

Cllr Martin Rooney
Chair of West Dunbartonshire Community Planning Partnership
16 Church Street
Dumbarton
G82 1QL

13 April 2023
Our Reference: HH

Dear Cllr Rooney,

I am writing to you in your role as Chair of the West Dunbartonshire Community Planning Partnership on behalf of the scrutiny bodies that supported your improvement work following our joint inspection last year. These are the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland.

As you are aware, our main contact has been with Beth Culshaw, Chief Officer of West Dunbartonshire HSCP, in her role as Chair of the West Dunbartonshire Children and Young People Executive Oversight Group. This letter outlines what we did, and our observations of your improvement progress led by the Children and Young People Executive Oversight Group between May 2022 and February 2023. It will be published on the Care Inspectorate website.

Our observations of your improvement progress are based on:

- discussions with senior leaders and observations of improvement and evaluation activity between May 2022 and February 2023; and
- review of a position statement and supporting evidence provided on 28 February 2023 by the partnership to demonstrate progress made in taking forward improvements.

Background

We carried out an inspection of services for children at risk of harm in the West Dunbartonshire community planning partnership area between October 2021 and March 2022. Due to constraints presented at that time by the Covid-19 pandemic, we were unable to undertake the engagement phase with West Dunbartonshire that was planned for February 2022. This meant that we did not have the opportunity to meet children, young people and families or conduct focus groups with staff. The [joint inspection report](#) was published in May 2022.

We decided that the most appropriate course of action thereafter was to support the partnership to undertake improvements in the areas we identified in the inspection report. While we were confident the partnership knew where changes needed to be made, we were not confident that the partnership would be able to take all the actions necessary without external support and challenge.

What we did

We asked the leadership team in West Dunbartonshire to provide an improvement plan which they did, and it included areas highlighted in the inspection report.

Between May and June 2022, inspectors from the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland worked in collaboration with the children and young people partnership. Together, we delivered nine sessions to a range of multi-agency staff to help focus the direction of improvement activity.

Thereafter, we agreed a range of activities and milestones, with the intention of partners reporting on their progress to the Care Inspectorate by the 28 February 2023. Inspectors from the Care Inspectorate continued to work with the partnership, providing improvement support where this was requested by partners.

The partnership's approach to improvement

The partnership put in place governance arrangements to oversee its improvement action planning. A multi-agency improvement action group was established to take forward the inspection improvement plan, with an executive oversight group comprised of senior leaders providing oversight, support and challenge.

The partnership built on the original nine multi-agency sessions facilitated by scrutiny partners, delivering a further four development sessions. These focussed on developing a shared vision, values and actions aligned to Getting it Right for Every Child (GIRFEC), The Promise and their approach to continuous improvement. Evaluation activity was undertaken alongside improvement actions to determine progress. This included reviews of children and young people's records, other audit activity and seeking the views of some staff, children, young people and their parents and carers.

The partnership used the Care Inspectorate tools for multi-agency record reading and surveys of staff, children and young people and parent and carer views. Guidance and training were provided by the Care Inspectorate at the request of the partnership. Using the tools, the partnership reviewed 35 children and young people's records on a multi-agency basis and of that sample received: eight survey responses from parents and carers; nine responses from children and young people; and 86 responses from staff who provide support to children and young people at risk of harm.

The partnership also commissioned external support as part of their improvement activity. This included support for staff training as well as work to strengthen strategic collaborative working. The children's services partnership had made additional investment to strengthen

quality assurance and improvement capacity. While recruitment challenges impacted progress, appointments were subsequently made to key posts.

The identification of and response to, children and young people at risk of harm

Concerns about children and young people were responded to promptly. This was a finding of our joint inspection and confirmed by the partnership's review of records and their survey responses from parents and carers.

The position statement and supporting evidence highlighted that the Inter- agency Referral Discussion (IRD) had been a key area of improvement activity. The partnership helpfully established an IRD steering group to monitor and progress improvement actions. The partnership's review of records showed some early signs of improvement in the number of IRDs recorded. More work is now needed to reassure partners that IRDs are routinely taking place where a concern may indicate a risk of significant harm. The partnership indicated that the risks and needs of unborn children will now be considered within the IRD process as part of a review of their Special Needs in Pregnancy service.

It was still too early to determine improvements in relation to the overall quality of IRDs. The partnership's review of records provided a mixed picture of quality. Helpfully, the partnership had undertaken further work to better understand and address those circumstances where quality needed to improve. A test of change had been initiated to improve the timeliness of IRDs. While early indications are positive, further time will be needed to be able to evidence progress. The partnership intended to implement a new IRD template and guidance in March 2023 to strengthen practice. The IRD steering group will be critical to driving forward improvement.

