

# Report of a joint inspection of services for children and young people subject to compulsory supervision orders living at home with their parents in Dumfries and Galloway

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

24 February 2026





## **Keeping The Promise at the heart of what we do**

We would like to thank everyone who took part in our inspection.

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## Inspection summary of children, young people and families

### Who we are



We are a team of inspectors who spent time in Dumfries and Galloway from September 2025 - January 2026. It was our job to find out what was working well for children and their families.



We wanted to learn more about the support provided by local services to a specific group of children: children living with their parents who have been on **compulsory supervision orders\***.

\*Compulsory supervision orders mean that the local authority has responsibility for looking after and helping the child or young person.

### What we did during the inspection



Surveys for children, parents and staff



Met children, young people and families



Read children's records



Met staff and leaders



Read information about local services

### What we learned about your area



Most children and young people were getting the help they needed.



Children and young people were being listened to and were having an influence on the planning and delivery of services.



Most children were benefiting from positive relationships with dedicated staff.



Leaders recognised they still needed to do more to improve wellbeing outcomes for all children, young people, and families.

## Our approach

The joint inspection of services for children and young people subject to compulsory supervision orders living at home with their parents in Dumfries and Galloway took place between September 2025 and January 2026.

Joint inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and His Majesty's Inspectorate of Education in Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us to better understand the quality and impact of partners' work. Teams also may include associate assessors who are professionals from other organisations who work as part of an inspection team for the duration of a particular inspection. More information about our approach to our joint inspections can be found [here](#).

Information about the range of evidence gathered during this inspection can be found in [Appendix 1](#). We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#). Inspectors collect and review evidence against all 23 quality indicators in the framework to examine three key lines of inquiry which link with **the promise** foundations. In the final section of our report we evaluate four quality indicators using our [six-point scale](#). We also provide a confidence statement and outline next steps.

Throughout the report there are some terms which are in **bold**. This means that they are defined in the glossary which can be accessed [here](#). At the beginning of the glossary, we define what we mean by child, parent, and carer and subject to a compulsory supervision order while living at home. There is also an [area specific glossary](#) at the end of this report.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in Dumfries and Galloway who are on compulsory supervision orders living at home with their parents.

## Context

Dumfries and Galloway is one of the most rural **Community Planning Partnership** areas within Scotland. Geographically, it is also the third largest local authority in the country. Dumfries and Galloway has a specific issue around rurality. The estimated population of 145,860<sup>1</sup> is dispersed across a mix of rural and urban settings. The two largest towns are 75 miles apart and have different profiles. The size and rurality present a challenge to the delivery of responsive and timely support to some of the more rural parts of the area. Public transport also posed a challenge for children, young people, and families in rural areas, as reduced bus services and early route

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<sup>1</sup> [National Records of Scotland](#)

endings left them without transportation to access a wider range of services or attend events after certain times of day.

The population is declining and ageing and is expected to reduce by 1.8% to 143,233 by 2032<sup>2</sup>. Dumfries and Galloway will have fewer people of working age as more than half of young people said they intended to leave the area in future for work, study, or travel<sup>3</sup>. In the context of ongoing national challenges<sup>4</sup> in front line social worker recruitment and retention (particularly in children's social work services) the population and geography of Dumfries and Galloway add to the local challenges.

The economic circumstances of children and families in Dumfries and Galloway present an additional local context. Percentages of children living in relative low-income families are higher than the national average and average earnings in Dumfries and Galloway are among the lowest in Scotland. Family economic inactivity and unemployment rates also exceed the national average<sup>5</sup>.

### **Children and young people cared for by the local authority<sup>6</sup>.**

In July 2024 there were 346 '**looked after**' children and young people in Dumfries and Galloway. At that time 114 of these children and young people were subject to a supervision requirement and living at home with their parents.

Children were slightly more likely to be subject to compulsory supervision orders at home in Dumfries and Galloway when compared to national rates. However, over the past six years the use of all compulsory supervision had reduced and in recent years was now closer to national rates. Around a third of all children on compulsory orders were living at home with their parents.

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<sup>2</sup> [National Records of Scotland](#)

<sup>3</sup> [10000 Voices Survey](#)

<sup>4</sup> [Scottish Social Services Council – Survey Report](#)

<sup>5</sup> [Office for National Statistics](#)

<sup>6</sup> [Scottish Government – Children's Social Work Statistics](#)

## Key messages

- Most children, young people and their families benefited from positive and caring relationships with frontline staff in social work, education, youth work services, health and third sector organisations.
- Dedicated staff made a positive difference to the lives of children and young people.
- The meaningful involvement of children and young people was a key strength of the partnership. Youth workers played a key role in effectively elevating the voice of **care experienced** young people.
- A range of **third sector** organisations were providing valuable support for families across the region.
- Multi-agency collaboration at a strategic level was effective.
- The partnership was not consistently gathering data on the impact of services and approaches.
- Due to local reach and capacity of services, there were some gaps in service provision leading to inequity of support.
- There were recruitment and retention challenges across all agencies. In social work this was having an adverse effect on continuity of staff, their relationships with families and joint working.
- The partnership was not consistently ensuring there was meaningful involvement of parents.

