

# Report of a joint inspection of services for children and young people at risk of harm in Dundee City

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

11 January 2022

# Contents

<b>Introduction</b>	<b>3</b>	<b>Statement 3: Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.</b>	<b>19</b>
Our remit	3	Key messages:	19
The terms that we use in this report	3	Staff commitment to involving children, parents and carers	19
Key facts	4	Ensuring the contribution of all children, young people, parents and carers	20
Our approach	5	Strategic influence of children, young people and their families	21
How we conducted this inspection	5		
<b>Key messages</b>	<b>6</b>	<b>Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.</b>	<b>22</b>
Strengths	6	Key messages:	22
Areas for improvement	6	Collaborative strategic leadership	22
		Collaborative operational management	23
		Leadership of improvement and change	24
<b>Statement 1: Children and young people are safer because risks have been identified early and responded to effectively.</b>	<b>7</b>		
Key messages:	7	<b>Evaluation of the impact on children and young people - quality indicator 2.1</b>	<b>26</b>
Preventative approaches	7	Evaluation of quality indicator 2.1: GOOD	26
Staff confidence	9		
Recognition and initial response to concerns	10	<b>Conclusion</b>	<b>27</b>
Follow-up to concerns	11		
Pathways for different age groups	12	<b>What happens next?</b>	<b>27</b>
<b>Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.</b>	<b>13</b>	<b>Appendix 1: The quality indicator framework and the six-point evaluation scale</b>	<b>28</b>
Key messages:	13		
Assessing risk and need	13	<b>Appendix 2: Key terms</b>	<b>30</b>
Care planning and reviewing	14		
Availability and effectiveness of support	15	<b>Appendix 3: Summary for children, young people, parents and carers</b>	<b>32</b>
Quality of relationships	17	What services in Dundee did well	32
Demonstrating improvements	18	What services in Dundee could do better	32

# Introduction

## Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. As a result of the Covid-19 pandemic, the programme of joint inspections of services for children was paused between March 2020 and June 2021 and recommenced in July 2021. The remit of these joint inspections is to consider the effectiveness of services for children and young people (up to the age of 18) at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

## The terms that we use in this report (see appendix 2 for more terms we use)

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child (including kinship carers and foster carers).
- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives from Dundee City Council, NHS Tayside, Police Scotland and third sector organisations.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in Dundee.

## Key facts

### Total population: 148,820 people

Proportion of children:  
16% of the population are under the age of 16,  
just under the national average of 17%.

Deprivation levels: 36.6% of the population live in the 20% most deprived SIMD data zone. Over a quarter of children are in poverty in six of the eight electoral wards in Dundee. When compared to other cities in Scotland, Dundee has the second highest levels of deprivation.

Dundee had the highest prevalence of incidents of domestic abuse recorded by Police Scotland in 2019/20, with 166 reported incidents per 10,000 population, compared to the national rate of 115.

In 2020–2021, Dundee’s rate of child protection orders was 2.2 per 1000 of 0–15 population), compared to the Scottish rate of 0.6. This was the highest rate in Scotland. It has remained above the Scottish rate for the past five years and has been fluctuating, in contrast to Scottish rates slightly decreasing over the past five years.

In 2019/20, Dundee had a rate of 29 child protection investigations (per 1000 of 0–15 population), greater than the Scottish rate of 14.0. This was the third highest rate in Scotland.

**Child protection re-registration:**  
Over the past three years, Dundee’s percentage of child protection registrations re-registered within 18 months was a decreasing trend. In 2019/2020, this percentage was 1.9%, compared with the overall percentage in Scotland which was 6.9%.

In 2019/20, Dundee had a rate of 6.5 child protection case conferences (per 1000 of 0–15 population), greater than the Scottish rate of 5.5.

In 2019/2020, 99% of all initial child protection case conferences resulted in child protection registration in Dundee. Dundee’s rate of child protection registration in 2019/20 was 4.2 (per 1000 of 0–15 population). This was the fifth highest rate in Scotland and greater than the national average of 2.9.



## Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Education 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 evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#), published in August 2019. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the Dundee community planning partnership area took place between 12 July 2021 and 15 November 2021. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 22 children and young people and 37 parents and carers. This included face-to-face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 405 responses from staff working in a range of services.
- We met virtually with over 100 staff who work directly with children, young people and families.
- We met virtually with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

We are very grateful to everyone who talked to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in Dundee who may be at risk of harm.

# Key messages

## Strengths

1. Most children in Dundee were being kept safe from harm by committed staff who effectively recognised and responded to concerns. This recognition of and response to harm remained as effective as the Covid-19 pandemic progressed.
2. Children and young people felt safer as a result of the strong relationships they had with key members of staff. Staff made considerable efforts to sustain relationships with children and young people as the pandemic evolved.
3. The collaborative approach throughout the partnership had resulted in the effective development and delivery of a range of multi-agency services that helped children at risk of harm and families to receive the support they needed.
4. Senior leaders demonstrated effective and inclusive governance and accountability in their leadership of multi-agency child protection arrangements. Senior leaders continued to work together to effectively lead and direct staff as the Covid-19 pandemic progressed.

## Areas for improvement

1. Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.
2. Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met.
3. Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service delivery were limited.
4. The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.

# Statement 1: Children and young people are safer because risks have been identified early and responded to effectively.

## Key messages:

1. Multi-agency preventative approaches helped children and their families receive tailored support at the right time. This had prevented risks of harm from escalating for some children.
2. Staff's recognition of and initial response to children at risk of harm was effective. This continued to be strong as the Covid-19 pandemic progressed.
3. Comprehensive procedures, learning opportunities and access to supportive advice had helped staff to confidently fulfil their roles.
4. When child protection processes were being used, they were almost always being used effectively to plan a shared response to concerns. However, decisions about the use of child protection processes were not always consistent and staff did not always have a shared agreement of thresholds of risk.
5. Concerns about young people were less likely to be reported than for younger children and the follow-up to concerns about young people was less clear and robust than for younger children. There were no alternative protective processes, such as care and risk management processes, being used routinely.

