection were being helped to recover from their experiences and improve their wellbeing through a range of universal services and third sector organisations. The partnership was not yet able to fully demonstrate a consistent, strategic approach to making joint resource decisions that maximised provision of the required universal, targeted and specialist supports. For example, while many children and young people benefited from all tiers of mental health services, not all children received the right support at the right time to aid their recovery. To ensure an equitable approach, further attention needs to be given to how the partnership understands and considers future needs, and commissions services and arrangements for reviewing this.

Leadership of people and partnerships

Leaders modelled effective collaborative working and across the partnership, staff worked creatively together to make the best use of resources. Partnership working was well embedded at an operational level. An important example of this was the support given by children's service staff and seconded third sector staff, to help overcome the staffing challenges in health visiting teams. Through the Getting it Right for Every Midlothian Child (GIRFEMC) board structure and public protection committee subgroups, delegated leadership helped to drive forward improvements in practice and we found many examples where practitioners shared expertise and learned from each other. For example, the positive impact on the confidence and skills of residential staff following bespoke training from the education psychologist for looked after children. Most staff were well supported through the supervision frameworks in place across agencies and most respondents to our staff survey reported that they felt safe and supported to be professionally curious with the aim of keeping children and young people safe.

Staff benefited from the range of opportunities available to support their development and our staff survey found high levels of staff confidence in the quality of learning and training available to them. The partnership had made a promising start to implementing a trauma-informed approach to practice and staff considered their practice was developing following participation in trauma focused training. The learning and development subgroup of the East Lothian and Midlothian public protection committee had a training framework that was shaped by local priorities and influenced by action plans arising from case reviews and local audit activity. This collaborative approach helpfully ensured statutory and third sector practitioners were benefiting from training that was linked to a local and national agenda. The next step for the partnership was to develop an understanding of what difference learning and development opportunities had made to improving the experiences of children, young people and families.

Operational staff appreciated being kept up to date with developments through team meetings, and development sessions. Seven-minute briefings had been well used to share learning. Leaders were confident that communication channels were straightforward, and the majority of staff reported that they found leaders to be accessible. However, nearly one-third of respondents to our survey disagreed leaders were highly visible and communicate regularly with staff at all levels.

Leadership of improvement and change

Across the partnership, leaders have shown a commitment to improving the quality of child protection and corporate parenting services by working together to drive improvements in priority areas while balancing the need for financial stability. A concerted effort had achieved a positive shift in the balance of care and the commissioning of two bespoke residential services ensured local provision for young people with complex additional support needs. Other examples of improvement highlighted in this report include increasing numbers of children more likely to benefit from permanent living arrangements and a reduction in the number of instances of young people who were living in residential children's houses being reported missing.

Leaders were acutely aware of the areas where they were yet to achieve their ambitions for care experienced children and young people and had directed resources to areas where further improvements were needed. For example, the action taken to address the challenges around educational performance for looked after children. The partnership recognised that supporting seamless transitions for young people into adulthood alongside a continued focus on continuing care and after care support was required. The partnership was in the early stages of systematically analysing perceptual and observational data to demonstrate improvements made in the lives of care experienced children and young people. The partnership's revised corporate parenting plan brings the opportunity to further develop their approach to gathering and analysing data to monitor the success of planned actions.

Improvement work across the partnership was influenced by a range of learning opportunities. Quality assurance activities and learning from case reviews underpinned improvement activities for child protection practice. Additionally, self-evaluation activity was leading to improvements in practice and both the critical services oversight group (CSOG) and the East Lothian and Midlothian public protection committee had carried out activities with the aim of helping them to evaluate their own effectiveness. However, approaches and developments in corporate parenting were generally not as well informed by self-evaluation and audit activities. The range of self-evaluation activity across the partnership was not systematically pulled together to provide an overarching view of service performance in order to inform longer-term strategic direction for corporate parents.

Conclusion

The Care Inspectorate and its scrutiny partners are very confident that the partnership in Midlothian has the capacity to continue to improve and to address the points highlighted in this report. This judgement is based on:

- evidence of strong partnership working at all levels and a confident and competent workforce committed to improving outcomes and experiences for children, young people and families
- the effective Champions board structure and the continued effort from staff across the partnership to enable children and young people to influence service design and improvement
- the strength of scrutiny and oversight of child protection practice and the drive for continuous improvement
- the partnership's record of improvement to date in relation to the impact of services on care experienced children and young people.

The partnership will need to maintain its strong focus on improving the quality of services for children and young people in need of care and protection. Partners should continue to develop its systematic use of data, quality assurance and joint self-evaluation to help understand what differences services are making and what needs to change.

What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the 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: Summary of evaluations

How good is our leadership?

