

## Services for children and young people in Dumfries & Galloway

August 2016

**Progress review following a  
joint inspection**

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## 1. Joint inspections of services for children and young people

In 2012, Scottish Ministers asked the Care Inspectorate to lead joint inspections of services for children and young people across Scotland, working with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. These inspections consider the full range of work with children and families in a community planning partnership area including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers and the third sector. Inspectors assess the effectiveness of community planning partnerships in ensuring positive outcomes for all children in their communities, using the eight indicators of wellbeing laid out in the **Getting it right for every child** national practice model. This includes assessing how well partners develop and implement strategies to close outcome gaps between those children who are vulnerable or disadvantaged due to ill health, disability or adverse family circumstances, and their peers. Inspections pay particular attention to the effectiveness of arrangements to keep children safe and to promote positive outcomes for vulnerable unborn babies, looked after children, care leavers and young carers.

## 2. Background to this progress review

We carried out a joint inspection of services for children and young people in the Dumfries and Galloway community planning partnership area between January and February 2014. At that time, we were not confident that integrated children's services planning and the work of the **child protection committee** were resulting in improvements in the safety and wellbeing of children and young people. Leaders were not working effectively together to improve outcomes for children and young people. We were particularly concerned about the poor quality of assessments and inadequate responses to children in need of protection. We found that children, young people and families were not getting the help they needed early enough to prevent difficulties escalating to crisis point. In key aspects of services for children and young people, the pace of change was unacceptably slow.

We identified five priorities for improvement and gave notice that we would return at a later date to check on progress. In the meantime, we monitored the implementation of the **Dumfries and Galloway strategic partnership's** joint improvement plan and significantly increased the time allocated for a link inspector to provide the partners with advice, challenge and support.

This is the second time we have revisited Dumfries and Galloway partnership since the joint inspection in January 2014. In December 2014, we reported that the partnership had made positive progress across all main areas for improvement while continuing to prioritise improving immediate responses to children and young people in need of protection.

## 3. How we conducted this progress review

A team comprising inspectors from the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and 12 staff from across the Dumfries and

Galloway partnership undertook a range of activities in the community planning partnership area over 10 days during May 2016. Partners had provided us with a comprehensive set of position statements on each of the five priority areas for improvement based on joint self-evaluation. These, and their supporting evidence, were reviewed by Care Inspectorate strategic inspectors. The local staff involved in the review received briefing and training to help prepare them for their work with the team.

The review team did not set out to reassess all the areas of work relating to children, young people and families that would be covered in a full inspection, but our aim was to be thorough and proportionate. The activities we agreed and undertook were designed to find out about the work being done to bring about improvements in the five areas of performance that gave greatest concern in the initial inspection. The overall aim of this comprehensive progress review was to assess the effectiveness and speed of action being taken by services to address each of the five areas for improvement. We looked for evidence that any risks to children's safety or wellbeing had been reduced and that experiences of, and outcomes for, children and families were improving. A secondary aim was to help build capacity for further continuous improvement through our work with the local members of the review team.

The activities undertaken by the inspection team included:

- a staff survey, completed by 239 staff across health, education and social work and social care services, who were exercising lead professional or named person responsibilities
- seven focus groups of staff, two multi-agency and five single-agency, with 48 staff seen in total
- meetings with the children's services executive group, chief officers and chairs and representatives of strategic planning groups
- reviewing the case records of 100 vulnerable children and young people, including multi-agency records for 37 of those whose names were on the child protection register or who had been deregistered
- focus groups with the **networks of support** for 20 of the children and young people in our case sample involving 180 individual staff who were seen
- meetings with 10 families
- reviewing the partnership's position statements and supporting evidence, which included a range of feedback partners had received directly from children, young people and families.

## 4. Our findings

### The partnership's approach to improvement

Partners accepted fully the seriousness of the inspection findings published in April 2014. They had worked closely together to develop and implement a comprehensive improvement plan and had prioritised actions to protect children and young people from abuse and neglect. Partners had made effective use of nationally recognised experts to provide additional capacity and external challenge. They acknowledged the scale of improvements required and were committed to a three- to five-year change programme. Governance arrangements had been significantly

improved and strategic management strengthened. Partners were collectively striving to ensure services were keeping children and young people safe and working to improve their wellbeing.