## Inspection findings

### Key Line of enquiry 1

**Children and young people are well supported to live with their families. This support helps to keep them safe, overcome difficulties and makes a positive difference in their lives.**

### Relationships with staff

Most children and young people benefited from positive relationships with staff working with them. We observed and heard from children and young people about caring relationships with frontline staff in health, education, youth work services, third sector organisations and social work. As a result of these relationships children and young people felt listened to and respected and the support from these staff members had helped to improve their confidence.

Social work staff were the lead professionals for children and young people on compulsory supervision orders at home. They had a key role in assessment, planning and coordinating support to assist families to stay together through providing the right help. There were many dedicated social workers and family support workers supporting families. For most children, young people, and their families this had made a positive difference to the lives.

### Support to stay at home

Most families received support that addressed their needs and the majority of children and young people were supported to remain at home. Children and young people received the right help to keep family relationships, and most were hopeful for the future.

In most of the records that we reviewed there were concerns related to risks arising from parental circumstances. This included domestic abuse, poverty, parental mental health issues, and drug and alcohol concerns. The effectiveness of work to reduce these risks was evaluated as good or better in most of the records. Parental confidence and capacity improved through practical support like food parcels, home routine support, and perinatal mental health resources.

Along with public sector services, the third sector provided effective targeted support to families. Examples were the [Aberlour intensive family support team](#), [Action for Children in Kelloholm](#), [Women's Aid](#) and [Homestart](#). All these services provided valued support to families locally, often in very specific areas, which made a positive difference in their lives. For example, in Stranraer the 'Homestart' service supported parents at home and delivered evidence-based parenting programmes. This support enabled parents to form trusting relationships with staff and helped them to understand and meet their child's needs.

The newly created social work intensive support outreach team provided intensive and out of hours support across the region to families with a range of complex needs. It had helped to increase stability for some families and there were promising examples of children and young people successfully being supported to remain at home or return home. The small size of this resource limited the number of children and families that could benefit from this intensive support. Some children and young people experienced too many changes to where they were living, reflected both in our review of records and in the nationally reported statistics.

Significant capacity pressures in the social work workforce, meant that some children and young people experienced frequent changes to their social worker. Where we found drift and delay in the progress of children's plans, these were often linked to the lack of continuity of social worker as the lead professional.

During our review of records, we noted that, for a few families, it was very difficult to effect positive change relating to abuse and/or neglect. A recent re-focus on the [assessment of care practice toolkit](#), was beginning to help staff identify and respond to neglect and this was a priority area of training for partners.

There were inconsistencies in provision across the region and at times individual frontline staff were working together to creatively address gaps in service provision. The location and spread of services meant that some were not available to families who may have needed them. Smaller services were also unable to provide valuable support to families due to the availability of staff.

### **Support to stay safe**

Our review of children's records found that around half of the children had been subject to child protection registration, and over two thirds had been subject to inter-agency referral discussions within the past two years. The partnership's [multi-agency safeguarding hub](#) meant that staff from police, health and social work met daily to effectively plan timely responses to safety concerns for children and young people. We evaluated the partnership's response to initial concerns as good or better in most of the records that we reviewed.

Partners prioritised child protection work, and staff across agencies felt confident in recognising and reporting child protection concerns. The public protection committee provided opportunities for staff both from statutory and third sector organisations to attend child protection training.

Overall, most children and young people who completed our survey felt safe at home, in the community and at school, all or most of the time. Almost all children and young people who completed our survey had someone they could speak with if they did not feel safe. One in four children and young people felt safe online only some of the time. Some online safety work was being carried out in schools and youth work services and with individual families.

Referrals to Scottish Children’s Reporter Administration (SCRA) relating to young people in conflict with the law had increased over the past five years and in 2024/25 was almost double the national rate. Young people, including those subject to supervision orders and living at home, who presented a risk to themselves, others, and their communities, required additional support and intervention. Staff expressed concerns about managing high levels of risk in community settings, as processes for collaborative risk management, like contextual safeguarding, remained underdeveloped. We encountered positive examples of targeted initiatives addressing these issues, such as the Nithsdale Challenge (see sidebar) and Aberlour’s Alternative Routes, which successfully assisted a small group of young people.

