

**Joint inspection of services to protect children and young people in the Dumfries and Galloway Council area**

**10 April 2008**

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## Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, *How well are children and young people protected and their needs met?*.<sup>1</sup>

The inspection team included Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

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<sup>1</sup> *How well are children and young people protected and their needs met?*. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

## 1. Background

The inspection of services to protect children<sup>2</sup> in the Dumfries and Galloway Council area took place between October and November 2007. It covered the range of services and staff working in the area who had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

Dumfries and Galloway is situated in the south west of the country and is the third largest Council area in Scotland, covering 6,425 square kilometres. It is mainly a rural area; only Dumfries and Stranraer have more than 10,000 inhabitants. Most of the population live in 120 small towns and villages. Stranraer in the west of the Council area is a major port and entry point to Scotland from Northern Ireland.

Dumfries and Galloway has a population of 148,030, of which approximately 18% is under 16 years. The unemployment rate of 2.5% is below the Scottish average of 3.4%. However, there is high unemployment in some areas and significant pockets of rural deprivation. From April 2006 to March 2007 there had been 269 child protection referrals which was an increase of 38 on the previous year. At 31 March 2007 there were 57 children on the Child Protection Register (CPR) representing an increase of 18% on the previous year. Recorded incidents of domestic abuse have increased annually and in 2007 were significantly higher than in comparator authorities.

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<sup>2</sup> Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

<sup>3</sup> Comparative Authorities include Angus, Highland, Argyll and Bute and Moray.

## 2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in Dumfries and Galloway.

- Children's views were listened to and respected when staff were discussing ways to help them.
- The role played by initiatives such as Operation Safety and the Big World in helping to promote the safety of children.
- The independent, monitoring and quality assurance role provided by Assessment and Planning Officers in Social Work Services.
- The approach taken to recruit, retain and develop staff across all services.
- The leadership role provided by the Chief Officers Group.

### **3. How effective is the help children get when they need it?**

*Children identified as being at immediate risk received effective help from services. Staff worked well together to take prompt action to protect children and meet their needs. Through regular contact, staff had built trusting relationships with children and consistently sought their views. Communication with children and families was good. Overall children felt safe and knew who to go to for help. Children and families received effective support from a range of services. Availability of services differed across areas of the authority. Some children assessed as being at lower risk did not receive sufficiently prompt attention to meet their needs.*

#### **Being listened to and respected**

The extent to which children and families were listened to and respected was good. Overall, children and their families had regular contact with staff who knew them well. Staff built positive and trusting relationships with many children and families and provided consistency in their lives. In some cases, health visitors and social workers continued to support young people and their families even when they moved out of the immediate area. Some services made effective use of text messaging and emailing to keep in touch with children and families. Staff who worked with very young children and children with communication difficulties were alert to signs of emotional distress or abuse. In a few cases, children felt their needs were not fully known to temporary staff. These staff sometimes misunderstood the reasons behind children's behaviour and responded inappropriately to their needs.

Children and families were encouraged to participate actively in formal meetings. At Children's Hearings, case conferences and reviews, staff encouraged children and parents to express their views and took account of these when making decisions. Children's Panel members ensured that children were given the opportunity to speak to them without the presence of adults. Staff used different methods such as play activities to understand the views of children with communication difficulties. A few children and parents felt that not enough consideration was given to their views by staff when making decisions about them. Staff encouraged young people to express their views through the use of *Having your say* forms or other forms but this was not done consistently across services. Good use was made of interpreting services at meetings for children and parents where English was not their first language. However, interpreters were not always available to help staff communicate with children and parents in the longer term.

#### **Being helped to keep safe**

Provision for keeping children safe was adequate. Children and families benefited from services provided by the local authority and voluntary organisations but these were not available across the whole local authority area. Children were supported effectively at school through home link workers and school nurses. The NCH Family Project and The Young People's Support Service provided flexible and highly valued services for some children. Some families at risk of losing their homes received a high level of support through Shelter. Health visitors effectively supported families with young children at home. They often worked closely with family support workers and social work assistants to help parents improve their skills and confidence in caring for children. Staff from adult services worked closely with children's workers to support children affected by their parents' drug and alcohol misuse. There were few services to provide intensive support to the most vulnerable

children and families. Facilities and suitable accommodation which could help staff assess risk and needs when children had been separated from their parents were limited. Parenting programmes were not relevant for parents of older children. Short term funding for some services meant that some families and staff did not know how long support would continue.