We now address each of the five areas for development identified in the 2014 joint inspection and evaluate the progress made against each one.

**Area for improvement 1: Ensure that children and young people are protected from abuse and neglect by appropriate and timely actions including assessment of risks.**

Partners had made significant progress in ensuring that children and young people were protected from abuse and neglect by appropriate and timely actions, including assessment of risks. Most staff recognised when there were concerns about children and young people. Action was being taken to keep children safe and staff were also responding appropriately to concerns about children's wellbeing. Partners had implemented the initial referral discussion process, which had improved the timely response to concerns about a child. There was an increased focus on the assessment of risk, which had resulted in staff making robust and timely decisions which kept children and young people safe. Generally, the initial referral discussions had helped speed up child protection investigations and good risk assessments were being made. In a few cases, initial referral discussions had not taken place quickly enough and there was inconsistency in the quality of some risk analyses. Staff involved children and parents during child protection investigations well, although their views could have been recorded better in some case records.

The launch of the new pre-birth protocol had added clarity to processes and supported early intervention with vulnerable pregnant women. Staff were becoming more confident using the protocol although some were struggling to meet identified timescales. Managers recognised this as an area for improvement.

There had been considerable improvement in the inclusion of chronologies in children's records. More than three quarters of lead professionals' files now had a chronology and over two thirds of those chronologies were evaluated as fit for purpose. This compares favourably with our findings from joint inspections across the country.

We found that staff now recognised how a chronology could improve practice in assessment and decision-making. In a few cases, single agency chronologies had been integrated into a shared chronology by the network of support and these were seen by staff as a valuable tool.

Nearly all files contained an assessment of risks and needs and over three quarters of these were evaluated as good or very good. This was a significant improvement from the previous file reading exercise in 2014. The **National Risk Framework to Support the Assessment of Children and Young People** was being used well by staff and supported by multi-agency training, had been successfully embedded in practice. Staff felt comfortable using this tool and it had been helpful across services when discussing thresholds for interventions. Some staff identified the need for a



wider range of tools to support specific assessments such as parenting assessments.

Overall, we saw significant improvement in children and young people being protected from abuse and neglect. Staff were increasingly confident and acknowledged the added value of new and revised procedures and processes that were supporting them to respond quickly and effectively to concerns about children and young people.

### **Area for improvement 2: Ensure that vulnerable children, young people and families get the help they need at an early stage.**

Partners had made reasonable progress to ensure that vulnerable children, young people and families get the help they need at an early stage. Staff were increasingly confident in recognising those children and families who need additional help and support. Getting it right for every child principles and knowledge of the national wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included) were being used well by staff across agencies.

Information sharing between staff had improved and we found that staff were generally confident about their responsibility to share information. However, there were still some aspects of information sharing that were not working consistently well. Information was not always shared effectively at times of transition in a child's life or by some GPs when issues for parents may be affecting a child and early help is needed.

We found some examples of very effective joint working and early intervention, particularly in schools, to help children keep themselves safe. However, an inconsistent role played by family support workers across the area and the capacity and changing role of school nursing was limiting the range of options to intervene early in some cases. A more strategic approach to parenting support was in the process of being developed and a clear sense of direction had been established. There was limited parenting support available for parents with older children. This was recognised by managers and plans were beginning to be developed to ensure parenting support was available to all families who need it.

From our review of vulnerable children's records we found marginal improvements in the impact of services on families overall compared with 2014. Many families were supported at an early stage and were helped to improve their parenting skills although this was not a consistent picture. When children were identified as at risk, for example those on the child protection register, a range of parenting support was available which was delivered individually and in groups. Support was particularly effective when staff were able to develop responsive, trusting relationships with parents. However, some families may have benefited from more challenge from staff when positive changes were not achieved or were not being sustained.

Some vulnerable first-time mothers were able to access support from the Parents as First Teachers programme. This provides parents with information, support and encouragement to help their child develop optimally during the crucial early years of life. Where targeted programmes were available and families engaged with these,

they generally benefited and their parenting skills improved. However, a few families could have benefited from more parenting support being offered. Some families had not received help early enough and some fathers would have benefited from particular support being provided to them. Staff did not always have enough knowledge and understanding of the existing supports and services available for vulnerable families to direct them to the help they needed.