Youth work services were proactively involved in many projects across the area and engaged effectively with large numbers of young people. Youth workers also delivered targeted work with **care experienced** young people. The relational and trauma-informed approaches of youth work staff was a strength and made a positive difference in young people’s lives. Clearly young people felt that they were listened to and respected as a result of engagement with youth work services.

### Support with education

A dashboard for tracking and monitoring education for care experienced children and young people was beginning to help staff identify and target supports effectively; it also provided early evidence of impact. Care-experienced young people had poorer attendance, higher exclusion rates, and fewer qualifications compared to their non-care-experienced peers in the local area. This trend reflected the national situation for care-experienced young people. Locally, care-experienced young people outperformed the national average in transitioning to positive destinations after leaving school. Despite this, their attendance was slightly lower than the national average for care-experienced young people, and the exclusion rate was higher than the national figure. Exclusion rates varied among schools across the region.

## Nithsdale Challenge

This project was developed in consultation with a group of young people disengaged from education and at risk of coming in to contact with the justice system.

This was a 24-week programme of weekly workshops and monthly activities. It provided a positive educational alternative focused on issue-based learning, life skills, and personal development. This included engagement in different activities that challenged young people to think critically, work together, and take responsibility for themselves and others.

### Outcomes achieved:

- strong enduring relationships with key staff
- recognised qualifications
- improved confidence
- further engagement in education and employment
- diversion from justice system.

Staff felt empowered and supported to take the project forward and learning from this first cohort has been used to further develop the approach and increase the reach beyond the initially targeted area. This was a positive example of the effective collaboration of multi-disciplinary staff with youth workers and justice staff taking a lead.

The delivery of additional supports to care experienced pupils varied across the partnership area but there were positive early signs with regards to improvements in attainment and attendance. Collaborative activity supported attendance and attainment within schools. Support officers and pupil equity fund workers effectively supported children and young people's wellbeing. Campus police officers delivered support to young people with safe and healthy choices and youth workers provided counselling and support which assisted engagement in community activities. This support helped to increase children and young people's attendance and improved attainment in National Qualifications.

Support for care experienced children and young people in local schools had been prioritised. It was a strength that all children and young people on compulsory supervision orders at home had a dedicated staff member who provided regular wellbeing check-ins. This relational based initiative, recognised by children, young people, and staff as supportive, positively impacted trusting relationships through being an embedded part of the school routine. National funding streams had been effectively utilised to establish a Care Experienced Education team (CEET). This team provided bespoke educational support based on the individual needs of the child or young person. They also provided support and advice to schools and families. Examples of direct work included one to one teaching in locations identified by the team in consultation with the young person, group wellbeing activities and cross curricular initiatives informed by children and young people's interests. Due to issues with staffing and local geographical challenges, it was difficult to provide this support equally across the region, but children and young people benefited both emotionally and academically from the support they received from this team.

For some older young people, joint working with youth work services and third sector partners had made a positive difference in their lives. An example of this was "Let's get sporty/Let's get employed" which had a specific care experienced programme to support young people with employability, with a strong focus on mentoring.

### **Support with health**

The care experienced health and wellbeing service was a multi-disciplinary team which provided direct health support, including therapeutic interventions, to children, young people, and their families, and also provided advice, support, and consultation to staff and parents. Examples of direct work included support to young people with mental health issues and a therapeutic parenting group.

Other supports to address mental health and wellbeing included low level mental health support provided by youth workers in schools. Work included direct one-to-one counselling, group work, and weekly drop-ins in all secondary schools, as well as some work in primary settings. Care experienced children and young people had priority and around 10% of young people attending reported that they were care experienced. Independent evaluation had identified that young people benefited from the relational approaches from youth workers and the importance of having regular, frequent, and consistent contact with staff in a safe space. Another positive example of mental health support for young people was the co-location of health staff in the transitions team.

Despite a range of tailored services being available greater support was needed to improve mental health and wellbeing outcomes for children and young people. Only a quarter of children and young people who completed our survey said they had received all of the help they needed to help improve their mental health and under a third of staff who completed our survey agreed that children's mental health outcomes were improving. Parents and staff remained frustrated with a perceived lack of help, particularly in relation to neurodevelopment assessment and support. Children and young people wait for a number of years for neurodevelopment assessments and diagnoses.

### Key Line of enquiry 2

**The services children and young people receive are well planned and delivered in a way which is compassionate and by staff who put children and young people at the heart of decision-making. People in the workforce ensure that children, young people, and parents are meaningfully listened to, heard, and included.**

### Listening to children, young people, and parents in key processes

The articulated vision for involving children, young people was driving a right-based approach which ensured children and young people were meaningfully involved. Most children and young people felt their rights were explained most of the time or some of the time during their involvement with services. Almost all children and young people felt involved in the decisions made about them.