Partners had undertaken a number of improvement activities, including strengthening staff training and improved supervision for children's social work staff. However, the partnership's review of records showed that effectiveness continued to be variable. Although most of the children and young people who responded to the partnership's survey felt safe where they lived all or most of the time and had a trusted adult they could talk to, more work will be required to embed changes.

The partnership's staff survey found that while staff remained confident in their own knowledge, skills and abilities, they were less confident in relation to multi-agency planning for children and young people and capacity to meet needs. Though it was clear that there is more to do, partners demonstrated that they had engaged with staff in a variety of ways to ensure they are contributing to improvement actions.

The planning and support for children and young people at risk of harm

As the partnership acknowledged, the quality of chronologies, assessments and plans requires continued prioritisation and focus to improve practice. In our joint inspection we found that while chronologies, assessments and plans were being completed, the quality needed to improve. The partnership's review of records highlighted that this continued to be an area that required further development. Through their GIRFEC refresh, there was multi-agency development work on-going to support improvement in the quality of written assessments, plans and chronologies. Helpfully, partners had made additional investments including externally commissioned staff training and the creation of a Child Protection Committee (CPC) learning and development post. Having identified challenges for staff involved in the GIRFEC work due to competing demands, the partnership had recently appointed a GIRFEC lead officer to provide additional support and co-ordination.

Continued prioritisation and focus will be needed in respect of the quality of reviews. The partnership's review of records highlighted that the content and quality of reviews continued to be variable. Partners had introduced training for chairs of meetings and the recent appointment of independent chairs may better support progress in this area.

The partnership's approach to learning from audits, scrutiny and quality assurance had improved. There had been strengthened efforts from partners to drive and direct improvement work which had directly arisen from audits and scrutiny. This was particularly evident in relation to work to strengthen the assessment and planning framework for children and young people.

Our joint inspection found that while there were a range of support services in place for children and young people, it was difficult to understand what difference these were making. The partnership's staff survey showed a mixed picture of views in relation to improvements in children and young people's lives. While evaluative evidence remains very limited, partners had helpfully highlighted that most children and young people who accessed school counselling support (Lifelink) reported an improved outcome. It would be useful for partners to consider more widely how they can better help services, in particular those focussed on children and young people at risk of harm, understand the difference that their support is making.

We are not able to comment on improvements in relation to children and young people's lives and their experiences of sustained and loving relationships, as we had not heard directly from children, young people and their families. The partnership had engaged via surveys with a small number of children and young people and their parents and carers to better understand their experiences.

The engagement and participation of children and young people

The strategic prioritisation of the participation and involvement of children and young people had improved. The partnership had developed an overarching participation and engagement strategy that outlines the importance of listening to the views and experiences of children, young people and their families. We heard from senior leaders how children and young people had been involved in the development of this.

There were a few examples of partners encouraging the participation of children and young people in shaping future service delivery, such as a consultation about their experiences of family support and the influence of children and young people on community mental health supports. However, it was too early to determine whether this had led to overall improved influence on service planning and delivery. It was not yet clear to what extent children and young people at risk of harm were specifically being engaged.

The partnership's review of records highlighted that further improvements needed to be made to meaningfully and appropriately involving children and young people in decisions about their lives. Importantly, partners had committed to hearing the views of children and young people as a central part of their GIRFEC refresh work to improve assessment and planning. There was some evidence of actions towards improved involvement of children and young people in decisions about their lives. An example of this was the re-introduction of Viewpoint to support children and young people to give their views.

Collaborative strategic leadership, operational management and strategic planning arrangements

Collaborative, multi-agency working between senior managers had improved. Minutes of key strategic forums including the CPC, children's services planning Nurture Development and Improvement Group (NDIG) and Public Protection Chief Officers Group (PPCOG) were better reflecting multi-agency attendance, shared workloads and a greater emphasis on progressing actions. External collaborative working arrangements were supporting partners with the implementation of the National Guidance for Child Protection in Scotland (2021). Multi-agency development sessions had taken place with staff to build a shared vision. Staff feedback from the development sessions indicated that most attendees felt there had been an improvement or partial improvement in collaborative working. A newsletter had been created to keep staff informed of the work of the CPC, though this was not yet evaluated.

There was a clearer articulation of the strategic framework in relation to support for children and young people. Some structures had been revised to better support improvement for example CPC subgroups. Minutes of key strategic meetings, for example the CPC and the NDIG, reflected greater alignment between the overall work of the strategic groupings and progression of improvement actions. More recent strategic planning activity was helpfully cross-referencing areas of work to avoid duplication. There now needs to be a greater

emphasis on the outcome measures necessary to demonstrate what difference improvement actions are making to the lives of children and young people.