Almost all children could identify at least one adult in whom they could confide if they had worries. Some schools provided effective programmes to help increase children's awareness of how to keep safe. This included information about drugs, alcohol and safe use of the internet and mobile phones. Groups of schools were working together to develop children's awareness of personal safety but there was no overall policy or coordinated approach to the provision of safety programmes in schools across the local authority area. Services had coordinated a number of authority-wide initiatives which had increased children's skills in keeping themselves safe, such as Operation Safety and Big World. Information about health, education and domestic abuse services was effectively provided to Gypsy traveller families. Appropriate procedures to monitor children educated at home and for children missing from education had been developed and were in the early stages of implementation.

Most children showed a good understanding about keeping themselves safe. They were aware of ChildLine. Parents and young people had confidence that if they raised a matter of concern appropriate action would be taken. Effective measures were in place to address bullying such as a Buddy Support Scheme and children were actively encouraged to develop a positive ethos of helping each other with problems. Some secondary school pupils lacked opportunities for discussion of personal and emotional issues. Helpful materials to support personal and social education for young people aged 3-18 years had been launched recently.

Some examples of what children said about keeping themselves safe.

*"Our teachers know us well and will usually do their best to help us."*

*"We don't get much opportunity for discussion in PSE."*

*"We know that we can go to Room nine if we are worried about something."*

*"School is much safer now that we have the fence round it."*

### **Immediate response to concerns**

Immediate response to concerns was adequate. Staff from all services were alert to children's needs and responded appropriately where there were clear and immediate concerns about the safety of children. Police officers and social workers worked well together to take prompt action to protect children. Staff carefully considered any risks to other children in the family and the needs of the whole family were addressed. Parents and children about whom concern was raised were aware of why action was being taken. They were well supported by staff through investigations. Where concerns were less immediate, staff sometimes had to refer children to the Social Work Service more than once before action was taken. Some staff who

raised concerns about children were not always given information about what action had been taken and were unaware whether concerns were being investigated. Recently steps had been taken to ensure that feedback was given when a concern was raised. A few staff had referred a child directly to the Children's Reporter when they considered the lack of involvement by social work to be detrimental to the child. In some cases, referrals were dealt with by social workers who had limited experience in child protection matters.

### **Meeting needs**

Overall, meeting children's needs was adequate. Most children who were identified as being at risk of abuse had their needs assessed and effective help was provided for them and their families. There were many examples of children whose lives had clearly improved as a result of the services they had received. Some children and families received services for as long as they were needed. However, for some children who were no longer on the CPR, support ended before sufficient improvements had taken place. Overall, children's short term needs were met better than their longer term needs.

Children were supported effectively through a range of services, such as nurture groups, counsellors and mentors. Staff from different services worked closely together to support families. Some services were provided on a 'drop in' basis, which allowed children to decide when to use them. A specialist social work team ensured that the needs of some children with disabilities were met. Not all staff across services fully understood their needs and appropriate support was not always available. A lack of social workers and health visitors in some areas meant that families did not always receive help at an early stage. The needs of some children and families were not met because services were not available where they lived. Valuable services were no longer provided for some children when they moved address. Insufficient foster and residential placements meant that a few children unable to live at home were required to live some distance from their local community.

Specialist resources to help children recover from the impact of abuse were limited. Staff from Child and Adolescent Mental Health Services (CAMHS), the Integrated Substance Misuse Service, Psychological Services and school counsellors helped some children who had experienced trauma to build resilience and make sense of past experiences. Some children had to wait for significant periods before getting the help they needed. An independent social worker, commissioned by the Child Protection Committee (CPC) provided very effective help for a small number of children who had been sexually abused or who displayed sexually harmful behaviour. Across services, insufficient suitable accommodation interfered with the progress staff could make in their individual work with children and families.