The partnership provided a clear direction to staff about the importance of involving children and young people and the majority of staff felt that children and young people were meaningfully involved in decisions about their care.

The majority of children and young people told us that they were being listened to, heard and included by staff in key processes. Their views were routinely incorporated into their assessments and plans, and most reported feeling listened to and informed about decisions. The involvement of children and young people was underpinned by the positive relationships they experienced with staff. There were positive examples of child focussed planning and collaboration across agencies. Parents were less emphatic about their own involvement in key processes, however reported positive experiences of being listened to.

Most children, young people, and parents were involved in important meetings where decisions were being made, for example, reviews and children's hearings. The re-introduction of **Independent Reviewing Officers (IROs)** had improved child participation in reviews through more flexible and creative approaches. Children had the opportunity to engage with an IRO outside formal meetings. The majority of

children, young people and parents understood the rationale behind decisions but there was still work to do to ensure this was effectively communicated to all young people and parents.

Most children and young people were routinely made aware of access to **independent advocacy**. This support was widely accessed for children's reviews and hearings and was valued by children and parents. However, there were gaps in access or uptake to advocacy for parents and some young people who may have benefitted from this independent support.

### **Influence of Children and young people**

Young people's views were influencing policy and practice. Children and young people had been involved in a number of large-scale consultations. There were well established and ongoing targeted engagement opportunities for care experienced young people, including those living with parents, within the framework of a broader strategy. A programme of engagement events and activities had been consistently delivered over the past couple of years. This included the annual "We Care" event where care experienced young people were enabled to share views through planned workshops to inform service planning and delivery. Care experienced young people were involved in planning for this event which is incorporated into a larger annual festival.

The **corporate parenting** plan was shaped through reference to this direct engagement with care experienced children and young people. Young people had reviewed the local authority's corporate parenting plan, identified accessibility issues, and prompted adaptations. Listen2Us, a grassroots advocacy group for care experienced young people aged 12–25, operates four locality groups to ensure participation across the region. They were involved in decisions around the design of the corporate parenting plan and were also driving small but meaningful changes to improve the experience of children and young people. An example being their involvement in creating 'care packs' for those entering or moving within care, which included a range of fun and practical items and a compassionate message from a member of the group.

The Champions Board took place quarterly, involving senior officials and elected members of the council. It provided a structured forum for care experienced young people to influence policy and practice. The young people who attended the board and other engagement events were clear about the role they had in representing the views of all care experienced children and young people. They achieved this through engagement in separate regular 'care experience champions' activities. This involved a wider group of care experienced children and young people, including children and young people subject to compulsory orders and living at home with parents. Representation on the [youth council](#) was another established route for influence. The council included a member representing care experienced young people and reported a number of achievements including the production of an informative video looking at the impact of poverty on children and young people in Dumfries and Galloway.

A major strength of the partnership's approach to participation was the [role of youth work services](#). Young people across the local authority, including the most rural areas, benefited from targeted interventions from Youth Work. This service was supporting young people very well to understand that their views matter. They empowered young people to implement change for themselves and others through young person led forums. These forums, which included local and region wide initiatives, and the generated views of care experienced young people were greatly valued by senior leaders. Youth Work continued to support young people as they transitioned to adulthood.

There were other examples of services looking to create opportunities for the meaningful involvement of children and young people. In health, the established youth health advisory forum, made up from young people, had influenced and developed improved information for children and young people related to children's rights, important health information, and health service delivery.

Effective mechanisms were in place for children and young people to give feedback and make formal complaints, however parents spoke of a lack clarity on feedback routes and escalation. The partnership recognised that they needed to be more effective at completing the 'feedback loop' and more needed to be done to draw out information and themes specifically related to care experienced young people. Children and young people wanted to know more about what had changed as a result of sharing their views.

### **Participation of parents**

Engaging and involving families in care processes and service development was challenging when a compulsory order of supervision at home was required. The partnership recognised these challenges and made significant efforts to provide the same opportunities to this group of children and young people as those offered to children in alternative care settings and their families. The implementation of these orders however, often created barriers to meaningful participation of parents, as they managed the emotional and practical implications of such interventions. The partnership had made significant headway in the engagement and involvement of children and young people. Additional work with parents was required to ensure meaningful involvement.

While most parents recognised the reasons for social work service involvement and felt that their child's right to maintain relationships had been upheld, the level of involvement in decision-making varied. Many parents expressed that they had felt supported by staff and appreciated strong advocacy on their behalf, which contributed to improved outcomes and recovery. However, it was also evident that some parents felt their voices had not been adequately considered in decisions affecting them.