Families with children affected by disabilities were benefiting from a range of support that allowed them to understand and support their children's needs better. A range of respite services provided positive nurturing experiences for some children affected by disability, allowing them wider experiences and their parents to benefit from quality time with other family members.

### **Area for improvement 3: Ensure that priority areas of need are tackled successfully to improve the life chances of looked after children, young people and care leavers.**

Significant progress had been made in improving the life chances of looked after children, young people and care leavers. The establishment of the Champion's Board and corporate parenting plan had helped to raise the profile and involvement of looked after children and young people. Although this work was at an early stage a promising start had been made by partners. For example, access to leisure passes and the work experience programme had started to increase opportunities available to looked after young people and care leavers.

The capacity of the health and wellbeing team for looked after children and young people had been significantly increased. The team was collecting helpful data on the health needs of looked after children. This information was being used well to help develop ways to respond to unmet health need. In common with many other areas of the country, further work was needed to improve children and young people's emotional and mental health.

Staff were using the wellbeing indicators to enhance the quality of plans and there had been a notable increase in a multi-agency approach to planning for children and young people. The culture of Getting it right for every child was being embedded well and had improved the way staff planned to meet children's needs. However, plans were not consistently considering all wellbeing needs fully enough and further work was needed to make plans SMARTer (specific, measurable, achievable, relevant and time bound). Almost half of the plans we read were not SMART enough.

Looked after and accommodated children and young people were having their circumstances and their plans reviewed regularly at multi-agency meetings. When reviewing plans, staff were making quicker decisions to the benefit of children as a result of better partnership working. They were more confident to appropriately challenge each other, which was helping to drive forward progress on most plans. Some staff needed more support to challenge parents who were unable or unwilling to sustain improvements in their circumstances. On occasion, changes to key staff and capacity issues across services had had some impact on the ability of services to work jointly to progress plans.

The involvement of children and families when reviewing plans had increased. They were being given opportunities to express their views well. This could be further strengthened by more routine consideration of the need for independent advocacy.

Planning was effective in securing a caring and stable environment for the majority of children in the cases we reviewed. Good progress had been made in developing a joint protocol with housing associations resulting in care leavers being prioritised on housing waiting lists. The shortage of social housing continued to have an impact on the choices and waiting times for young people.

The restructuring of social work services to a locality-based model had resulted in some staff working with children with disability for the first time, and some required support in this role. The use of self-directed support was variable, often depending on where the family lived. Helpfully, a review of residential respite services was underway with the intention of providing a more flexible service for families.

**Area for improvement 4: Ensure that consistently high standards of work are achieved through the implementation of an effective quality assurance framework.**

Considerable progress had been made in ensuring consistently high standards of work are achieved. A range of quality assurance activities had informed changes and improvements to practice and performance. The children's services executive group had reviewed its own effectiveness and had identified strengths and areas for further improvement. A multi-agency continuous improvement group had a clear focus on performance management and was developing a strategic approach to quality assurance.

The development and assurance team, established immediately after the initial joint inspection, had helped to co-ordinate and drive forward key improvement actions identified from the inspection report. Its priority had been to implement robust quality assurance systems and its remit had helpfully been expanded to support the strategic planning groups.

There had been a significant improvement in relation to gathering, collating and scrutinising performance information. Increasingly the analysis of data was being used to identify areas for improvement. Improved technology was assisting the gathering of performance data and partners were planning the development of an ePortal electronic information sharing system to support further improvement.

Staff across services were quality assuring their work both on a single-agency basis and jointly. Positive examples of improvement achieved as a result of quality assurance activity were seen in relation to initial referral discussions, children's plans, risk assessments and chronologies. Joint working had improved significantly, which in turn had contributed to increasing joint ownership of quality assurance activities and outcomes. However, it would be helpful if managers developed a system to ensure that all staff were kept abreast of changes made as a result of quality assurance activities.



Regular supervision was supporting quality assurance arrangements and staff were very positive about the support they received from line managers. Staff valued the opportunities they had to seek support, advice and challenge from peers, colleagues and line managers on an informal basis as need arose. When line managers were giving time to focus on the individual staff member's wellbeing during one-to-one meetings and seeking their views on aspects of their work, this was much appreciated by staff and had resulted in some of them reporting feeling more confident and happier in relation to their work. Although good progress had been made, there was still some inconsistency in staff supervision. Some of the cases we read had no regular review by the line manager recorded. In a few of the cases, it was unclear whether or not records had been reviewed at all by the line manager or other staff.