#### **4. How well do services promote public awareness of child protection?**

*Services promoted child protection effectively through a variety of publicity materials which were widely circulated. This had resulted in a good level of public awareness of how to raise child protection concerns. Services demonstrated that they had responded appropriately and decisively to these concerns.*

##### **Being aware of protecting children**

The promotion of public awareness of child protection was good. The CPC had produced posters and leaflets to raise awareness of child protection, which were prominently displayed in public buildings. It had recently published a number of helpful leaflets about processes for protecting children but these had yet to be distributed. Services had used innovative means to promote children's safety. An example was the Big World initiative, a multi-agency input to all sixth year pupils in the area to develop skills in keeping safe. This included information about drugs and alcohol, sexual health and domestic abuse. Services worked with Gretna Football Club and local press and radio stations to improve public awareness of child protection. Information about child protection and domestic violence was available through individual services' websites, but sites were not easy to use for those unfamiliar with computer technology.

The public displayed an awareness of and confidence in services to protect children. There were many examples of members of the public raising concerns about children with the police, social work, schools and via the CPC website. These concerns were dealt with promptly and appropriately. Anonymous expressions of concern were given the same level of priority. As a result, the safety of children had been improved. There were limited records of services giving feedback about action taken to members of the public who raised concerns about children. Specialist police officers and social workers were available during office hours. Outside office hours, police call-handling staff appropriately dealt with calls where there were concerns about children and had access to appropriate advice. The West of Scotland Standby Service provided a screening service for out of hours social work calls. However, in some cases, the time taken for this service to respond to telephone calls was too long.

## 5. How good is the delivery of key processes?

*Overall children and families were involved in decisions about their lives. Staff prepared children well to participate in key meetings and their views were consistently listened to. Effective agreements for information-sharing between services were in place, but a few staff were not aware of what information to share. Most staff recognised when children needed help or protection. However, there was no standard or agreed method for services to jointly assess the risks to children. Staff planned well to meet the needs of children and considered supports to help them. Planning for some children's longer term needs was less effective.*

### **Involving children and their families**

The involvement of children and families in key processes was adequate. Families routinely attended Children's Hearings, case conferences and reviews. Most social workers and health visitors met with children and families to help them prepare for meetings and to discuss with them what information would be in reports submitted to the meeting. Written social work reports were often not seen by parents and children until the day of the meeting. Staff chairing case conferences and review meetings also took time to meet with young people and families immediately beforehand to prepare them and allowed time at the beginning of the meeting for reports to be read. However, in some cases this was insufficient to allow them to properly understand and prepare comments on reports. Meetings were sensitively and effectively managed. Children and families were encouraged to participate in discussions and share their views. Most young people and families understood why decisions had been made, even if they did not agree with them. Some young people and families found it difficult to express their views at meetings but were not supported to contribute. At Children's Hearings, panel members gave children opportunities to talk to them without family or foster carers being present. They made sure children and families understood the hearing process and their right of appeal. The Children's Reporter met with parents before attending court to ensure they understood what would happen. In some cases where families did not attend meetings, social workers and health visitors made considerable efforts to ensure families were kept informed about progress and decisions made. Leaflets to help children and parents better understand child protection processes had been prepared but were not yet available. Family Group Conferences had been used in some parts of the authority to increase families' involvement in decision-making, where there were concerns about children's care. An advocacy worker for children had recently been appointed and Who Cares? Scotland spoke on behalf of looked after children and young people. Overall, only a small number of children in need of care and protection were supported by these services.

Services had clear and effective policies in place for handling complaints. Leaflets promoting complaints procedures were widely displayed in public areas. Formal complaints were investigated and managed in line with the stated policy and, in most cases, within national timescales. NHS Dumfries and Galloway and the Social Work Service had developed effective monitoring systems to ensure themes and specific issues from complaints were used to improve services. Information about how to make a complaint was not in a child-friendly format. The Social Work Service had prepared children's leaflets but these were not yet available. In some cases, dissatisfaction, rather than complaints, raised by families had not been appropriately responded to locally.