The majority of parents were not sure whether they had been consulted on the development of services. They were also unsure about how they raise or escalate concerns. Parents often did not know what happened after they had provided feedback and wanted to know more about what had changed as a result of sharing

their views. Parental involvement was more positive with third sector services where we found clear evidence of parent's views influencing service development and practice with these organisations.

### **The effectiveness of assessment and individual plans**

Almost all children and young people had an up-to-date **multi-agency assessment** that considered the needs, wellbeing concerns, and risks. Almost all children and young people had an up-to-date multi-agency plan which outlined how needs, wellbeing concerns and risks identified in the assessment would be addressed. There was some variation but most of the assessments and the majority of plans were good or better.

Most staff were confident that they had the necessary knowledge to complete quality assessments and prepare an outcome focused child's plan. For the majority of children and young people, ongoing assessments and plans were appropriate and high quality.

Comprehensive health assessments had not been consistently completed for all children and young people, which meant that there was a risk that health information was omitted from their multi-agency plans. Most records reviewed indicated that a comprehensive health assessment had been completed, with the majority evaluated as good or above. In cases where assessments had not been completed, it was found that most had been offered but subsequently refused by the parent or young person.

The role of health visitors and school nurses, who had established relationships with children and young people, supported the completion of these assessments. The need for improvement in this area resulted in tracking and monitoring activities to ensure that opportunities for children were not limited to the period immediately following the placement of their compulsory supervision order. Similar to national concerns there were extensive waiting times for the completion of neurodevelopmental assessments used for diagnosing autistic spectrum disorder.

The partnership learned from their established self-evaluation and quality assurance activity to support the improvement of key protective processes. They employed the same tried and tested approach to children subject to compulsory supervision at home with their parents and this impacted on changes to assessment processes and directed them towards greater emphasis on children and young people's involvement.

### **Review meetings and decision making**

Review processes were implemented effectively and children, young people and their families were included well. The majority of plans were being effectively reviewed within expected timescales, and the majority of reviews were good or better. Multi-agency partners reported significant process improvements, with reviews prioritised by senior social workers. The introduction of Independent Reviewing Officers (IROs) had improved timeliness and was reducing delays.

Decisions on establishing grounds of referral were quicker than the national average. This was as a result of a supportive approach by panel members to families during grounds hearings, realistic approaches by solicitors and good case management by local sheriffs.

In the context of staffing challenges there was an impact on the timeous completion of assessments and how this then impacted on decision making. For example, children's hearings were being deferred due to up-to-date assessments not being completed on time. As a result, some children and young people remained on compulsory supervision orders longer than necessary.

### **Support for staff**

Staff felt supported and understood the values and the standards of practice expected of them. Most had regular opportunities to discuss concerns with a line manager. The majority were confident in their skills and knowledge and took pride in their contributions to enhancing the wellbeing of children and young people.

The partnership recognised that multi-agency training was crucial for understanding roles and fostering a shared service approach. Attendance among partners varied. Although many staff felt training enhanced their confidence and skills in working with children and young people, they reported a decrease in confidence when assessing the training's impact. Just over half felt that the training improved collaboration, but there were notable examples where it strengthened joint working, particularly in areas like domestic abuse and trauma-informed practices.

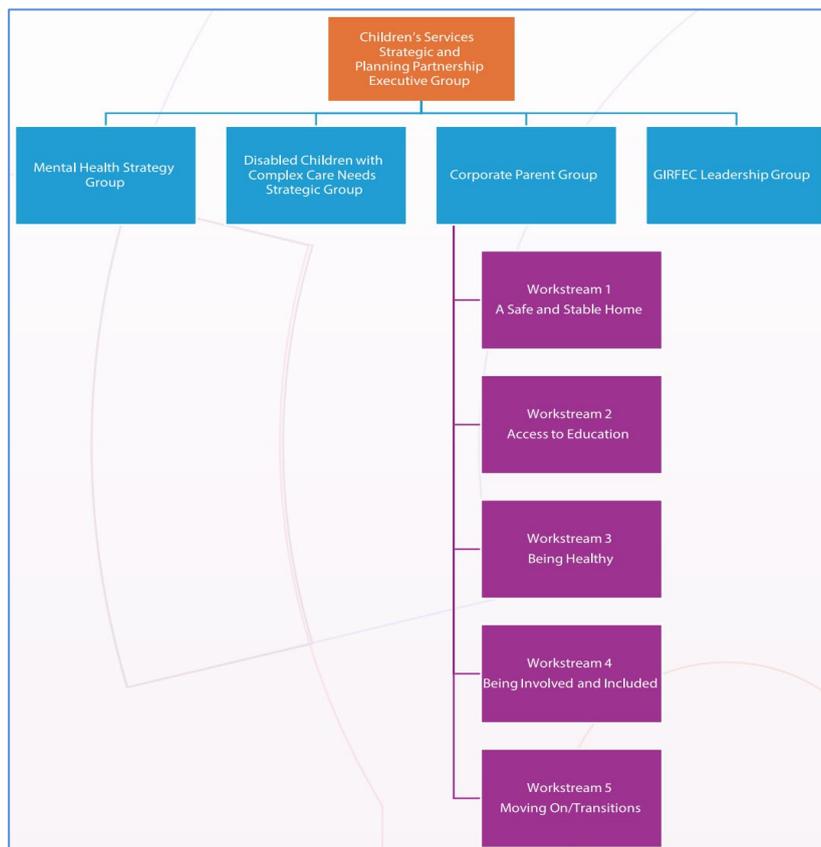
For some staff, they felt that the social work service had experienced a lot of instability and changes to services. Some staff felt that this had adversely affected joint working and staff morale. However, most staff felt listened to, respected, and valued in their roles and felt encouraged to engage in professional curiosity aimed at safeguarding children and young people.