Although at an early stage of development, there was a strengthened approach to the collation and analysis of data for the purposes of improving services. The partnership had undertaken a number of activities to begin to better quality assure and understand how services were performing. This included seeking the views of some children, young people and their parents and carers. While most actions had been multi-agency, some single agency activity was undertaken. The CPC had recently introduced a quality assurance and self-evaluation framework, though it was not clear to what extent this will align activity and support improved outcomes for children and young people.

To strengthen their expertise, the CPC had helpfully sought external support from CELCIS to better develop their use of the national minimum data set. CPC minutes reflect some improvement in the scrutiny of data. There was also some evidence of a greater maturity of focus for example the work to understand child protection thresholds; re-registrations; and length of registration. However, it was too early to determine how effectively partners were using this knowledge to inform their improvement of services.

The partnership had experienced significant changes at a leadership level, including the chief social work officer and the chief executive of the council and chair of PPCOG being relatively new in post. The PPCOG helpfully sought external support to improve collaborative working. This work had included a revisiting of the role and function of the PPCOG, as well as greater alignment of risk registers and reporting. There is some indication from minutes of strategic groups that staff capacity to attend for example CPC subgroups had at times impacted progress. While the PPCOG had supported additional investment in key posts to progress improvement actions, funding and recruitment issues meant that posts were only recently appointed to.

More widely, the partnership was continuing to experience staffing challenges in relation to staff turnover, absence and recruitment. This had been a particular issue for the Health and Social Care Partnership (HSCP) children's social work service. A new workforce strategy was developed for the HSCP in 2022 and reporting to PPCOG was in place. However, like many other partnership areas, staffing continued to be a challenge.

Capacity for improvement

Senior leaders had taken on board the joint inspection findings and there was an acceptance of the need to drive forward improvement. Partners had communicated the outcomes of the joint inspection and worked with staff to develop and take forward actions relevant to areas for improvement identified by the joint inspection.

The partnership had established collaborative multi-agency approaches to planning and monitoring improvements. An appropriate governance framework was in place, providing support and challenge from senior leaders in response to changes in performance, capacity and resource needs. The identification of an inspection improvement action lead had supported co-ordination of efforts.

Partners were beginning to use a range of approaches to hear the views of key stakeholders and were starting to utilise these to evaluate and better understand their progress and performance. There were also more targeted approaches to audit and data capture beginning to emerge. If sustained, these actions will provide a baseline for performance monitoring.

Strategic priorities were being expressed more clearly and supporting a shared vision for implementing change. However, there now needs to be a greater emphasis in strategic plans on the intended outcomes for children and young people. This would better support the refinement of improvement actions as intended by partners.

Partners had made efforts to appropriately target their resources to implement required improvements. Senior leaders recognised the impact of wider capacity issues and had indicated their support for continued investment to maintain their pace of improvement.

Next steps

Partners have made considerable effort in addressing the findings of the joint inspection. This had included additional investment and pro-actively seeking external support. Although it is too early to determine to what extent their actions had improved outcomes for children and young people at risk of harm in West Dunbartonshire, we are confident that the partnership has in place a strengthened approach to self-evaluation and improvement.

Change remains at an early stage and continuing focus will be necessary to consolidate progress and drive forward further improvement. To achieve this, over the next 12 months, the partnership will need to:

- sustain additional investment to address capacity challenges;
- maintain enhanced governance to continue to provide appropriate support and challenge for improvement work;
- refine the existing Inspection Improvement Plan to provide a greater focus on the outcomes for children and young people at risk of harm;
- build on the work already started to ensure that children and young people are meaningfully and appropriately involved in decisions about their lives;
- continue to undertake and place emphasis on self-evaluation activity that focusses not only on how much or how well services are delivering, but what difference the support is making; and
- continue to seek external support where this is necessary to achieve change.

In making this commitment, we are confident that the partnership has in place the necessary framework to continue to effect improvement.

This concludes our public reporting in relation to the findings of the joint inspection. We will continue to offer support for improvement and monitor progress through our link inspector arrangements.

Yours Sincerely,



Helen Happer
Chief Inspector
Direct: 01786 432948
Email: Helen.Happer@careinspectorate.gov.scot

Copy to:
Beth Culshaw, Chief Officer West Dunbartonshire HSCP
Peter Hessel, Chief Executive of West Dunbartonshire Council
Jane Grant, Chief Executive of NHS GGC
Lynn Ratcliff, Police Divisional Commander for West Dunbartonshire