## Sharing and recording information

Processes for sharing and recording information were adequate. In many cases, staff shared information appropriately within and between services. Where children were on the CPR, relevant staff shared information effectively in core group meetings. In response to previous inspection reports and significant case reviews, managers had taken action to improve information-sharing where there were concerns about parents' ability to meet children's needs. However, some staff were unsure about what information they should share. Foster carers and staff in pre-school and voluntary services were not always given the information they needed to assess risk and meet children's needs appropriately.

Particular features of information sharing included the following:

- Clear arrangements and processes for sharing information were in place.
- Parents and children contributed to meetings where information was shared about them.
- Hospital staff in Accident and Emergency Services (A&E) provided reports of all children who had attended the service to health visitors, school nurses and the liaison nurse for child protection.
- In some cases, social work and health staff who worked with adults did not make children's social workers aware of relevant information unless it was directly requested.
- Staff in the substance misuse team could not directly access information about social workers' involvement with the children.
- There was no system in place for school nurses to be automatically notified about looked after children if they moved in from another area.
- School staff were not always made aware of looked after children.

The standard of recording information varied. SCRA records were well organised and structured. Health and social work records were ordered well but some were incomplete. Recording in education files was inconsistent. Not every child had a unique education file. Systems of recording within Dumfries and Galloway Constabulary hindered retrieval of all relevant information on a child or family. Information in police files was not recorded or stored in a consistent way and some files lacked key documents. Transcripts of joint interviews were not always produced and kept in children's records. Across services, some files contained important inaccuracies. NHS child protection advisors and social work managers scrutinised effectively social work and health records.

Staff, including most of those who worked in adult services, understood that concerns about children took priority over adults' rights to confidentiality. They told children and families when information about them would be shared. In many cases, children and families contributed to sharing of relevant information through core groups and other meetings. Most staff were aware of the circumstances in which they needed consent from children and families to share information. However, few services had a formal system in place to obtain written consent. A leaflet on information sharing and confidentiality was given to all parents of children admitted to hospital.

Police officers with responsibility for managing sex offenders were based alongside, and worked closely with, colleagues with responsibility for child protection and domestic abuse.

Social workers from criminal justice and children and families services shared information with colleagues from housing, health and education services at regular sex offender assessment meetings. A member of the Offender Management Unit attended all case conferences where a registered sex offender was in contact with the family. Police officers had a good understanding of the importance of recording allegations of abuse or neglect. They ensured this information was available for enhanced disclosure checks.

### **Recognising and assessing risks and needs**

Recognising and assessing risks and needs was adequate. Most staff were alert to child protection concerns and knew when to refer these to social work and the police. When a child was considered to be at risk, social workers and police responded quickly and convened a meeting to develop an immediate plan of action. Staff considered carefully risks and needs in deciding how to investigate concerns. Information was sought from other services such as health and education to help initial planning. There was no consistent or jointly agreed practice for the initial involvement of services other than social work and police in the planning process. As yet, there was no standard approach for jointly assessing risk and needs. In some cases, risk assessment was carried out individually by each service. There were examples of good involvement of families in the assessment of risks and needs. Health staff routinely checked for risk factors relating to pregnant women and where these were identified an immediate referral was made to the Social Work Service. In a few cases there were delays in carrying out early assessment and planning. Relevant background checks were not routinely carried out when placing a child with a relative or friend.

All children on the CPR had an allocated social worker. Overall, child protection case conferences were well attended by parents and staff from relevant services with the exception of General Practitioners (GPs). Meetings provided a good forum for joint assessment of risks and needs. Through core groups, relevant staff, carers and families were involved in ongoing assessment of risk and implementation of plans to keep children safe. There were examples of some very good comprehensive assessments but this was inconsistent across the authority area. However, in some cases, where the need for such an assessment had been agreed at a case conference, this had not been completed. In most cases where risks were significant, assessment reports for the Children's Reporter were thorough and information was clearly presented. In a few cases reports were of poorer quality and submitted late or not at all. There was a lack of suitable premises for staff to undertake work to assess parenting capacity and the quality of contact, particularly where babies and young children had been removed from their parents' care. Important actions in care plans were delayed or not carried out in some cases because of staff shortages.