## Preventative approaches

The partnership had very strong collaborative working approaches in place across all agencies. The **Getting It Right For Every Child approach** was well embedded and had resulted in staff using a shared language when raising concerns about risk of harm. It had also resulted in staff sharing concerns in a timely manner and in ensuring the professional point of contact in universal services was informed about concerns. This approach had contributed to the earlier identification of children at risk of harm and joint meetings, known as team-around-the-child meetings, were being used effectively to prevent risks from escalating. In one area of the city, a pilot programme, the Addressing Neglect and Enhancing Wellbeing (ANEW) programme, delivered in partnership with CELCIS (centre for excellence for children's care and protection) had helped to support the professional point of contact in universal services to better identify and support families in need of support.

The **Fast Online Referral Tracking System (FORT)** was rapidly implemented across Dundee as a response to the Covid-19 pandemic. The implementation of FORT has been supported by dedicated co-ordinating staff and an alliance-based triage system. It provided a clear multi-agency system to aid referral to relevant resources and offer tailored support to families. It supported concerned staff to better meet wellbeing needs of children and their families. We heard examples from staff and families of how FORT had enabled the provision of personalised support at the time when families most needed it.

Preventative approaches were prioritised as the Covid-19 pandemic evolved. Although statutory and third sector services had to make significant changes to service delivery, most services continued to provide support to mitigate risks to children. Staff worked together to identify children and families who needed additional support. They then jointly used their resources effectively to deliver practical, financial and emotional support where most needed. Community support centres, based in schools across the city, worked in partnership with social work services to ensure children in need of support were prioritised for places. Staff took a flexible and needs-led approach to this. Practical services such as the provision of food parcels, school lunches and laptops or tablets were provided by staff working together across services.

Staff worked together to establish a standardised rating scale to support the prioritisation of service delivery. Together with the FORT process, this early screening had a positive effect on other services. For example, Women's Aid reported that early screening and increased funding led to reduction in its waiting list. This enabled women and children who had experienced domestic abuse to be supported in a timely manner.

Staff continued to work within a challenging context in Dundee of high levels of poverty and deprivation, high levels of domestic abuse, parental mental ill health and issues with drug and alcohol use. However, preventative approaches had made a significant difference to some children, young people and their families. Their continued focus on preventative approaches and the provision of support to children and their families at the right time will help the partnership to provide scaffolding for families and help to mitigate the impact of poverty outlined in the **Promise Plan**. Partners' continued focus in this area will also help Dundee partners to ensure that they are providing support services for children and giving parents the help they need in line with the **United Nations Convention on the Rights of the Child (UNCRC)**.



### **Good practice example:**

To prevent further risk to children and provide support to very vulnerable women, partners had invested in the Pause project, a partnership between Dundee city council, Tayside Council on Alcohol, Pause and the Robertson Trust. The project invited women who had had children removed from their care to work with them on a voluntary basis.

The project supported a community of 22 women (who had a total of 53 children removed from their care) over an 18-month period to address issues such as homelessness, drug or alcohol use, domestic abuse and mental health issues, family relationships and unemployment. Staff at the project provided intensive, flexible and needs-led help, and focused on building supportive relationships to deliver this tailored support. The project had recently started working with a second cohort of women. The women that we spoke with told us very powerful stories about how the support that they had received from this project had made a huge difference to their lives. These women had all previously been known to statutory services. Despite this, they had been unable to build the relationships necessary to help them reflect on their lives and make the changes necessary to ensure the safety of their children. However, the women told us the very strong bonds they had with the Pause team had helped them successfully make the changes needed to improve their lives.

Dundee city council very carefully considered the need for this project despite some challenges in order to realise the benefits not only to women but to their children. Working together with third sector organisations, the partnership funded and established this initiative, despite the challenges. Additionally, the project very successfully gathered outcomes and impact information, which helped to evidence the effectiveness of the team's approach. This information detailed important qualitative outcomes such as improved access to healthcare, improved mental health, reduced levels of social isolation and the life-satisfaction levels of wellbeing. It is this compassionate, person-centred and collaborative approach which is an example of good practice.

### **Staff confidence**

Almost all staff were confident in recognising and reporting concerns in relation to risk of abuse, neglect and exploitation. They were supported to be professionally curious, and they understood the standards of practice that were expected of them. Most staff believed that learning and development opportunities had positively impacted on their collaborative working. Staff also felt that these opportunities had increased their skills in identifying and responding to children at risk of harm and their families.

Interagency child protection procedures provided comprehensive guidance for staff across statutory and third sector agencies working with children and young people. Procedures also included staff working within services for adults. There were also clear protocols in place for those working out of hours to respond to concerns. Most staff reported that local child protection arrangements were effective and timely. This was supported by our reading of children's records and in our engagement with frontline staff.

Collaborative multi-agency approaches helped staff to identify and respond to concerns. Staff reported that they found the advice provided by staff at the Multi-Agency Screening Hub (MASH) as helpful and supportive. The partnership had recently undertaken a stakeholder survey of the screening hub. This had found that the majority of staff contacting the service had received a prompt and helpful response. There were also other sources of support that helped staff to identify and respond to concerns. These included the health child protection helpline and the use of child protection officers in schools. Police Scotland had increased the number of domestic abuse liaison officers in Dundee, and they were engaging directly with women and children and working in schools.

Staff reported that they found the advice and support received from these services had helped them to recognise and respond to concerns. Supportive supervision and line management arrangements, peer support, and involvement in quality assurance activities were also helping frontline staff to build confidence in recognising and reporting concerns.

## **Recognition and initial response to concerns**

While preventative approaches had made a significant difference to some families, the area still had high rates of child protection investigations and registrations compared to national and local benchmarking rates.