Good

9. Leadership and direction

- Vision, values and aims
- Leadership of strategy and direction
- Leadership of people and partnerships
- Leadership of improvement and change

Rationale for the evaluation

Community planning partners were driving forward their shared, coherent vision to achieve the best possible outcomes for children and young people in need of care and protection, which was understood by the majority of staff. A common intention to reduce inequalities was well supported by effective strategic planning arrangements. There was opportunity for children and young people to influence service planning and delivery, most notably through the Champions board and community planning partnership engagement events.

The East Lothian and Midlothian public protection committee was providing highly effective leadership of child protection and reporting arrangements to the critical services oversight group (CSOG) ensured chief officers were well sighted on current and emerging risks. Robust scrutiny and oversight of child protection was supported through performance reporting and quality assurance and the approach to continuous improvement was a real strength.

A well-embedded learning culture was evident, and leaders had demonstrated their commitment to this through investment in training and development opportunities across staff teams. The majority of staff felt well supported and most were confident their confidence and skills had increased through the training and development opportunities available to them. Collaborative working was well embedded at all levels and leaders had successfully built a culture that enabled staff to be creative and professionally curious.

Partners were driving improvements in services for looked after children and young people and care leavers. As a result of sustained attention on improving experiences for care experienced children and young people, notable progress has been made in the balance of care, decision making for permanency placements and a reduction in the numbers of young people reported missing from residential care. However, collaborative leadership of corporate parenting had yet to deliver fully on the ambitions to maximise wellbeing and ensure that children and young people consistently benefited from improved outcomes. Most notably in relation to educational attainment and for some, successful transitions into adulthood.

A range of quality assurance activity had taken place but in relation to corporate parenting, partners did not consistently demonstrate a shared and systematic approach to performance reporting, quality assurance and joint self-evaluation. Leaders had not yet fully developed a consistent, strategic approach to considering future need to inform the provision of services that would ensure the needs of all care experienced children and young people are well met.

How well do we meet the needs of stakeholders?

Good

2.1 Impact on children and young people

Rationale for the evaluation

Overall, services had a positive impact on the wellbeing of children and young people in need of care and protection. In the majority of the records we reviewed, we found individual wellbeing had improved as a result of the help provided. Children and young people generally experienced positive relationships with trusted adults, receiving consistent support from at least one key person. Moreover, they felt safe where they lived and knew who to approach if they did not feel safe.

The right of children and young people to participate in decisions about their care was respected and those involved in the well-established Champions board structure were influencing service delivery and improvement. Advocacy was offered to children and young people who were looked after away from home and care leavers. Advocacy services were not readily available for all groups of looked after children or those involved in the child protection processes.

Children and young people largely felt encouraged to look after their physical and mental health, and services, including those provided by the third sector, helped children and young people recover from abuse and neglect. Nonetheless, some children and young people waited too long for specialist mental health services.

Care experienced children and young people benefited from programmes for alternative vocational education that offered a flexible and varied curriculum to those needing extra support in their education. In addition to these efforts, more needed to be done to ensure care experienced children and young people benefited from regular attendance and opportunities to gain qualifications while at school.

The impact of services on care experienced young people's successful transition to adulthood was more variable. Timely transition planning, supported by collaborative working across children and adult services, resulted in stable and appropriate living arrangements for young people. However, limited housing options for care leavers, challenges to achieving sustained positive destinations and access to adult mental health services will have diminished the quality of experiences for some young people.

How well do we meet the needs of stakeholders?

Good

2.2 Impact on parents

Rationale for the evaluation

Parents and carers were largely positive about their relationships with staff and felt that staff listened to them and included them in key decision-making processes. In most of the records that we reviewed, we evaluated staff effectiveness in involving parents and carers as good or very good. Staff demonstrated skill in establishing positive working relationships with families and were able to challenge when necessary. A few parents felt more could be done to include them in key processes and hear their views about the impact of services.

Statutory and third sector services worked creatively together to identify and share resources with the aim of providing the most appropriate support to families. Parents and carers who attended parenting programmes and family learning centres – Hawthorn and Midlothian Sure Start centres – were successfully helped to develop parenting confidence and competence and were motivated to sustain changes to improve experiences for their child. While services working with families with younger children had a positive impact, we heard from a few parents and carers with older children and those with children with disabilities who did not feel as well supported at the times they most needed it. While the local authority had recently developed arrangements for supporting kinship carers, and most had benefited from supportive services, we heard from a few who had not received the right support at the right time. In one-quarter of the cases we reviewed, we found only minimal or no improvement in the extent to which family circumstances had improved as a result of the help provided.

Adults who had experienced domestic abuse were supported by staff across agencies who were working effectively together to provide supports to keep children and families safer and help them recover from the trauma of their experiences.