Police and social work jointly planned and carried out child protection investigations and interviews. Not all police and social work staff who carried out joint investigative interviews had received the appropriate specialist training. Police and social workers could speak to a paediatrician with a child protection remit at all times. In cases where police and social work agreed on the need for a medical examination, the consultant paediatrician on call was involved in making the decision. All medical examinations were carried out in a child-friendly environment.

Staff recognised where children and young people were at risk of harm due to parental substance misuse. In most cases, they referred concerns promptly to appropriate services. Addiction services undertook comprehensive assessment of adults with drug or alcohol

problems and were knowledgeable about the impact on children. National guidance on assessing risks and needs had not been fully implemented. The quality of assessments was often dependent on individual staff. The antenatal clinic for pregnant women with problem substance misuse ensured a coordinated approach to the care provided for individuals. A specialist health visitor in the addiction service provided effective links between the two services.

### **Planning to meet needs**

Planning to meet children's needs was good. Staff from across services met regularly to plan for children who needed protection. Overall relevant staff attended meetings. They considered a wide range of children's needs and the resources required to meet needs. Children's short term needs were met but planning to meet children's longer term needs was less effective. Plans did not routinely include an alternative option when difficulties could be anticipated. A system was in place to consider the needs of vulnerable children pre-birth, but some meetings were delayed and plans were not in place until after the baby had been born.

There was effective planning for children about whom there was significant concern. All children whose names were on the CPR had an allocated social worker and a child protection plan. Child protection case conferences were held promptly and staff from most services attended. However, some were not attended by staff who worked with adults, despite having an important contribution to make to decisions about children. GPs rarely attended planning meetings or contributed information in writing. Child protection case conferences were chaired effectively by assessment and planning officers, who enabled those attending to participate confidently. These officers monitored progress in cases and were able to challenge any delays in action or changes to the plan. Case conference minutes were well recorded in a standard format, which detailed decisions, tasks, roles and timescales to achieve actions. Overall, these were circulated promptly to parents, all relevant staff and where appropriate, the Children's Reporter.

Staff from relevant services came together regularly to review the circumstances of all children who were looked after by the local authority. Staff used meetings effectively to ensure that children's changing circumstances were taken into account and plans were varied accordingly. For a few children, family group conferences had been used effectively to involve extended family members in making plans for children. There were good systems to plan for children with additional support needs. Helpful child in need plans supported work with children who were not on the CPR, or who had been de-registered. However, their implementation was inconsistent.

Child protection plans were reviewed at regular core groups, which involved key staff and parents working together to improve children's lives. These were chaired effectively by social work team managers. Core groups closely monitored progress and reviewed well new information, adjusting plans where necessary. Parents were clear about what they were required to do to keep their children safe. Decisions of core groups were reported regularly to child protection review case conferences. Overall, child protection plans were clear but some focused on actions rather than outcomes. These were sometimes too vague about required changes and how they were to be achieved.

**6. How good is operational management in protecting children and meeting their needs?**

*Services had a wide range of comprehensive policies and procedures which were easily accessible to staff. Some council procedures had been reviewed. Staff knowledge of these procedures was developing as individual reviews were completed. The Integrated Children's Services Plan (ICSP) had been systematically reviewed. Implementation and dissemination to staff was beginning to take place. Existing management information systems were used well to develop services and council systems were being renewed. Initiatives had involved children in policy development and actively sought their views but there was no coordinated approach to gathering feedback from children. Services had effective systems in place to ensure safer recruitment and development of staff.*