Staff recognised when children were at risk of harm and took appropriate action to address risks. Most children in Dundee were being kept safe from risk of harm and concerns were being shared effectively without delay. We evaluated the initial response to concerns as good or better in three-quarters of the records that we read. Staff, including those working out of hours, had good access to shared IT systems, enabling effective immediate protective responses during evenings or weekends.

In the few records that we read where there had been delay in responses, there had been missed opportunities to report accumulating concerns at an earlier stage and thereby reducing delays. Not all staff had the same understanding of thresholds of risks. This meant that decisions about whether to use child protection processes were not always consistent.

The partnership acted swiftly at the start of the Covid-19 pandemic to prioritise children and young people at risk of harm. We saw no difference in responses to concerns prior to or as the pandemic progressed, despite the significant restrictions placed on public services. Children and young people were just as safe, had just as many contacts and staff made the same efforts to ensure children and young people's needs were prioritised.

## Follow-up to concerns

When **inter-agency referral discussions** (IRDs) were being used, the process was effectively supporting staff to make joint decisions in response to child protection concerns. They were almost always attended by health, social work and police colleagues. IRDs also routinely included education colleagues who had much to contribute about individual children and young people. IRDs were timely, relevant and appropriately considered all evidence and led to clear decisions. They continued to take place effectively as the Covid-19 pandemic evolved. Not all concerns led to an IRD being initiated however, and there was no clear rationale recorded to explain which concerns progressed to IRD and which did not. Additionally, the partnership's own audit showed that from August to October 2020, 80% of cases did not proceed beyond IRD because no evidence of abuse was found. The audit did not review the decision-making processes leading to these IRDs nor any preventative approaches that could have been taken earlier.

We evaluated the quality of follow-up to concerns as good or better in the majority of records. Staff effectively considered the need for a medical examination, legal measures and a joint investigative interview in most records. The co-location of police, health and social work staff in Seymour House ensured co-ordinated child protection responses for children and young people. This establishment already incorporated some of the principles of the **Barnahus approach** and will help Dundee to further integrate these principles in future.

In 2019/2020, Dundee carried out more than double the average number of child protection investigations carried out nationally; a rate of 29 per 1000 of the population compared to a national average of 14 per 1000 population, making it the third highest in Scotland. However, of these investigations, a much lower percentage proceeded to a child protection case conference (just above the Scottish national average at 6.5 per 1000 population). This meant that a high proportion of child protection investigations resulted in either no further action or voluntary support.

A high rate of **child protection orders** (CPOs) were being used to secure the immediate safety of a child or young person at risk of harm. Child protection order rates had been consistently higher than the national average for over five years and Dundee had the highest rate of CPOs in Scotland in 2020/21. The partnership recognised the high rates and had carried out audit work to explore this, which found that CPOs requested had been undertaken appropriately and in a timely manner. Within the audit work, all requests for CPOs had been for children and young people who had been referred initially to the Children's Reporter but had been re-referred to social work for voluntary support as they did not meet the criteria for a hearing. However, the partnership had not fully explored whether preventative action could have been undertaken at an earlier stage in the decision-making process to avoid the need for CPOs.

When there were initial child protection case conferences, they almost always resulted in child protection registration. Where initial multi-agency meetings were held, all relevant staff regularly attended these and there was evidence of clear decisions in all records. All identified risks and needs had been considered in most records. We evaluated the quality of initial multi-agency meetings as good or better in most records. Similar to decision-making in relation to IRDs, it was not always clear why some progressed to an initial multi-agency meeting and others did not.

Decisions about the use of child protection processes were not always consistent and staff did not always have a shared agreement of thresholds of risk. This included when to progress to child protection investigations, inter-agency referral discussions and child protection case conferences. Further attention in this area would help the partnership to ensure a consistent and transparent approach to decision-making about the use of child protection processes.

## Pathways for different age groups

Dundee has a high number of pregnant women living in situations of poverty and disadvantage and high teenage pregnancy rates. An unborn babies protocol supported staff to recognise and identify concerns and there was a clear pathway for support. The multi-agency New Beginnings team - a team of staff that specifically provide support to parents of unborn babies at risk of harm - and services such as the family nurse partnership effectively supported parents to address risks. Dundee has a high proportion of unborn babies' and young children's names on the child protection register when compared to national averages, however re-registration rates were low. Staff felt that this was due to concerns being identified and responded to at an earlier stage and thought that this approach contributed to safety planning.

While child protection pathways were intended to be the same for all children up to the age of 18, concerns for young people were not being responded to in the same way as those for younger children. Staff were less clear about thresholds of risk for young people and told us they found it more difficult to raise concerns. Once concerns had been raised, pathways through which to address risk were complex, inconsistent and unclear. Even when there had been IRDs or child protection investigations concerning young people, they were much less likely to have a multi-agency meeting to support staff to jointly consider and plan protective actions than for younger children. Young people were also much less likely to have their names placed on the child protection register.

Records showed that almost all young people for whom the partnership had identified as being at risk of harm had complex issues and multiple risk factors. Young people who presented as being at risk in the community or a risk of harm to themselves or others had almost always experienced abuse, neglect or risk from parental circumstances or behaviours. This indicated high levels of distress and trauma for young people at risk of harm. Staff's understanding that a multi-agency protective approach may have helped partners work together to identify and address risks for young people was limited. For example, young people persistently going missing, at risk of suicidal ideation or at risk of homelessness were not being routinely supported through multi-agency protective approaches. The partnership recognised the need to improve responses to young people and expressed commitment to review services for young people. Additionally, partners had recently started to explore the **contextual safeguarding** approach and had commenced the development of **care and risk management** approaches.

## Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.