### Key Line of enquiry 3

**Leaders and managers work well together to create and maintain a joined-up system of care which delivers the right services to each child at the right time. This provides children and young people, their parents, and the workforce with help, support, and accountability.**

### Governance and oversight

Effective governance structures were in place to ensure senior leaders have proper oversight of service provision for children, young people, and their families. The partnership had reviewed its multi-agency children's services planning structures and this had led to a reduction in the number of groups. The **Corporate Parenting Group** reports directly to the Children's Services Strategic and Planning Partnership Executive Group (CSSaP), which offers overarching strategic leadership across children's services. The partnership designed this governance structure, and it had ensured that the Corporate Parenting Group's work aligns with broader strategic priorities and has clear accountability for progress.



Excerpt from [Corporate Parenting Plan](#)

Partners had increased their attention on demonstrating the difference compulsory supervision orders were making to the lives of children and young people. The partnership recognised the need to do more to understand the impact of services and gather the data they needed to be confident that they are making a difference on the lives of children and young people on compulsory supervision orders and living at home with their parents. Leaders were involved in developing the national Promise performance framework, which supported corporate parenting performance. This enhanced their local development of the 'scorecard', created in partnership with children and young people, by incorporating insights gained through national activity.

### **Leadership of strategy and direction**

The partnerships' Children's Service Plan and Corporate Parenting Plan outlined a collective strategic vision and set aims for all corporate parents. Strategic plans highlighted the partnership's commitment to children's rights and emphasised trauma-informed, compassionate interventions, and alignment with "[the promise](#)." As part of their commitment to delivering on the aspirations of the promise, the partnership leadership presented a clear shared aim to keep children at home with their parents. The majority of staff across the partnership believed that there was a clear vision for service delivery and improvement for children and young people subject to compulsory supervision orders and living at home with their parents.

The corporate parenting group had regular opportunities to consider the views of children and young people directly through a range of engagement events, including [the 'champions gatherings' and the youth council](#). In health this was also achieved through the youth health advisory forum. Youth work services effectively facilitated and supported most of these groups and events. Parental involvement in service planning and development was evident in relation to specific services; they were routinely involved in the review of services undertaken by third sector family support services. Approaches to involve parents at multi-agency strategic level were less effective.

## **Participation and engagement – the role of youth workers**

The partnership had agreed that youth work services had a key role to play in elevating the views of care experienced children and young people.

This responsibility sits as part of their core task in delivering the participation and engagement strategy. They had delivered a range of local and regional events and groups and had further supported young people to speak directly with leaders including at the youth council, at Dumfries and Galloway Social Work committee and at full council meetings.

Delegating this responsibility to youth work had ensured that there was a well-resourced, coherent, and structured approach which was underpinned by core youth work values of agency and empowerment.

The geographical spread of youth work staff was also a key strength of this approach ensuring that all young people had the opportunity to participate.

## **Collaborative leadership**

The corporate parenting group was representative of all responsible partners and had recently updated their plans in consultation with children and young people. In the last two years membership and leadership of the corporate parenting group had been reviewed to address a perception that the group was overly oriented towards social work services. All corporate parents were active participants in strategic planning and in relevant working groups. The relationship between third sector and statutory services at a strategic level had improved in the last couple of years and they were clear partners in strategic planning.

Leaders had a defined understanding of national and local priorities and had acted to address these priorities through service redesign plans. The establishment and development of services which were supporting children and young people subject to compulsory supervision orders and living at home with their parents had been driven forward as part of these plans. A small intensive family support outreach service had been established with the intention of attempting to reduce the need for care away from parents. The partnership had also further developed other single agency targeted services, the Care Experienced Education Team and the Care Experienced Health and Wellbeing Team.

