

Services for children  
and young people in  
Dumfries and Galloway  
Community Planning  
Partnership area

May 2015

**Progress review following a  
joint inspection**

# Services for children and young people in Dumfries and Galloway Community Planning Partnership area

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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 for 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 voluntary 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. You can find our report, published in April 2014, on our website at **[www.careinspectorate.com](http://www.careinspectorate.com)**

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.

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We were particularly concerned about the poor quality of assessment 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 to the area to report on progress. In the meantime, we have monitored the implementation of the Community Planning Partnership's joint improvement plan and significantly increased the time allocated for a link inspector to provide the partners with advice, challenge and support.

### 3. How we conducted this progress review

The aim of this progress review was to assess how effectively and speedily partners in Dumfries and Galloway were acting to improve. We recognised that it would be too early to see the impact of changes on overall outcomes for vulnerable children and young people. However, we did look for evidence that any immediate risks to children's safety or wellbeing had been addressed and that solid foundations were being laid to ensure real and lasting improvement in the quality of services for children, young people and families.

A team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland undertook a range of activities in the Community Planning Partnership area during the week beginning 8 December 2014. We did not set out to reassess all the areas of work relating to children, young people and families which would be covered in a full inspection. Instead, our activities were designed to find out about the work being done to improve the five areas of performance which gave us greatest concern in the previous inspection.

During the inspection we:

- took account of the work carried out by the Care Inspectorate Link Inspector and Education Scotland Area Lead Officer to support chief officers and senior managers in improving services
- reviewed position statements submitted by partners assessing their own progress against all five of the main areas for improvement along with supporting evidence
- interviewed chief officers, senior managers, the chair of the child protection committee and a few members of the public who having read the April 2014 report, contacted us to share their recent experiences of services for children
- held focus groups with managers around the five recommendations made in the April 2014 report

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- reviewed the recording of the 50 most recent Initial Referral Discussions and the 15 most recent pre-birth assessments and plans
  - met with elected members of Dumfries and Galloway Council and non - executive members of Dumfries and Galloway NHS Board.

At this stage, we decided not to meet with children, young people, families or front line staff. We recognised that the joint improvement plan was at too early a stage of implementation to expect them to be able to tell us about impact on service delivery.

## 4. Findings

### The Partnership's approach to improvement

Partners accepted fully the gravity of the inspection findings published in April 2014. Before the report's publication, in response to verbal feedback, they responded quickly and constructively. They demonstrated a preparedness to work more closely together and collectively raise their aspirations for children and young people. They developed a comprehensive improvement plan and prioritised actions to protect children and young people from abuse and neglect. We found partners working at pace to deliver change and improvement, particularly since August 2014 when they had stepped up a gear. Partners had made effective use of nationally recognised experts to provide much needed additional capacity and external challenge. The positive energy partners demonstrated towards achieving their goals was clearly evident during the progress review. They acknowledged that the scale of improvement involves commitment to a three- to five-year change programme.

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

Partners had rightly prioritised strengthening a joint approach to protecting children and young people. They had conducted a substantial review of case records to examine the quality of their work with vulnerable children and young people and taken immediate action to reduce risks that they themselves identified. This helped them gain a much clearer and shared understanding of concerns identified during the joint inspection. More rigorous questioning by members of the child protection committee was increasing the level of challenge and raising expectations about standards of work. Key staff had undertaken training in the use of the National Risk Assessment Framework with further roll out planned. Child protection training had been targeted more effectively to meet the needs of priority groups of staff and the impact on their practice was starting to be evaluated. Importantly, stronger leadership and direction was beginning to increase staff

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confidence in taking more timely and appropriate action to protect children and young people.

Partners were reviewing and revising child protection procedures to support and promote practice change. They had introduced an initial referral discussion in response to child protection concerns. This process aims to ensure that partner agencies share relevant information at an early stage and results in an initial risk assessment and joint decision-making. There were clear indications that initial referral discussions were leading to better information sharing and more consistent involvement of relevant staff from police, health and social work. There was a growing appreciation of the added value that education staff can bring to this process. Information technology to facilitate inter-agency discussion was due to become operational soon. A more thorough and consistent initial response to child protection concerns was starting to emerge. However, there was still a tendency to over-complicate processes rather than being clear about their purpose and keeping them as streamlined and efficient as possible.