### Key messages:

1. Assessments, plans and chronologies were routinely in place for children at risk of harm. There is more to do to ensure that the quality of child's plans and chronologies are of consistently high quality.
2. Partners worked well together to provide flexible and needs-led support to children at risk of harm and their families, which continued as the pandemic progressed. This led to improvements in most children's lives.
3. Children and young people felt safer as a result of the strong relationships they had with key members of staff. We observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting.
4. Work carried out to reduce risk of harm was most effective for younger children and became less effective the older the child was. Young people were more likely to experience complex risks, however services were less available for them than for younger children.
5. Resources to support children and young people with mental health or emotional wellbeing issues were limited. Staff were not confident that children's mental health needs were being met.
6. The partnership was not routinely or systematically collecting outcomes data so was limited in its ability to fully demonstrate the difference services were making to children and young people's lives.

### Assessing risk and need

Assessments of risk and need were routinely being completed for children and young people at risk of harm. Almost all staff reported that they had the knowledge, skills and confidence to assess and analyse the risks and needs of the children they worked with. Education and social work staff had responded particularly positively to this survey question. We found this to be the case through our review of children's records.

We evaluated the quality of assessments as good or better in the majority of records. Assessments contained multi-agency information, indicating that information was appropriately being shared by partners. Assessments were up to date, comprehensive and analytical. The children and families social work service had carried out two audits of records within the past year and had also evaluated the quality of assessments as good or better for the majority of records.

The partnership had invested time and resources into improving the use and quality of chronologies. Staff understood the importance of chronologies in identifying patterns and accumulating concerns and how chronologies inform assessments of risk and need. Chronologies were in place for almost all records and the majority contained multi-agency information. The new tools being used and the training and support for lead professionals were making a positive difference to the quality of chronologies. However, under half of chronologies were evaluated as good or better and almost half were evaluated as adequate, which indicated that this is an area that requires further improvement. This finding was also echoed in the quality assurance work carried out by Dundee social work services. Partners recognised that continued focus to further improving these areas of practice and routine quality assurance arrangements was required.

## Care planning and reviewing

Most children had a plan that set out how the needs and risks identified in the assessment were to be addressed. We evaluated the quality of plans as good or better in under half of records that we read and almost half as adequate. Staff were less confident in preparing outcome-focused child's plans than they were about assessing and analysing risks and needs. However, the partnership had been routinely carrying out audits, identifying learning and supporting staff to develop the quality of multi-agency plans and this was helping to improve practice.

The majority of reviews had been held within the expected timescales. Generally, reviews continued to be held in a timely manner despite Covid-19 restrictions and staff had made significant efforts to adapt to virtual or hybrid models of delivery. The partnership had invested in independent reviewing officers and one of their roles was to chair child protection case conferences and this was helping to ensure greater objectivity. However, there were some missed opportunities for independent reviewing officers to facilitate children's involvement. Ensuring the child's and parents' views were included and listened to during reviews would have enhanced the quality of reviews. We evaluated the quality of reviews as good or very good in over half of records. However, we evaluated a few records as weak. Where the quality of reviews was evaluated as weak, these almost always linked with records that were evaluated more poorly in terms of the impact of support provided.

We spoke with some children who had been subject to compulsory supervision orders and their parents. As occurred nationally, children's hearings in Dundee were suspended at the start of the pandemic, then approaches were taken to introduce virtual hearings. This inevitably resulted in delays in convening hearings, in some children remaining on statutory orders for longer periods of time and delays in decisions. A few parents and staff members spoke about the difficulties of communicating during virtual children's hearings.

## Availability and effectiveness of support

While significant efforts had been made to provide the right support to families at the right time, this did not always result in diversion away from child protection processes. For example, we noted that Dundee had a high rate of child protection investigations in 2019/20, when compared with the national average per thousand population aged 0-15 years.

The context in Dundee means that some families live in challenging circumstances. Levels of poverty are high and over a quarter of children live in poverty (after housing costs), in six of the eight electoral wards that make up the city. Dundee had the highest prevalence of domestic abuse incidents reported to Police Scotland in 2019/20. Levels of alcohol and drug use and mental ill health are also high. These contextual factors also link with child protection registration processes, with domestic abuse, parental mental ill health and parental issues with alcohol and drug use being the highest risk factors for child protection registration. In most records we read, risk to children was linked with concerns arising from parental circumstances and/or behaviours.

Staff working in Dundee had a good awareness of the key areas of risk and need facing families and worked hard to address these. Partners worked well together to provide flexible and needs-led support to children at risk of harm and their families. Parents, carers and children found that support was beneficial and had helped to bring about positive change. We evaluated the effectiveness of work carried out to reduce risks of abuse and neglect as good or better in the majority of records. Support was slightly less effective in addressing risks linked with parental behaviours or circumstances, although we still evaluated this as good or better in over half of records that we read. Most children, young people and parents and carers that we spoke with told us that they were positively impacted by the support provided. We noted that children who had been on the child protection register in Dundee, were less likely to be re-registered within 18 months, when comparing with the national rate and local comparators -1.9% in Dundee in 2019/20, compared to 6.9% nationally.

### Good practice example:

Multi-agency teams and services were making a positive difference to the lives of children at risk of harm and their families. Some multi-agency services had developed by using improvement 'test and change' programmes, which had resulted in a flexible and tested approach to service delivery. As well as the preventative services mentioned in statement 1 (FORT, MASH and ANEW), there were also services that had developed to provide support to address specific child protection concerns. Examples included:

- the multi-agency child protection team at Seymour House
- specialist drug and alcohol rehabilitation nurses based in children and families social work teams
- domestic abuse workers in schools in partnership with Women's Aid
- a young person's mental health liaison service within a GP cluster
- the Reducing Impact of Sexual Exploitation (RISE) project - a partnership between Police Scotland and Barnardo's working to reduce the impact of abuse and exploitation for children and young people.

