

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

February 2007

Contents	Page
Introduction	1
1. Background	2
2. Key strengths	3
3. How effective is the help children get when they need it?	4
4. How well do services promote public awareness of child protection?	7
5. How good is the delivery of key processes?	8
6. How good is operational management in protecting children and meeting their needs?	12
7. How good is individual and collective leadership?	15
8. How well are children and young people protected and their needs met?	18
9. What happens next?	19
Appendix 1 Indicators of quality	20
How can you contact us?	21

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?'¹

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.

¹ '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 children² in the Angus area took place between June and September 2006. It covered the range of services and staff working in the area with a role in protecting children. These included services provided by health, police, local authority and the Scottish Children's Reporter's Administration, as well as those provided by voluntary and independent agencies.

As part of the inspection process, inspectors reviewed practice through reading a sample of records held by services who worked 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 provided to help 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.

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

Angus covers an area of 2,182 square kilometres extending north and east of the city of Dundee towards the Eastern Cairngorms and along the coastline to Montrose. It also borders with Perth and Kinross Council to the west. The administrative centre of Angus is in Forfar.

Angus has an estimated population of 109,170 of whom 22,816 are under 18 years. One in four Angus residents lives in a rural area. The socio-economic context is mixed with prosperous farming communities in rural areas and pockets of deprivation in the towns. Employment levels are higher than the national average, but have fallen over the last seven years. Weekly earnings in Angus are less than national weekly earnings. The number of incidents of domestic abuse recorded by the police is lower than in comparator authorities³ and Scotland as a whole. The number of new people seeking help with drug misuse has more than doubled in the last three years. The proportion of children referred to the Children's Reporter in 2004-2005 was 1.8%, less than half the proportion referred within comparator authorities or nationally.

² 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)*.

³ Comparator authorities include Highland, Dumfries and Galloway, Moray, Scottish Borders and South Ayrshire.

2. Key Strengths

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

- The teamwork by enthusiastic and dedicated staff ensuring the safety and protection of children.
- The impact of Angus Child Protection Committee on partnership working and continuous improvement.
- Approaches to raising public awareness of child protection.
- Inter-agency guidelines directing and supporting staff in their work to protect children.

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

Children who were at risk received effective help when they needed it. Children were very positive about their relationships with staff and knew who to go to for help. Their lives had improved as a result. Overall, staff recognised at an early stage the needs of children and families and put in place a good range of support to meet these needs. Some staff were unclear about the importance given to their concerns by police and social work services or whether action would be taken in relation to their concerns. A few children had to wait too long for some specialist services.

Being listened to and respected

There was good communication between children, their families and staff. Staff knew children well and they were highly regarded by them. Children felt involved, listened to and informed. Staff responded positively to children and gave them confidence that they would receive the help they needed when they needed it. Staff working with very vulnerable children monitored changes in their health, behaviour and emotional well-being. Almost all children were confident that they could talk directly to adults in school when they had concerns. They also used other ways to tell about their worries, including the pupil council, circle time and suggestion or worry boxes. They placed trust in school staff, particularly pupil care and support teachers. Voluntary services had developed effective ways of supporting communication and trust. Staff in voluntary services sought children's views on a wide range of matters.

Regular network meetings had ensured good relationships and communication between staff, children and their families. Most children who attended children's hearings participated well and their views were actively sought by panel members. The views of a few children were not taken into account when decisions were being made about their lives. A small number of children did not feel they could confide in school staff. A few children had experienced changes in social workers and difficulties in establishing new relationships with different staff.

Being helped to keep safe

Staff effectively identified the needs of children and families at an early stage and put in place a good range of support to meet them. There was very good inter-agency support for vulnerable families. Services were continued until sustained progress in children's emotional well-being and development was observed. Parents were helped to manage their own learning or health difficulties and to improve their parenting skills. Effective parenting programmes, easily accessible in local communities, had raised the confidence and skills of those taking part. Homestart provided good support at home for families with young children. Older children received support from a good range of services in relation to sexual health, substance misuse and domestic abuse. For example, the Web Project worked successfully with children to help them manage their substance misuse and the Youth Bytes Bus provided a valued mobile drop-in advice service.

The support children received helped keep them safe and well. Children received very effective help from Barnardo's Bridge Project, a service for young people with sexually harmful behaviour. Children who attended Polepark Family Service for support in dealing with the effects of abuse and neglect were very highly aware of personal safety and of their

right to be kept safe. Children experienced increased self-confidence, improved relationships with adults, and improved health. There was regular monitoring of children educated at home carried out jointly by education staff and school and family support staff. School and family support staff also promoted good links between home and school to resolve problems, improve attendance, and reduce exclusions. Headteachers carefully considered children's home circumstances before excluding children from school. Other options for children's education were actively explored instead of exclusion. There were clear procedures for dealing with children who were absent from school without explanation.