In the context of financial challenges, the partnership had invested in a range of services which were focussed on supporting families to keep children at home. Family support services were delivered through social work locality teams and by third sector partners. These services were working towards ensuring that families were able to receive the right support at the right time. Within the 'Safe and Stable Home' workstream (see diagram above), a multi-agency group was effectively providing oversight of family support activity across the region.

## **Leadership of people**

There was mixed evidence on the connection between strategic leadership and those delivering services. The majority of staff felt leaders were highly visible, regularly communicated with workers and understood the quality of work being delivered. Some staff felt that senior leaders were not fully aware of the issues affecting frontline staff, including the impact of reduced service capacity and equitable access for families to supports across the region. This is despite the efforts made by senior leaders to regularly meet and listen to staff across the region.

Following consultation with staff, the partnership had embarked on transformation activity aimed at supporting social work services with a recognition of the impact of staff shortages, including low morale and increased work-related stress. A workforce plan had been developed to strengthen workforce capacity, skills, and competency, increase service resilience, provide development, and career opportunities for staff. Actions which had already been taken included:

- compressed hours working arrangements,
- use of technology ('magic notes') to improve efficiency,

- improvements to development opportunities and
- improvement in health and wellbeing support for staff.

As with other parts of Scotland, Dumfries and Galloway were facing significant challenges in recruitment and retention in children's social work services. It had also affected the perception of staff that leaders had not ensured adequate capacity to meet the needs of families. Efforts to address staff turnover in social work services have had some positive results but there remained ongoing challenges.

Whilst leaders had been clear about the need for changes, staff were not always convinced of the rationale or impact of these changes and were frustrated by a perceived lack of consultation. This frustration was heightened where this was linked to changes to role or funding. Despite extensive efforts by senior leaders, changes to services were not always effectively communicated to staff across all agencies leading to misunderstanding about roles and capacity.

## Confidence statement and next steps

### Confidence statement

The Care Inspectorate and its scrutiny partners are confident that the partnership in Dumfries and Galloway has the capacity to make changes to service delivery in the areas that require improvement and in which they can directly influence change. This is based on the following key points.

- The strength of relationships between staff and the children and young people, and the effectiveness of approaches to hear their views.
- The partnership had effectively used self-evaluation activity, informed by the views of stakeholders, to identify areas for improvement.
- Partners had overseen the delivery of new services based on an analysis of needs.
- Leaders were starting to get the information and data required to understand the breadth and impact of work with children and young people subject to compulsory orders and living at home with their parents.
- The partnership had recognised the need for continuous improvement in the delivery of the corporate parenting plan and had made changes to ensure collective ownership of the plan.
- A working environment had been created wherein most staff felt listened to, respected, and valued in their roles.
- The partnership recognised the need for continuous improvement in the involvement of parents in service development.

### Next steps

The Care Inspectorate will request a joint action plan that details clearly how the partnership will make improvements in the key areas identified by inspectors. The partnership should consider the potential benefits of other improvement support to further embed self-evaluation activity and to ensure that they can learn from other areas. Progress will be monitored and supported through the Care Inspectorate's link inspector arrangements.

## Evaluations

We collected and reviewed evidence against all quality indicators in the framework to support the three key lines of enquiry. We use a [six-point scale](#) to provide formal evaluation of four quality indicators. A summary of these is provided below, along with a brief rationale.

### Quality Indicator 2.1: Impact on children and young people.

We evaluate this quality indicator as **Good**

- Most children, young people and their families benefited from positive and caring relationships with frontline staff in health, social work, education, youth work services, and third sector organisations.
- Most children and young people received support to maintain relationships with family. Intensive support had helped some families stay together or be reunited.
- Dedicated social work staff and family support workers were making a positive difference to children and young people, as were targeted services in education, youth work, and health.
- Most children and young people feel safe, support is helping them feel safer.
- Most children and young people received the help they needed.
- There were some early positive signs of improved impact on educational attainment and attendance but more needed to be done to address exclusions.
- Recruitment and retention challenges were having an adverse effect on continuity of staff and their relationships with families.
- Some children and young people had experienced too many changes to where they were living.
- There were gaps in service provision and capacity, leading to inequity of support meaning that children, young people, and families were not always getting help when they needed it.