Parents whose children are looked after away from home were supported by staff to retain involvement in their child's life.

What outcomes have we achieved?

Good

1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people

Rationale for the evaluation

Improvements were evident as a direct result of gathering, analysing and learning from robust and accurate data, which led to better compliance and greater consistency in key child protection processes. Performance reporting was now including quality measures in some important areas of child protection work, for example the quality of initial responses to child protection and the quality of child protection plans. The use of data had also helped the partnership recognise and address the increase in families experiencing domestic abuse with the implementation of the Safe and Together approach that was positively impacting on families.

Partners had a focus on providing early support to children, young people and families, which had helped them effectively respond to increasing referrals to children's services. The MEAP (Midlothian Early Action Partnership) project was using tests of change and carefully analysed data with a view to making improvements for children and young people in need of timely and effective mental health support.

Strategic direction and significant operational effort had resulted in reducing the overall numbers of looked after children, keeping more children in community-based placements and reducing the use of placements out with Midlothian.

Partners had also achieved sustained reductions in the instances of young people who were accommodated in residential children's houses being reported missing to the police and in delays in progressing permanence plans for children unable to live long-term with birth parents.

Limited gathering of data on the impact of services on the health and wellbeing of care experienced children and young people meant that it was challenging for the partnership to demonstrate improving outcomes for different groups of care experienced children and young people.

Education measures regarding attendance, number of exclusions and educational attainment of looked after children and young people were poorer than those of comparable authorities, although attainment gaps were beginning to narrow for some looked after children, particularly those in primary school. The partnership was not able to demonstrate improving trends in positive destinations for looked after school leavers.

While the partnership recognised that more work was required to improve the life chances of care leavers, the partnership was performing well in relation to keeping in touch with care leavers and assisting them to access employment, education and training, when compared with the national data.

Appendix 2: The quality indicator framework and the six-point evaluation scale

Our quality improvement framework

In August 2018, the Care Inspectorate published a quality framework for children and young people in need of care and protection. This framework is used by inspection teams to reach evaluations of the quality and effectiveness of services. Inspectors collect and review evidence against all of the indicators in the framework and use this to answer the five inspection questions. The evaluative answers to each question take account of evidence against up to seventeen quality indicators from across the framework. In addition to answering the inspection questions we use the six-point scale below to evaluate three quality indicators and the domain of leadership:

- 1.1 - Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- 2.1 - Impact on children and young people.
- 2.2 - Impact on families
- 9.1 – 9.4 – Leadership

The six-point evaluation scale

Our inspection used the following scale for evaluations made by inspectors:

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

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

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

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

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

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

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

Appendix 3: The terms we use in this report

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

Centre for Excellence for Children’s Care and Protection (CELCIS) is based at the University of Strathclyde. Its purpose is to make positive and lasting improvements in the wellbeing of children and young people living in and on the edges of care, and their families. It works in partnership with carers, social workers, teachers, nurses, charities, the police, local authorities, and the Scottish Government, using a range of methods including consultancy, learning and development and research.

<https://www.celcis.org>

The Champions/champs board is a forum intended to create a unique space for care experienced young people to meet with key decision-makers, service leads and elected members to influence the design and delivery of services which directly affect them, and to hold corporate parents to account.

Critical services oversight group (CSOG) provides strategic oversight of key partnership functions in the protection of children and young people. The CSOG works to a single public protection strategy and reviews the learning from initial and significant case reviews, self–evaluation and external scrutiny.

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

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

An inter-agency referral discussion (IRD) is the process of joint information sharing, assessment and decision-making about child protection concerns. The IRD is not a single event but takes the form of a process or series of discussions.

Low impact anxiety management (LIAM) An evidence-based intervention for mild to moderate anxiety experienced by children and young people.

Multi-agency risk assessment conference (MARAC) A meeting in which agencies identify and talk about the risk of future harm to people experiencing domestic abuse and their children and draw up an action plan to manage that risk.

Midlothian residential services, sometimes referred to as residential children's houses, refers to residential care for children and young people who are looked after and accommodated, in small residential houses located in the community.

Mind of My Own An app designed to support children and young people to give their views to professionals.

Mini champs is a child friendly opportunity for younger care experienced children to come together to share experiences and influence service delivery. Arrangements are in place to link with the Champions board.

The public protection committee brings together all the organisations involved in protecting individuals in the area. Their purpose is to make sure local services work together to protect children from abuse and keep them safe.

Safe and Together approach is an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic-violence informed.

Seven-minute briefings provide information on key topics and are used by managers to support reflective discussions with practitioners.

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

Universal services is the term given to those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting.

Who Cares? Scotland is a national voluntary organisation, working with care experienced young people and care leavers across Scotland.

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