Most children identified adults outside their own family that they could go to with a problem when they needed help. They talked knowledgeably about strategies to keep themselves safe. They knew about safe use of the internet and how to conduct themselves with adults they did not know. Most children were confident in being able to contact a trusted adult. However, in focus groups, most children were unable to identify contact numbers should they wish to report a concern about themselves or others. Less than half of secondary school pupils who responded to school inspection questionnaires lacked confidence in the way in which bullying was addressed in schools. Information about where to report concerns was not clear for children for whom English was an additional language or for those who had communication difficulties. A few parents found it difficult to talk to some staff. For example, to health visitors who did not visit their homes and with whom their only contact was at clinics.

Some examples of what children said about keeping themselves safe.

"When I am at home, my mum watches me out of the window to keep me safe."

"I don't feel I can talk to my new guidance teacher... my old one said I could still go to her."

"...we did work on feelings, saying no. Did loads about feeling safe on the internet..."

"...there's a health drop-in...I would like someone who has nothing to do with school sometimes to talk with..."

Response to immediate concerns

Overall, the response to immediate concerns was adequate. Services were put into place quickly to ensure children's immediate safety. There was good collaboration between social work and police through initial referral discussions. The police had recently introduced early notification to other services when there were concerns about children. Network meetings of key professionals were held quickly to share information. They ensured effective action to reduce and remove the risks to children. Overall, health staff responded promptly. Staff in Ninewells Hospital referred initial concerns quickly to the consultant on-call for child protection. There was confusion among a few staff about the differences between sharing information and reporting concerns which needed an immediate response. There was no shared understanding of thresholds of risk. Staff in housing, education and health were able to recognise children who may be at risk but some were unsure whether social work or police services would act upon these concerns. There was a lack of clarity about the availability of the social work out of hours service amongst police officers. This caused delays in gathering

information and checking whether children were listed on the child protection register. For a few children there were delays between the investigation of concerns and the convening of initial child protection case conferences.

Meeting needs

Overall, the actions taken by staff to protect children from risk or harm were good. The short and medium term needs of children were fully assessed and met for most children.

Comprehensive assessment of longer term needs varied and the time taken to complete assessments was sometimes too long. Overall, services were provided consistently by staff for as long as they were required. The impact of professional involvement had ensured improvements to the lives of children and their families.

Family support workers provided sound practical advice about how to look after young children and manage household tasks. Parents were effectively assisted to gain the skills they needed to nurture their young children. Staff worked well in partnership with each other, parents and children, towards agreed actions which met the needs of families. Services appropriate to the age of the child were provided. When children were very young and support was directed through families, staff maintained a primary focus on the children's needs. Staff working directly with children did not always recognise the contribution they could make to support children in recovering from abuse. In almost all cases this work was referred to specialist services.

The impact of services in the voluntary sector for children who displayed sexually harmful behaviour and specialist services to help children recover from abuse was very positive. Recovery services worked imaginatively with children who had experienced trauma. For some children and families there were delays in access to or insufficient provision of these services which meant that their needs had not been met. Delays were experienced in therapeutic services such as Child and Adolescent Mental Health Services and Polepark Family Service. The criteria for referral and access to these services were not always understood by staff.

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

A broad range of services were provided to allow members of the community to raise concerns about a child's welfare at any time. Members of the public used these services very well and they received good responses. There had been sustained and effective initiatives to raise public awareness of children who might need protection. The impact had been evaluated by the Angus Child Protection Committee (CPC) and the very positive results had led to further planned improvements.

Being aware of protecting children

The promotion of public awareness of child protection by Angus Council and its key partners was very good. Easy to understand information was available through the websites of relevant organisations. The CPC had undertaken effective initiatives to promote the safety of children. They had surveyed adult reporting of concerns via the Council's Citizen's Panel. Clear and attractive leaflets had been produced and distributed to all services with public access points. The CPC had consulted with children regarding sources of information they would use to find out how to seek help about their own or other people's safety. In response relevant contact numbers had been included in school diaries and local pupils designed bookmarks to promote child protection. The CPC had produced useful and comprehensive guidance on child protection for community groups. Angus Voluntary Sector Children's Forum had published an informative directory of local services for children and families. There were plans to extend and improve information to younger children and parents.

There was a very good awareness amongst the public of where and how to report their concerns about children. The points of contact for members of the public were clearly publicised and used very effectively to report concerns. Specialist family protection police officers and the children and families social work service were available during office hours. Outside office hours the police provided a point of contact for any concerns. The out of hours' social work service which covered Tayside ensured that a social worker experienced in child protection was available. When members of the public contacted police and social work services staff responded promptly. However, feedback to the public was not consistent.

5. How good is the delivery of key processes?

Overall, the processes for protecting children had a positive impact on children and families. Staff put in place effective measures to ensure that children and families were involved in decisions and understood what was happening. Overall, they shared information appropriately when children were at risk. Most staff who had contact with children recognised when help or protection was required. They worked well together to ensure that children were not exposed to continued risk of harm. There were effective processes to assist in planning for children's longer term needs. Not all staff fully contributed to assessments of risk and decision-making. For a few children, voluntary support was provided for too long before statutory measures of care were considered.