What all these projects had in common was that collaboration across partners had led to a more flexible and needs-led provision for families. Families told us that the support that they had received had made a positive difference to their lives and it was the approach taken by staff working together that helped them address the issues in their lives and supported them to make the changes necessary to keep their children safe. We consider this collaborative approach, which resulted in positive outcomes for these children and their families, to be an example of good practice.

Services continued to be delivered collaboratively and creatively as the Covid-19 pandemic progressed. We evaluated the effectiveness of support to ensure that the child had been protected from harm and their wellbeing needs met as good or better in the majority of records. Children, young people, parents, carers and staff all gave examples of how support had continued to be effectively delivered despite restrictions.

Nationally, the Covid-19 pandemic has resulted in a rising demand for both universal services to support the emotional wellbeing of children and young people, and for more specialist and targeted mental health support. Universal and third sector services in Dundee were working together to provide enhanced focus on the emotional wellbeing of children and young people. Child and adolescent mental health services had adapted to work online to continue to provide support to children and young people in need of a more specialist service as the pandemic progressed.

The partnership had recognised the need to improve services to support the emotional wellbeing and mental health of children and young people, as outlined in the recently published *Connected Tayside: An emotional health and wellbeing strategy for children and young people 2021-2023*. The strategy highlights the importance of the provision of support in universal settings and of providing children and young people with the right targeted support at the right time.



There were individual initiatives to help address emotional wellbeing and mental health concerns for children. One example of this was that children aged 10 and over had access to school-based counsellors. A further example was that a GP cluster had access to a dedicated senior child and adolescent mental health service nurse as part of a pilot programme that is now to be rolled out across the partnership area over the next 12 months. However, the partnership was not yet able to fully demonstrate the difference made to the lives of children, young people and families more widely. Over half of the staff members who completed our survey felt that mental health outcomes for children and young people at risk of harm were not improving. Partners had been affording attention to developing trauma-informed practice across public protection services but this had not yet impacted on service delivery across the partnership.

Young people were more likely to have experienced multiple risks and have complex needs than younger children and at times were showing signs of distress and trauma. One quarter of records that we read concerned young people who were at risk of harming themselves or others. Mental health, emotional wellbeing, drug and alcohol use, homelessness and family breakdown were all factors that placed young people at increased risk of harm either to themselves or others, or in the community. Services to meet the needs of young people were less available than those for younger children. There were limited services available when young people required intensive supports to address high levels of need. Intensive therapeutic supports were not easily available for young people at risk of harm to effectively address areas of trauma and distress. There were barriers to children and young people at risk of harm accessing the right support at the right time to effectively address their mental health and wellbeing concerns. When young people were at risk of harming themselves or others, or were at risk in the community, support provided was significantly less effective than the support provided to address the abuse or neglect of younger children. Overall, work was most effective for younger children and became less effective the older the child or young person was.

## **Quality of relationships**

Children and young people were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff. Almost all children and young people were being afforded these opportunities. Most children and young people told us that they had someone they could speak to that they trusted and this was making them feel safer. We observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting.

Parents and carers also reported that they had positive relationships with staff members and those trusting relationships had helped them to be open, honest and improved communication. Most parents and carers had opportunities to develop positive relationships with key members of staff. However, not all parents or carers had had opportunities, and fathers in particular were not always included.

A few children, young people and parents spoke about changes in staffing having had a negative impact on their ability to build a relationship with staff. Parents spoke about the importance of having consistent key staff involved as this built trust, which helped them feel listened to and supported.

## Demonstrating improvements

Positive relationships with staff, partnership working and provision of supports had led to improvements in most children and young people's lives and this continued despite pandemic restrictions. However, the partnership was not routinely collecting outcomes-based information. While there was some information being gathered through quality assurance, audits and data collection, this did not result in a better understanding of the extent to which work was effectively reducing risk or improving the wellbeing of children and young people at risk of harm and their families. This meant that partners were unable to fully demonstrate how well children and young people's lives had improved from the planning and support provided. This is an issue that many partnerships throughout Scotland are trying to address as noted in our [Joint inspections of services for children and young people 2018-2020 overview report](#).

## Statement 3: Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.

### Key messages:

1. Most children and young people told us that they felt listened to and that their views were taken into account when decisions were made about their lives.
2. Children and young people were not always being involved in important meetings. The views of younger children were less likely to be considered than the views of young people.
3. **Independent advocacy** was not routinely available for children and young people at risk of harm. Staff needed more understanding of the unique contribution that independent advocacy can make for children and young people at risk of harm.
4. Parents and carers were more likely to be routinely asked for their views and supported to contribute to important meetings than children.
5. Children at risk of harm and their families had not routinely had opportunities to influence strategic service planning, delivery and improvement. There was a lack of a strategic framework to enable children, parents and carers to influence service developments.

### Staff commitment to involving children, parents and carers

Staff were committed to building supportive relationships with children and young people. This had helped them to listen to children and young people. Staff showed significant commitment to maintaining and sustaining relationships with children and young people at risk of harm as the pandemic progressed.

Most children and young people told us that they felt listened to and felt that their views were taken into account when decisions were made about their lives. Children and young people had a good understanding as to why staff were involved in their lives. We evaluated the extent to which the child had been listened to, heard and included as good or better in the majority of the records that we read. The majority of staff were confident that children at risk of harm were able to participate meaningfully in decisions and have their views respected.

There were some examples of staff using creative solutions to support children to share their views as the pandemic progressed. For example, staff accessed and distributed laptops, tablets, Wi-Fi access and supported children and parents to use these. Virtual and hybrid meetings were introduced, with some choice available for families to attend meetings in offices if they struggled with virtual access. The partnership had committed to developing the Mind of my Own app to help children and young

people share their views, however this had not yet been fully implemented.