Aspect	Comments
Policies and procedures	Policies and procedures were good. A range of single agency and inter-agency policies and procedures was in place to guide staff in their work and ensure consistency of practice across services. This included guidance for children missing from education and children experiencing problems with sexualised behaviour. Policies and procedures linked well to a shared vision for protecting children. Inter-agency child protection guidelines had been recently updated and were accessible to staff but not all staff were aware of them. A number of council policies and procedures were new or were still in draft form. They had not yet been fully disseminated.
Operational planning	Operational planning was adequate. The Integrated Children's Services Plan 2007-2010 (ICSP) contained a clear vision for children's services. It was an integral part of the community planning process and took account of national priorities and guidance. The plan was detailed and set out areas for improvements in all services to children. It included particular improvements for services to keep children safe. Implementation of the plan was the responsibility of multi-agency Planning and Delivery groups whose task was to ensure that it guided staff in their work and improvements were taken forward. Systems to monitor and review implementation had been established but were not yet fully active. Although a large number of staff had been consulted they had limited knowledge or ownership of the plan. Management information systems were in place in and across some services. However, the information gathered was not used effectively to plan services.

<b>Aspect</b>	<b>Comments</b>
Participation of children, their families and other relevant people in policy development	The participation of children and families in policy development was adequate. Individual services had taken steps to seek the views of service users, including those with profound or complex needs, through the use of questionnaires and local forums. The Inspector8 programme and the Youth Strategy Executive Group enabled some young people to influence decision-making and inspect and report on the provision of services for children. Children and families' views had been sought and considered in a recent CPC-led self-evaluation of child protection services. Overall, there was no consistent and systematic approach to gathering feedback from children and families and using this to improve services and outcomes.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were good. Creative approaches had been taken to attracting staff and to encourage local people to train as social workers and health visitors. There was a clear commitment to retaining staff through flexible working arrangements. The Council did not always cover posts when staff were on sickness or maternity leave which increased staff shortages in some areas. Services had introduced effective safe recruitment procedures, including enhanced disclosures checks for staff with direct contact with children. Retrospective checks had been carried out for teaching staff in 2005. Similar checks on health staff had been completed recently.
Development of staff	Development of staff was good. Each service had an individual training plan to develop staff. This ensured that staff received appropriate support to develop their skills according to individual needs. The CPC coordinated and delivered effective inter-agency training across services which was valued by staff. Specialist programmes were being developed. Positive steps had been taken to develop some staff as trainers to their colleagues. Plans for a multi-agency database to record and evaluate training had yet to be implemented. Most staff dealing with child protection had access to appropriate support and supervision. Membership of the West of Scotland Child Protection Consortium provided good opportunities for staff to share good practice and learn from others.

## 7. How good is individual and collective leadership?

*Services had a shared vision to protect children. The Chief Officers Group (COG) provided strong leadership to staff. Senior managers were clear about their individual and collective responsibility to keep children safe. Services were well represented on the Child Protection Committee (CPC). The CPC did not sufficiently provide strategic leadership and direction through efficient and timely decision-making. Senior managers promoted joint working resulting in good outcomes for the most vulnerable children. Services had carried out extensive self-evaluation. Plans to improve service delivery had still to be developed. There was no shared agreement on the priorities for action which would have the greatest impact on children.*

### **Vision, values and aims**

The quality of vision, values and aims to protect children was good. Individually and collectively, services had clear vision, values and aims. Chief Officers provided strong leadership to implement the vision through engagement with staff and stakeholders. Senior managers were clearly committed to promoting diversity in services to protect children. Children were encouraged to value and respect each other regardless of culture or religion.

- Senior managers in the Council placed a strong emphasis on individual and collective responsibility to protect children. The Chief Executive had taken personal responsibility for child protection and had included it in his personal work plan. Elected members held a shared vision with officers in protecting children. Most staff understood the priority given to child protection.
- Within NHS Dumfries and Galloway, the Chief Executive had a clear vision to protect children. The vision had been successfully passed to staff in children's health services, where they had good awareness of child protection. This was being extended to other areas of health by senior managers undertaking a child protection 'walk-around' to meet staff and increase awareness.
- Child protection was a priority for Dumfries and Galloway Constabulary. The Chief Constable gave a consistent message to his staff about the importance of protecting children through briefings to managers and daily morning conferences. This had increased the level of awareness and understanding among front line officers. The Force Community Promise to the public had been updated to include child protection.