Regular quality assurance by partners of the recording of initial referral discussions was helping them to improve practice. Partners recognised they needed to focus more on analysing information to inform initial risk assessments and joint decision-making. The inspection team was encouraging of plans to review child concerns which fell just short of the agreed criteria for an initial referral discussion. This should help partners to agree shared thresholds of risk and ensure that accumulating concerns about children's safety and wellbeing are flagged up without delay.

Partners had begun to improve the quality and consistency of risk assessment for children whose names are on the child protection register and for those young people who present a risk to themselves or others. They recognised that a sustained approach to managing change would be necessary to raise current standards of practice.

A child sexual exploitation working group was starting to raise staff awareness about this specific area of risk. The child protection committee had begun to jointly identify vulnerable groups of children and young people and to interrogate information that might help alert them to any concerns.

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

The Community Planning Partnership had agreed a protocol for sharing information about child concerns drawing on good practice examples from elsewhere. Implementation was being supported by awareness raising sessions and helpful guidance for staff. Opportunities were being explored to co-locate staff in order to share information more efficiently and effectively and strengthen joint working.

In preparation for the progress review, partners took a closer look at pre-birth planning and identified areas for improvement. Our findings from analysing practice through reading pre-birth records further confirmed their own assessment of current practice. We agreed that improvement was required in systematically identifying vulnerable pregnant women and making effective use of the months leading up to the birth to both assess and reduce risks. There was limited availability of parenting programmes, counselling services and practical help and advice for expectant parents, including those who had previously been looked after. As a result, staff continued to face barriers to meeting assessed needs pre-birth, particularly in areas that are more rural.

Partners had responded promptly to their own findings by setting up a multi-agency group tasked with delivering change and improvement. This group was helpfully revisiting the aims of pre-birth planning to embed a shared understanding across agencies. It had identified the need to develop capacity in health and social work services, using the expertise of specialist practitioners to develop and sustain the skills of others. In addition, giving regular supervision and support to midwives was seen as a priority to enable them to consistently identify a wider range of vulnerabilities, including mental ill-health, learning disability, domestic violence and substance misuse.

Partners were working towards a shared approach to compiling chronologies of significant events in a child's life with the aim of identifying concerns about the wellbeing of children and young people at an earlier stage. A single shared format would help them in their journey towards integrated chronologies. Partners recognised that progress in this area of work was dependent on fully implementing the role of the named person in health and education services.

Development of a revised child's plan had helpfully been taken forward in consultation with staff to ensure new documentation was fit for purpose. Partners had begun to streamline planning for those children and young people who have a number of separate plans in place.

Partners recognised that a family support and parenting strategy was needed for more effective prevention and early intervention. They were clear that a 'one size fits all' approach to service delivery would not work due to the diverse demographic challenges. More innovative approaches would be necessary in each locality to ensure equal access.

### **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.**

The Community Planning Partnership had recently put in place a corporate parenting plan with an ambitious set of objectives to be achieved over the next 18 months. The plan was very well informed by listening closely to the views of looked after young people and care leavers. This had involved Listen2Us, an extensive, well-planned and imaginative consultation process.

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A Champions Board, consisting of looked after young people, care leavers, chief officers and elected members was now in place to promote the interests of looked after children and young people. This forum had previously been considered for some time without the necessary commitment to make it happen. Elected members spoke positively about a getting-to-know-you session with looked after young people. Senior managers now had a better understanding of what it felt like to be a looked after young person or care leaver in Dumfries and Galloway. More opportunities for this type of engagement were planned to further strengthen collective ownership amongst staff in those agencies with corporate parenting responsibilities. This important work aimed to influence positively the participation of looked after young people and care leavers at a number of levels:

- involving them more meaningfully in decision making about their individual lives
- drawing on their experiences to inform staff training, particularly for those working with looked after children, young people and care leavers
- influencing policy, procedures and service development through more routine involvement in democratic processes including the youth platform.