**Quality Indicator 5.3: Care planning, managing risk and effective intervention.**

We evaluate this quality indicator as **Good**

- Almost all children and young people had an up-to-date multi-agency assessment that fully considered needs, wellbeing concerns and risks.
- Almost all children and young people had an up-to-date multi-agency plan, and the majority of plans were good or better.
- Overall, review processes were positive for children and young people. High quality reviews were mostly taking place within appropriate timescales.
- Overall, most children and young people received effective support.
- Transition services were effectively supporting older young people moving on to greater independence.
- A range of third sector organisations were providing valuable support for families across the region.
- Comprehensive health assessments were not always taking place and mental health support was not always available when needed.
- For some children and young people staff absences were affecting timeliness of reviews and delaying decision making.

**Quality Indicator 5.4: Involving individual children, young people, and families.**

We evaluate this quality indicator as **Very Good**

- The meaningful involvement of children and young people was a key strength of the partnership.
- Almost all children and young people felt involved in the decisions made about them.
- The majority of children and young people told us that they were listened to, heard and included by staff in key processes.
- There were good examples of child focussed planning and collaboration across agencies.
- Most staff reported that children and young people were routinely made aware of access to independent advocacy and this support was widely accessed for looked after children reviews and hearings, this support was valued by children and parents.
- Across the partnership services effectively encouraged children, young people, and families to share their views on services and acted on these.
- There were well established and ongoing targeted engagement opportunities for care experienced young people within the framework of a broader participation strategy.
- Youth work services were effectively facilitating opportunities for children and young people to share their views about services.
- The partnership recognised the barriers to engagement and involvement which can result from compulsory measures. They were building on the success with children and young people to meaningfully engage parents.
- Parents were less meaningfully involved in key processes but reported positive experiences of being listened to. More needed to be done by partner agencies to secure parental involvement.

**QI 9.2: The leadership for strategy and direction.****We evaluate this quality indicator as Good**

- Leaders had a clear understanding of national and local priorities and had acted to address these priorities through service redesign plans.
- The partnership was continuing to invest in a range of services which were focussed on supporting families to keep children at home.
- The corporate parenting group has had a range of effective ways to hear the views of children and young people - through the youth council, champions groups, health advisory council, and advocacy groups.
- The corporate parenting group was representative of all responsible partners, and all corporate parents were active participants in relevant working groups.
- The relationship between third sector and statutory services at a strategic level improved in last couple of years and they were clear partners in strategic planning.
- The partnership recognised the need to do more to understand the impact of services and gather the data they need to be confident that they are making a difference on the lives of children and young people.
- Changes to services have not always been effectively communicated to staff across all agencies leading to misunderstanding about roles and capacity.
- Some staff felt that senior leaders were not fully aware of the issues affecting frontline staff, including the impact of reduced service capacity and equitable access for families to supports across the region.
- Efforts to address staff turnover in social work services have had some positive results but there remained ongoing challenges.
- Some staff felt that senior leaders were not fully aware of the issues impacting frontline staff, including reduced service capacity and equitable access to family supports in the region. While efforts to address staff turnover in social work services had some positive results, challenges remained.

## **Appendix 1: Summary of inspection activities**

During the joint inspection we gathered evidence from a wide range of sources. This included:

### **Surveys**

- We received 370 surveys from frontline staff and first line managers.
- We received 99 surveys from children and young people.
- We received 29 surveys from parents.

### **Meetings with children, young people, and families**

- We met with 85 children and young people.
- We met with 19 parents or other family members.

### **Review of children's records**

- We reviewed the multi-agency records of 60 children and young people who had been subject to compulsory supervision orders while living at home with their parents over the past two years.

### **Meetings with staff and leaders**

- We met with 283 staff. We ensured that staff did not attend more than one focus group to avoid double counting.
- We carried out three structured discussions with senior representatives from the partnership.

### **Review of written information**

- We reviewed written information compiled by the partnership.

## Appendix 2: Area specific glossary

Please note that a full glossary of the terms that we use in our reports can be found [here](#).

Additional terms that we use in this report are listed below.

<b>Comprehensive health assessments</b>	The LAC (Scotland) Regulations 2009 outline that the local authority must obtain a written health assessment when a child is “looked after”, within four weeks of notification to the health board, in order to identify health needs and is reviewed annually. Statutory health assessments were being carried out by health visitors for children under the age of 5 and school nurses for those over the age of 5, or, if required, a specialist nurse from the care experienced team.
<b>Multi-Agency Safeguarding Hub (MASH)</b>	A process where police, health, and social work professionals collaborate to share information, assess risks, and decide on the best actions for safeguarding vulnerable children and adults, operating as a Single Access Point for initial concerns before directing them to the right support or further investigation, ensuring early, informed decisions for protection.
<b>Low-level mental health support in schools</b>	This is the name chosen by young people for the project that delivers on the Scottish Government commitment for providing qualified counsellors in every secondary school in Scotland. The Council Youth Work Service delivers this project providing one to one mental health support in all schools using Youth Workers who have the Diploma in Counselling.

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