There was a good vision for child protection and children's services at chief officer and senior manager level. A multi-agency approach had been taken in the development of the ICSP and the intended plan for its delivery. The plan reflected well the collective vision with child protection a key aim. Not all staff demonstrated a clear understanding of their leaders' vision, values and aims.

### **Leadership and direction**

Overall, collective leadership and direction was adequate. The COG gave clear and strong leadership to services to protect children. Senior managers were clear about their responsibilities to direct change and improvement in services to protect children. Within the Council the impact on leadership and direction of the appointment of two new Service

Directors in education and Social Work Services had yet to be realised. However, the establishment of the Social Work Services Committee was beginning to give a higher level of scrutiny and support to child protection work than previously.

The chair of the CPC reported directly to the COG and was effective in keeping them informed. There was good commitment from all services to work together to protect children. A number of improvements in practice had been made as a result of significant case reviews undertaken by the CPC. The large size and complex structure of the CPC adversely affected effectiveness. The committee did not provide leadership to promote coordinated joint work. CPC subgroups did not progress work quickly and locality groups were not effective in formulating a strategic plan for their areas. Some participants were unclear about their remit. There was limited involvement of frontline staff in the CPC.

Services shared resources to protect children. The CPC and COG monitored reviews of existing resources and deployment of new resources. All services had directed additional monies to improve services and to fund joint initiatives. Resources, sometimes in the form of staff time, had been made available to the CPC to carry out its business. An additional post of Development Officer had been created. Individually and collectively, Chief Officers recognised the costs of providing child protection services had to be met. There was inconsistency of provision throughout the authority area. Some children were unable to continue to access to particular services and others received differing service dependent upon their location.

### **Leadership of people and partnerships**

Individual and collective leadership of people and partnerships was adequate. Chief Officers expressed strong commitment to promote and support joint working. Each Chief Officer took responsibility for a specific aspect of child protection activity over all services at a strategic level. Some managers from services had strong relationships and worked well together. Some health and social work staff benefited from sharing offices. Senior police officers and social workers met regularly to discuss day to day business. Relationships with the Children's Reporter's Service were variable. The opportunity to develop more effective relationships through the locality CPCs had yet to be realised.

Staff worked well together on some specific cases to provide better outcomes for those individual children and families. Multi-agency teams such as the Integrated Substance Misuse Service and jointly-funded posts, such as the school-based police officer in Annan helped promote the safety of young people. Attention was given to developing effective team and joint working. There was a need to develop clear and agreed thresholds regarding provision of service to those children in need of protection. The proposal to introduce of a Single Point of Contact (SPOC) in each of the main services was intended to improve communication both within and between services. This had yet to be implemented.

Partnership working with voluntary agencies to deliver some services was developing well, providing support for individual families. However, this support was not consistently funded across all areas of the authority. A member of the voluntary sector forum had recently joined the CPC, to represent both the voluntary and independent sector. This was a positive, though early step, to building stronger partnership working. Current service level agreements between housing associations and the council did not ensure a consistent approach to the

provision of housing and support for vulnerable families. As a result a few children lived with insecurity as their families faced homelessness.

### **Leadership of change and improvement**

Leadership of change and improvement was adequate. Senior managers demonstrated a high level of commitment to self-evaluation and quality improvement. They recognised the importance of developing a systematic approach to performance monitoring to improve outcomes for children and families. Recent work had been undertaken to introduce self-evaluation across services but identified actions had not been prioritised. The Council had made a number of improvements to services, acting on recommendations from previous reports and reviews. These included the setting up of a quality improvement team in social work. All services demonstrated they had taken action to implement learning from significant case reviews.

Self-evaluation had been undertaken in each social work team. The CPC had coordinated a multi-agency self-evaluation, involving staff at all levels. The views of children and families had been considered. Managers had drawn up a list of actions and allocated these to individuals and groups. However, there was no shared agreement about priorities. Information about child protection processes was reported to the CPC but there was no systematic reporting on outcomes for children or routine collection and recording of children's views. The Council had committed finance to improve its capacity to gather useful management information but the replacement system was not yet in place.