A refreshed strategic Corporate Parenting Group was clear about its purpose and had a desire to emulate the behaviours of a good parent. Partners at an appropriate level were now at the table. NHS Dumfries and Galloway had committed additional resources to establish a dedicated Health and Wellbeing Service for looked after children, young people and care leavers. Although work was still at a very early stage of development, actions were identified to better meet the needs of looked after children, young people and care leavers. These included:

- wider availability of advocacy and independent support
- a youth guarantee to give care leavers priority, including progression through a new Employability Award
- reviewing the availability of suitable accommodation for care leavers and support to help them sustain tenancies
- new guidelines for education staff to track the achievement and attainment of looked after children and young people more closely, providing extra support when needed and ultimately reducing inequalities in achievements
- free access to leisure and sports facilities as a means of promoting inclusion.

The Chief Social Work Officer had initiated a review of all kinship care placements, to ensure their appropriateness for each individual child or young person and inform a new council policy on kinship care, due for approval by April 2015. Our inspection continues to find strong performance in permanency planning and the provision of high quality fostering and adoption placements.

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The independent sector in Dumfries and Galloway provides residential care placements for a significant number of looked after children and young people from elsewhere in the United Kingdom. As corporate parents, partners were working more effectively with providers and the Care Inspectorate to ensure they knew who these children and young people were, including their needs and any risks they may present to themselves or others. Improved arrangements had been put in place for speaking to young people who had been reported missing, including any from this especially vulnerable group.

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

The Children's Services Executive Group had a strong appreciation of the need for comprehensive and robust quality assurance arrangements across the partnership and understood how this would help them direct and facilitate targeted improvement. They led on a range of quality assurance activities in the months following the joint inspection of services for children and young people. This had enabled them to identify areas for improvement for themselves. They were working towards a shared view of what defines quality in the delivery of integrated services for children and young people and in doing so had raised their aspirations.

There was a clear commitment to achieving positive change through developing and implementing an effective quality assurance framework. Promising work on a draft framework had recently been presented to the Children's Services Executive Group. This was ambitious in scope and, once fully populated and implemented, should provide a sound basis for monitoring standards of practice and driving forward continuous improvement. In order to be effective, the framework requires a cultural shift towards quality assurance becoming everybody's responsibility; partners clearly acknowledged this.

Audit activity had resulted in some clear and tangible actions to support improvement. It was too early to assess the impact of these on the quality of the work and outcomes for children. The role of independent chairs of child protection case conferences and looked after children's reviews was starting to be developed. Strengthening their quality assurance remit should help to improve practice in assessments of risks and needs and the child's plans. The children's reporter was helpfully considering arrangements along with children's panel members to give more consistent feedback to partners on the quality of reports. There were continued benefits from foster carers routinely providing reports to panel members about children and young people in their care and participating fully in children's hearings.

The Child Protection Committee had adopted a new process to support decision-making following Initial Case Reviews. A panel had been set up, chaired by the Head of Customer Services who is also a member of the Child Protection Committee. Using the criteria

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laid out in national guidance, this panel make recommendations to the Child Protection Committee on the need for a practice or significant case review. This approach aims to provide more independent, robust and consistent decision making but has yet to be evaluated. Partners were currently conducting four significant case reviews, each led by independent chairpersons. They were on track to pull the recommendations of these together into one improvement plan by the end of March 2015.

A performance information framework was also at an early stage of development. This had the potential to offer a platform for comprehensive self-evaluation across the quality indicator framework, How well are we improving the lives of children and young people? You can find this on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

Partners recognised the need to collate and analyse feedback and complaints from people using services more effectively and to maximise learning from these. The Chief Social Work Officer had recently made essential changes to improve the response to, and management of, social work complaints.

**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 tested out and agreed a shared vision for children and young people growing up in Dumfries and Galloway. This had helpfully included consultation with looked after children, young carers, parents of children with disabilities and young people in primary and secondary schools. Partners had continued to revisit the vision and had explored more fully how each statement of intent should impact on children, young people, parents, carers and staff. The vision had created a firm foundation for integrated children’s services planning. The draft plan was laid out helpfully, in a way that enabled different stakeholders to readily understand the difference that it aimed to make to their wellbeing.

Partner’s thinking and behaviour as leaders was guided by more explicit consideration of child centred values and there was an increasing focus on impact and outcomes. This was beginning to influence policy, procedures, service development and practice. Leaders had become more visible and had started to model their expectations about the manner in which they wanted staff to work together. They recognised that achieving cultural change and embedding a rights based approach to services for children and young people would take time and continual reinforcement at all levels.