**Area for improvement 5: Ensure that stronger collaborative leadership to plan and direct the delivery of integrated children's services results in measurable improvements in outcomes for children, young people and families.**

Partners had made significant progress in relation to this area and collaborative leadership had demonstrably improved. Leaders had effectively prioritised and directed work to improve the safety and wellbeing of children. Accountability had been considerably improved across the chief officers' group, children's service executive group and strategic planning groups. There were clear lines of accountability and officers across the partnership were now being challenged appropriately by elected members, board members and chief officers. The children's service executive group had been delegated the responsibility to make decisions including those about resource allocation, which had helped to make progress more quickly.

Joint strategic plans were in place to take forward immediate actions as well as longer term actions. Planning groups were overseen by the children's service executive group and their progress was being monitored effectively. Most strategic planning groups were progressing their plans well. More limited progress had been achieved by the early years strategic group where work had stalled for a while, which contributed to less positive progress in the provision of early support than in the other identified areas for improvement. The group's members had recently refocused on what needs to be taken forward. Parenting support had been identified as a priority area of work and plans were at an early stage to develop a comprehensive parenting strategy.

Performance management information was being collected much more accurately across services and reported to senior staff and chief officers. The information collected was continually being reviewed and improved to gain a better understanding of how effectively children were being protected and their wellbeing was improving. Leaders were monitoring activity, questioning results and knew what they needed to take action on. Managers and the child protection committee were now benchmarking themselves against other comparator areas across Scotland.

Partnership working at strategic and senior management level had improved considerably with greater joint ownership of work being evident. Partners were open and honest with each other and budgets were more transparent across children's

services. Child protection committee members were reviewing child protection activity more effectively and monitoring their plans successfully. A comprehensive training programme, co-ordinated by the committee, was improving practice and making staff feel more confident when assessing risk.

Leadership within social work services had been greatly enhanced, resulting in high standards being set and a greater emphasis on effective quality assurance systems being in place. Restructuring of social work services with a greater focus on locality working had improved partnership working and was helping to ensure better support to social workers. Recruitment and retention of suitably qualified staff across services remained a challenge despite some creative advertising strategies being adopted. We found that some newly qualified social workers could benefit from more mentoring and closer management support when working with complex families.

The children's service executive group and senior managers were much more visible to staff and they had developed a range of ways to communicate with the workforce. However, while 70% of staff who completed the staff survey felt that their managers communicated with them well, 30% did not and half were not optimistic about the future of children's services. Health staff in particular felt communication with line managers needed to improve. They reported feeling less informed or involved than other staff and reported a greater disconnect between the vision and reality of services on the ground. Overall, health staff were less positive that outcomes for children had improved over the last two years than staff from the other services. Senior managers recognised that they still had work to do to win the confidence of all staff that changes made would be sustained.

## **5. Conclusion**

Partners had made sound progress in all areas for improvement, identified during the 2014 joint inspection. In three of the five areas, partners had taken impressive steps forward. A significant achievement identified in our review was the change in culture, which we found evident across services. Staff were more child centred, confident and were able to challenge each other appropriately when required. There was a much greater sense of joint responsibility resulting in greatly improved joint working at all levels. The review team were confident that partners would continue to improve outcomes for children, young people and their families. They had also developed increased capacity within and across their services to work on their planned journey of improvement.

## **6. What happens next?**

Given the progress made and our confidence that leaders had the conditions in place for continued improvement we will not be undertaking any further reviews in relation to the 2014 joint inspection. We will continue to offer support as required and monitor progress through our routine link inspector arrangements.

## Glossary

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.

The **Dumfries and Galloway strategic partnership** is the region's community planning partnership board responsible for community planning in the area and bringing together all the major public, third and private sector agencies in the area to work in partnership with each other and with local communities to plan and deliver services.

**Getting it right for every child (GIRFEC)** 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 **National Risk Framework to Support the Assessment of Children and Young People** provides tools to support and assist practitioners in every agency in their approach to identifying and assessing risk.

A **network of support** is the group of staff responsible for implementing a child's plan.

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