Some staff were identified as 'child protection buddies' for children involved in child protection processes. Buddies were usually a key staff member already known to the child (such as a teacher or family support worker). Buddies met with children regularly, built a positive relationship and then helped children to participate and share views in child protection meetings. We met some children who really valued the role of their buddy in helping them share their views. However, the child protection buddy system was not implemented across all areas in Dundee and only some staff had been trained to carry out this role. Additionally, this approach had been interrupted by the pandemic as staff were diverted to deliver urgent support.

Access to **independent advocacy** was not routinely available for all children and young people who were at risk of harm. Less than half of staff survey respondents agreed that independent advocacy was made available to children and young people at risk of harm. Some staff members felt that advocacy was always better provided by someone known to the child and did not see the benefits of giving children and young people the choice to speak with someone independent who could represent their views. Not all children and young people were aware of their rights, and some struggled to understand the purpose of meetings, particularly children's hearings. Access to independent advocacy is a key area outlined in the **Promise Plan** and further attention in this area will help partners to ensure children's views, feelings and wishes are considered and taken seriously, as outlined in article 12 of the UNCRC.

## **Ensuring the contribution of all children, young people, parents and carers**

Staff were more likely to involve and seek the views of parents and carers than children in protective processes. This was particularly evident when it came to supporting the contribution of parents and carers in important meetings.

While most parents attended child protection meetings, not all felt fully included and able to contribute and we heard a few examples where fathers in particular felt excluded. A few parents described the child protection process as frightening and confusing, particularly at the early stages. We heard a few parents speak about feeling blamed, though others felt staff had been very understanding and helpful. Some parents and carers reported that they struggled with the format and timings of meetings. Cancelled hearings were a concern for some parents, particularly during pandemic restrictions.

Not all children and young people were being included in important meetings. Young people were more likely to be involved and consulted than younger children. There was limited evidence of tailored approaches to gather the views of younger children or children who needed additional support to communicate their views. In a few of the records we read, more could have been done to listen to, hear and involve the child.

Independent reviewing officers were not being used to their full potential in enabling children, young people and family participation. There was limited evidence of reviewing officers helping children to prepare for and understand the purpose of meetings or of making meetings more accessible for children and young people.

There had been significant learning about ways in which meetings could be changed to ensure that children's views were included, and plans made more accessible through the Addressing Neglect and Enhancing Wellbeing project. However, the learning from this project had not yet resulted in wider changes to the delivery of child protection processes.

### **Strategic influence of children, young people and their families**

There had been some opportunities for wider consultation and engagement of children and their families. The recently published Connected Tayside: An emotional health and wellbeing strategy for children and young people (2020- 2023), which included Tayside's Charter for Children and Young People was an example of this. Young people participated in workshops to share their views and feedback was presented at an emotional health and wellbeing conference in August 2019. While this was a good example of wider consultation, it was not specifically for children and young people at risk of harm.

Partners had recognised the need to ensure the voice of children and young people in strategic development. Partners in the **child protection committee** had started to consider the best ways to make improvements. They had recently established a participation sub-group to take forward this area of work, but this had not yet had an impact on children and their families. Children at risk of harm and their families did not yet routinely have opportunities to influence strategic service planning, delivery and improvement. There was no framework in place to meaningfully gather the views and experiences of children and their families and aggregate these to inform the planning of services for children at risk of harm. There was no strategy for participation or involvement that would have given this area of work a clear direction and promotion by senior leaders. Further attention in this area will help the partnership to implement important aspects of **the Promise Plan**.

#### **Good practice example:**

An example of good practice in co-production and giving young people a voice was Oor Fierce Girls. This campaign was a partnership between Dundee city council, YWCA Scotland and NSPCC Scotland and was led by a group of young women aged 16-18. It aimed to work with young women to lessen the risk of future harm by raising awareness of the issues surrounding domestic abuse and giving young women the opportunity to explore topics such as consent, healthy sexual relationships and positive peer relationships. This campaign benefitted from the clear voice of young people who had influenced the planning, direction and delivery throughout the work.

## Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

### Key messages:

1. Senior leaders worked inclusively and collaboratively to plan and direct service delivery across the partnership. This approach helped ensure that the third sector was an equal partner in the delivery of services to support children at risk of harm and their families.
2. Senior leaders demonstrated effective governance and accountability in their leadership of multi-agency child protection arrangements. This continued to work effectively as the Covid-19 pandemic progressed.
3. Operational managers worked within a supportive culture that was led well by senior leaders. They went to great lengths during the pandemic to ensure that staff had both practical and emotional support. As a result, frontline staff felt empowered to deliver responsive and needs-led support to children and their families as the pandemic evolved.
4. There was limited evidence of a comprehensive strategic approach in place for certain aspects of practice. For example, strategic approaches seeking the views of children and young people and strategic approaches to recognising and responding to young people at risk of harm were not yet fully established.
5. The partnership was not yet jointly and systematically evaluating the effectiveness of all services by using quality assurance information, learning opportunities, data and feedback to understand the effectiveness of services and inform future priorities.

### Collaborative strategic leadership

The senior leadership arrangements in Dundee were clear, collaborative and provided strong governance. Partners had a strong and ambitious vision articulated in the City Plan that prioritised children and families and aimed to tackle underlying issues such as poverty, physical and mental health inequalities and domestic abuse. The majority of staff in Dundee thought that leaders had a clear vision for the delivery and improvement of services for children and young people at risk of harm.

Leaders had embedded a shared common purpose and key priorities across the Tayside region by developing a joint Tayside children's services plan through the **Tayside Regional Improvement Collaborative (TRIC)**. One of the agreed priorities aimed to "ensure that our children and young people are safe and protected from harm at home, school and in the community". This had helped to ensure an ambitious, strong and shared sense of purpose that was focused on protecting children across the region. There were clear governance structures and lines of accountability through the children and families executive board arrangements, which included cross-party elected members.