Following the inspection report in April 2014, leaders had set a direction that was much clearer and better articulated. They had decided to implement an integrated children’s services plan in two phases and they were appropriately prioritising the safety and wellbeing of vulnerable children and young people. They aimed to carry out a joint strategic assessment of the needs of children, young people and families in the different

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localities. This assessment would be the starting point for expanding the plan to include all children and young people and incorporate all of the resources at their disposal. This would also provide the basis for joint commissioning to secure better outcomes for the children and young people. Partners were starting to assess future demand for residential provision for children and young people with particular health, education and/or care needs. They recognised that developing appropriate resources within the partnership area would help to achieve better outcomes.

Partners had established sound structures for delivering improvement with the Child Protection Committee and other strategic groups reporting to the Children's Services Executive Group, including Corporate Parenting, Early Years and Getting it right for every child. An improvement team very ably facilitated the work of the Children's Services Executive Group. This improvement team was responsible for inter-agency staff training and development, information technology, performance management information, quality assurance, communication and administrative support.

Governance and accountability arrangements were becoming more robust and clearer connections to the Single Outcome Agreement were being made. The Children's Services Executive Group was accountable to the Chief Officers' Group which in turn reported to the Community Planning Partnership. Leaders recognised the importance of maintaining momentum for improvement by moving towards mainstreaming the work of the improvement team. This was in part to free up its chair to concentrate on leading the work of the Child Protection Committee and the development of its business plan.

The structure for delivering services for children was evolving rapidly, in response to internal and external drivers for change. This included an approach to integrated service delivery for both adult and children's services that was locality based, flexible and led by a strategic needs assessment. Partners were well placed to seize the opportunity to establish multi-agency locality based management teams as a way of driving forward the delivery of integrated children's services. This could greatly help partners in building much needed additional capacity for change and improvement at an operational level.

Partnership working had been notably strengthened by a number of critical new appointments and a willingness to draw on advice and support from nationally recognised experts. The Child Protection Committee was being led very effectively by an independent chair of considerable standing in the local area. Members of Dumfries and Galloway NHS Board and elected members were becoming more engaged in assuring themselves that children were well protected. For example, councillors were sitting on the Child Protection Committee and the independent chair had helpfully provided briefings to the clinical governance committee for NHS Dumfries and Galloway.

The immediate benefit, both in social work services and partnership working of the leadership provided by the new Chief Social Work Officer, was very apparent. A

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reconfigured children and families social work management team was ready to take the service forward from January 2015.

The Children's Services Executive Group was keeping staff well informed about progress through regular email briefings, a website covering the whole of services for children – under development in consultation with children and young people - and face to face meetings led by chief officers. There was potential to increase capacity by identifying change champions and devolving leadership of improvement work more widely. Partners had helpfully agreed to make a significant investment in information and communication technology. This included electronic recording for health visitors, more support for recording information about vulnerable people within the police force, mobile working and developing a practitioner's web portal for improved information sharing and recording.

Partners were conducting their business through more open debate and challenge and a 'can do' approach to problem solving. They were enjoying better quality debate and were no longer prepared to accept what they were told at face value. They were supportive towards one another when difficulties arose in executing improvement plans. Written feedback obtained by partners from staff briefings suggested that they had growing confidence in the leadership, through being listened to, treated seriously and the delivery of tangible results including procedures, training and tools to support them in their work.

## **5. Conclusion**

The inspection team was confident that partners had taken the findings in our joint inspection of services for children in January and February 2014 very seriously. They had started to put the right people in place and were moving at pace to deliver much needed change and improvement. They have made good progress across all the main areas for improvement while continuing to prioritise improving their immediate response to children and young people in need of protection. Partners identified the continuing challenge in maintaining current momentum and energy levels in order to sustain improvement and change. We would encourage them to further increase capacity for continuous improvement at both strategic and operational levels.

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## 6. What happens next?

We will continue to monitor progress as agreed with scrutiny partners and the Community Planning Partnership in Dumfries and Galloway. We would expect that improvements in processes soon begin to have a positive impact on the experience of, and outcomes for, children and we will make opportunities to gain the views of children, young people and their families as part of our ongoing monitoring work. We will conduct a second progress review within 18 months of publication to provide assurance that change and improvement has been sustained.



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