Dumfries and Galloway Constabulary had drawn up an action plan to take forward service improvements, monitored by the CPC police subcommittee. Managers in health had commissioned an independent review of public health nursing as a direct result of feedback received from staff in self-evaluation focus groups. Within NHS Dumfries and Galloway, there had been extensive self-evaluation undertaken by staff including hospital and community staff. Not all staff within NHS Dumfries and Galloway were supportive of those changes. Some staff were overwhelmed by the scale of the task and believed they were insufficiently resourced to achieve it.

## **8. How well are children and young people protected and their needs met?**

### **Summary**

Inspectors were confident that children in immediate need of protection received the help they required promptly. Staff worked well to ensure children received effective services which helped to improve their circumstances. Children had trusting relationships with consistent adults in their lives. Some children whose needs were less immediate did not always receive help and support quickly. The absence of a clear shared approach to assess risks and needs resulted in some children's needs not being met. Services to help children were not distributed equitably throughout the council area and some specialist resources were not readily available.

The Chief Officers Group had taken the lead in improving services for child protection. In conjunction with the Child Protection Committee and individual services they should take forward improvements to strengthen services for protecting children.

In doing so they should take account of the need to:

- develop an agreed threshold of concern and risk to children;
- ensure equal distribution of services and consistency of practice throughout the authority area;
- review the range of support for families with young children;
- promote greater participation of all services in the implementation of the Integrated Children's Services Plan (ICSP); and
- set clear and shared priorities from self-evaluation activity.

## **9. What happens next?**

The Chief Officers have been asked to prepare an action plan indicating how they will address the main recommendations of this report, and to share that plan with stakeholders. Within two years of this report HM Inspectors will revisit to assess and report on progress made in meeting these recommendations.

**Joan Lafferty**  
**Inspector**  
**10 April 2008**

## Appendix 1 Quality Indicators

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of services to protect children and meet their needs.

<b>How effective is the help children get when they need it?</b>	
Children are listened to, understood and respected	Good
Children benefit from strategies to minimise harm	Adequate
Children are helped by the actions taken in immediate response to concerns	Adequate
Children's needs are met	Adequate
<b>How well do services promote public awareness of child protection?</b>	
Public awareness of the safety and protection of children	Good
<b>How good is the delivery of key processes?</b>	
Involving children and their families in key processes	Adequate
Information sharing and recording	Adequate
Recognising and assessing risks and needs	Adequate
Effectiveness of planning to meet needs	Good
<b>How good is operational management in protecting children and meeting their needs?</b>	
Policies and procedures	Good
Operational planning	Adequate
Participation of children, families and other relevant people in policy development	Adequate
Recruitment and retention of staff	Good
Development of staff	Good
<b>How good is individual and collective leadership?</b>	
Vision, values and aims	Good
Leadership and direction	Adequate
Leadership of people and partnerships	Adequate
Leadership of change and improvement	Adequate

This report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	Outstanding, sector leading
Very Good	Major strengths
Good	Important strengths with areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

## **How can you contact us?**

### **If you would like an additional copy of this report**

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website [www.hmie.gov.uk](http://www.hmie.gov.uk)

### **If you wish to comment about this inspection**

Should you wish to comment on any aspect of education authority inspections you should write in the first instance to Neil McKechnie, Director, Directorate 6: Services for Children at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

### **Our complaints procedure**

If you have a concern about this report, you should write in the first instance to our Complaints Manager, HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston, EH54 6GA. You can also e-mail [HMIEComplaints@hmie.gsi.gov.uk](mailto:HMIEComplaints@hmie.gsi.gov.uk). A copy of our complaints procedure is available from this office, by telephoning 01506 600 200 or from our website at [www.hmie.gov.uk](http://www.hmie.gov.uk).

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330 (fax 0800 377 7331) or e-mail: [ask@spsso.org.uk](mailto:ask@spsso.org.uk). More information about the Ombudsman's office can be obtained from the website: [www.spsso.org.uk](http://www.spsso.org.uk).

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