Senior leaders tasked with responsibility for the protection of children and young people worked well together through a well-functioning **chief officers group**. Group members had an open, inclusive and responsive approach and very effectively involved third sector organisations as valued members in the group. While there had been some recent changes of senior leaders, the group remained clear in its vision and core purpose. The **child protection committee** also functioned well and demonstrated a strong collaborative approach. The committee had started to consider how to update and implement the new national child protection guidance and learning review guidance.

Partners had a good understanding of their roles and responsibilities. The child protection committee and other protective committees and groups were closely linked through the protecting people strategic support team. Partners across public protection were working towards embedding a whole-family approach to addressing risk through the programme to transform public protection. While the programme itself was ambitious, aspects relating to service design had been slow to progress and signs of this programme positively impacting children and their families were limited.

At the start of the Covid-19 pandemic, senior leaders were quick to respond to the crisis by setting up more frequent meetings of the chief officers group and the child protection committee to ensure strategic oversight. Leaders were committed to working together as the pandemic progressed to ensure the safe delivery of services for children at risk of harm and their families. The introduction of a dynamic protecting-people strategic risk register helped ensure that chief officers were fully informed of risks and how these were mitigated. Senior leaders provided challenge and took further actions when these were necessary. One example of action taken was the decision from the chief officers group to direct Scottish Government Covid-19 recovery funds to address the extra demand on domestic abuse services by funding additional Women's Aid posts to provide crisis responses to families. This resulted in reduced waiting lists, and families received support more rapidly.

## **Collaborative operational management**

The embedded collaborative culture across the organisation meant that operational managers and frontline staff worked in partnership to deliver services and provide support to children at risk of harm and their families. It was common practice for partners to take a joint approach to the delivery of services through co-located and multi-agency teams. These meant that staff, supported by operational managers, provided flexible, responsive and joined-up support to children at risk of harm and their families.

This culture also meant that as the Covid-19 pandemic evolved, staff in frontline services were empowered to work together to deliver creative, responsive and needs-led services, which positively impacted on children and their families. Staff reported that they felt empowered to make decisions quickly and that bureaucracy had reduced. The Hidden Harm group was a multi-agency operational group that was established at the start of the pandemic to identify and respond to emerging concerns during the pandemic. Through this group, partners were quick to produce guidance, minimum-practice standards and an agreed joint approach to ensure that contact with children at risk of harm was maintained. The group prioritised the importance of early support for families to prevent the need for urgent action.

There were unintended benefits arising from practice arrangements during the pandemic, including the reduction in bureaucracy and the empowerment of staff. Frontline staff were committed and dedicated to their work, and this was particularly evident as the pandemic progressed. There were significant efforts made by leaders and operational managers to support the practical needs of the workforce. Many staff remained or later returned to face-to-face settings and all staff, including third sector staff, had suitable access to personal protective equipment.

Managers prioritised staff wellbeing and there were many creative ways used to bring teams together and provide formal and informal support to staff. Informal peer relationships were very important to staff as sources of emotional support, as were line managers. However, the long-term impact of the pandemic on staff, managers, leaders and families was evident throughout the inspection. For example, one staff member described this as “a tired workforce delivering a service to tired families”. This highlighted the importance of continuing to prioritise the wellbeing of all staff.

Most staff felt listened to and respected in their service. The majority of staff felt valued for the work that they did. Good-quality supervision arrangements and discussions with operational managers were supporting reflective practice. Most staff reported that they received helpful regular supervision or opportunities to speak with a line manager.

There had been a range of new policies and protocols developed in partnership across the Tayside region through the work of the TRIC. This added value to the partnership as it meant duplication was avoided and bureaucracy was reduced. This was particularly useful for police and health staff working on a Tayside-wide basis. Further value was also added by TRIC partners working together to develop a three-year child protection workforce development programme for practitioners and first-line managers.

## Leadership of improvement and change

Partners recognised the need to improve services for young people at risk of harm and had begun some activity that would address this. For example, they had started to consider the need for care and risk management approaches and contextual safeguarding but did not yet have a strategic approach to ensure improvement. Partners also recognised the need to be more co-ordinated to drive the involvement of children, young people and families in service developments. Further attention in this area would help the partnership in its response both to the **Promise Plan** and in ensuring that children’s rights to having their voice heard, considered and taken seriously are embedded in practice.

The work of the TRIC promoted continuous learning, provided routine benchmarking across the region and offered value for Dundee in terms of economy of scale. In particular, the Tayside plan for children and young people and families 2021-2023 was informed by a Tayside-wide strategic needs assessment and consultation activities with children, young people and families. The jointly commissioned independent review of significant and initial case reviews in Tayside was an example of a joint approach to identifying areas for improvement and had helped leaders to prioritise workforce development.



Leaders had a strong and committed approach to learning and improvement opportunities. However, although there were individual improvement-based activities that were being encouraged, and some quality-assurance activities were happening, the learning was not being pulled together in a strategic way. While there were pockets of good examples of learning based on improvement science, this was not being shared across services. There were examples of quality assurance activities, particularly in social work services where routine audits involved frontline staff and first-line managers, that had resulted in some improvements to the quality of key processes. However, the partnership recognised it did not yet have a multi-agency co-ordinated and systematic approach to quality assurance, self-evaluation and the use of improvement methodology.

There had been an increased focus on the gathering of data. However, the partnership did not yet have measures in place to demonstrate whether children at risk of harm and their families were benefiting from the support being provided. The child protection data set was well embedded by the child protection committee and had helped members to identify trend information and at times it had triggered a deeper look at particular areas. However, collecting data was not yet making a significant impact on the improvement of services for children, young people and their families.

It is a significant challenge for partnerships across Scotland to demonstrate the impact of services for children and young people at risk of harm and their families. In Dundee, partners were generally gathering data relating to outputs and not outcomes and therefore partners struggled to demonstrate whether children and their families had been positively impacted by the involvement of services. Overall, the partnership was not yet jointly and systematically evaluating the effectiveness of all services by using quality assurance information, learning opportunities, data and feedback to understand the effectiveness of services and inform future priorities.

# Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

## Evaluation of quality indicator 2.1: GOOD

We found important strengths that had significant positive impacts on children and young people's experiences.

- Children and young people felt safer as a result of the strong relationships they had with key members of staff. Children and young people we spoke with were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff.
- We observed caring, respectful and meaningful interactions between staff and children and young people, which had led to improvements in the lives of children and young people.
- Parents and carers we met agreed that the strength of relationships between key staff and themselves and their children had helped them to feel supported and confident to support their children.
- There was a range of multi-agency teams that were working well together and had made a positive impact on children, young people and their families.
- Key processes including GIRFEC and child protection processes were working effectively, which meant that staff were working well together to recognise and respond when children and young people needed support to keep them safe.
- Staff came together very effectively as the Covid-19 pandemic progressed to ensure that children and young people continued to be contacted regularly. Staff responded in a positive and caring way to ensure that children, young people and their families were protected and cared for and enabled to thrive as much as possible.

We noted some areas for improvement.

- Services to address emotional wellbeing and mental health were not always available or accessible and this meant that not all children and young people were being supported to address emotional wellbeing or mental health issues.
- Support for young people aged 13-17 was less effective than for younger children. Services to address complex risks and needs were less available for young people than younger children. Children and young people were not always able to fully contribute to important meetings and were

not always supported to give their views.

- Independent advocacy was not routinely available for children and young people at risk of harm, lessening the impact of consistently hearing their voices through protective processes.

While improvements are required to maximise the wellbeing and experiences of children and young people, the strengths identified clearly outweigh areas for improvement. Therefore, we evaluated quality indicator 2.1 impact on children and young people as **good**. See appendix 1 for more information on our evaluation scale.

## Conclusion

We are confident that partners in Dundee have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following.

- There is a strong culture of collaborative working throughout Dundee and partners have demonstrated that they can work together to make improvements to services.
- Staff throughout services in Dundee are committed and dedicated and want to improve supports for children, young people and their families.
- Partners had already identified areas for improvement in their position statement and had already started to take steps towards improvements in some of the areas we identified.
- Senior leaders demonstrated a commitment to improving services to children, young people and their families at risk of harm

## What happens next?

We will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

# Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors which is outlined in the [quality framework for children and young people in need of care and protection](#), published in August 2019 outlines our quality framework and contains the following scale for evaluations:

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

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

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

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

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

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

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

## Appendix 2: Key terms

Note: more key terms that we use are available in [The Guide](#) to our inspections.

**Barnahus approach:** a co-ordinated approach designed to reduce the number of times children and young people who are victims or witnesses to abuse or violence have to recount their experiences to different professionals. The approach aims to make child protection, health, justice and recovery services available in one setting.

**Care and risk management (CARM):** processes that are applied when a young person has been or is at risk of being involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm.

**Chief officers group (COG):** The collective expression for the local police commander and chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees

**Child protection committee (CPC):** The local inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

**Child protection orders (CPO):** an order granted by a sheriff when they believe that a child is being ill-treated or neglected in a way that is causing or is at risk of causing significant harm and needs to be moved to prevent this risk.

**Contextual safeguarding:** an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

**Getting it right for every child (GIRFEC):** a national policy designed to make sure that all children and young people get the help they need when they need it.

**Independent advocacy:** A service that supports a child or adult to express their own needs and views and to make informed decisions on matters that influence their lives. Independent advocacy is when a person providing the advocacy is not involved in providing services to the child or adult, or in any decision-making process regarding their care.

**Inter-agency referral discussion (IRD):** the start of the formal process of information sharing, assessment, analysis and decision-making following reported concerns about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns.

**Promise Plan:** a plan arising from Scotland's independent care review, which was published in 2020. It reflects the views of over 5,500 care experienced children and adults, their families and the paid and unpaid workforce. It described what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

**Tayside Regional Improvement Collaborative (TRIC):** A collaboration of Dundee city council, Angus council and Perth and Kinross council that brings together children's service planning for the region.

**United Nations Convention of the Rights of the child (UNCRC):** A widely ratified international statement of children's rights.

## Appendix 3: Summary for children, young people, parents and carers

We carried out an inspection in Dundee between July and November 2021. We wanted to find out how well services were helping children and young people to stay safe. During our inspection, we:

- met 22 children and young people and 37 parents and carers
- received 12 surveys from children, young people, parents and carers
- read records belonging to 60 children and young people
- looked at written information that leaders in Dundee shared with us
- sent out a staff survey and received 405 responses
- had video meetings with over 100 staff who work with children and families.

Thank you to all who shared their views with us during our inspection.

### What services in Dundee did well

1. In Dundee, most children and young people were being helped by staff to stay safe. They continued to be helped to stay safe through the pandemic.
2. Children and young people got on well with staff. Staff worked hard to keep in touch with children and young people during the pandemic. This helped children and young people to feel safer.
3. Staff worked well together to give children and their families the help they needed.
4. The people in charge of services worked well together and made sure staff were working well together too. This kept going well as the pandemic continued.

### What services in Dundee could do better

1. Staff did not find it as easy to notice and report their worries about young people aged 13-17. It was easier to notice and report worries about younger children.
2. Children, young people, parents and carers did not always find that they could give their views easily at important meetings. They did not often get the chance to give their views about how services should change and get better.
3. Services to support children and young people with their mental health and their emotions were not always available and easy to access.
4. Leaders were not asking enough about the difference help had made to children and families' lives.

Overall, we found that services in Dundee were having a **good** impact on children and young people who need help to stay safe. Although there were some things they could do better, services had helped lots of children, young people and their families to get the help they needed.





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