Involving children and their families

The arrangements for involving children and families were good. Staff communicated well and ensured that processes were easily understood. Children and families received good information about what was happening. The work undertaken to involve families was sensitive and took account of individual communication needs. The CPC had published informative, easy to understand leaflets about key child protection processes. Staff had high expectations that parents would participate in meetings and the preparation of families was given a high priority. Reports were shared prior to meetings and face to face discussions took place to explain the content and implications. Most staff consulted well with children and families and took account of their views. Social workers recorded what children said in their reports and used children's own words to do so. Most children felt included and involved in courses of action and some had developed sufficient confidence to inform and challenge decisions. Safeguarders and befrienders represented children well at children's hearings and ensured their views were heard. Some staff encouraged and assisted children to submit 'Having your say' forms for children's hearings but their use was inconsistent. A clients' rights officer acted on behalf of children who were looked after to ensure their views were taken into account. Children were not routinely included in child protection case conferences. Their views were not always sought when decisions were made and there was no independent advocacy service for children who were the subject of child protection meetings. Not all staff focused sufficiently on obtaining and expressing children's views and some had not received training in working with children and families whose language, race, religion or culture required a sensitive and appropriate response.

All services had clear policies and effective procedures for handling complaints. Written information was available which clearly explained how to make a complaint. There were procedures for providing feedback to complainants. Complaints were investigated within specified timescales. Most children and their families were confident that they could express dissatisfaction and disagreements and that staff resolved and addressed issues quickly. However, a few children did not know how to make complaints about services when they were dissatisfied.

Sharing and recording information

Overall, the processes for sharing and recording information were good. Comprehensive guidelines described the responsibilities of staff for sharing information in all key services. Information-sharing was enhanced through good working relationships among staff. Meetings had recently been introduced to share information and carry out joint assessments

where there were concerns about unborn babies. When they passed on concerns about children, staff in schools, housing, health, voluntary services and adult services were often unsure about whether they had reported concerns to the appropriate service. They did not know whether action had been taken since they did not always receive feedback about their referrals.

Particular features of information-sharing included the following:

- The social work child protection team, police family protection unit, and the nursing adviser for child protection worked together in a new co-located unit. A good start had been made to improving early information sharing and joint working.
- Police and social work communicated quickly and effectively when concerns were raised about a child.
- Opportunities for early meetings in response to child protection concerns were effective in providing quick opportunities for all staff to share information.
- Staff in social work, police and housing very effectively shared information at the Joint Assessment Group about sex offenders.
- Very good arrangements for sharing information in relation to domestic abuse.
- Staff in accident and emergency services and out of hours social work services had access to the child protection register at all times.
- General Practitioners did not regularly provide reports to child protection case conferences or attend these meetings.
- Health staff did not always share information appropriately and regarded confidentiality as more important than children's safety.
- The out of hours' social work service had experienced difficulties in obtaining health information from NHS 24 and accident and emergency services.

Recording of information in case files varied across services. Overall, social work records were well structured and comprehensive. They included a chronology of significant events for each child and provided very effective records of contact and changing circumstances. Education files, in most cases, did not follow a consistent structure, lacked chronologies of significant events and child protection plans. Records of outcomes from meetings were not obvious to readers. New guidance had been developed and was being introduced at the time of the inspection to address deficiencies. Health visitors' records contained limited information and lacked a chronology of significant events and details of care plans.

Staff were aware of the circumstances in which they needed consent from children and families to share information they held. Some services obtained written consent to share information with other services. Children and families were well informed about the sharing of information between services. They were aware that concerns about children's safety would override their confidentiality.

Information about dangerous offenders and registered sex offenders was shared effectively. Clear protocols were in place among police, social work and health services. There were good links among police, housing, and social work services with regard to accommodation to ensure that children were protected. All allegations of child abuse were recorded on the police intelligence system at the point of receipt. This ensured that information about individuals who may have committed offences, but had not yet been convicted, was known to Disclosure Scotland.

Recognising and assessing risks and needs

The strengths in recognising and assessing risks and needs just outweighed the weaknesses. Most staff who had contact with children and families recognised when help or protection was required. Overall, staff worked well together to carry out an immediate assessment of risk. Staff consistently screened referrals and gathered relevant information to decide whether a child was at risk of harm. Police and social workers held initial referral discussions to make decisions and plan joint investigations. There were systems in place for all staff to meet and form initial assessments on children for whom there were increasing concerns.

Child protection case conferences identified family strengths, areas of concern and provided a good forum for joint assessment of risk and needs. The structure of meetings and records of those meetings focused on children's lives as a whole. Overall, resources to meet immediate needs were provided quickly and there was consistent use of inter-agency child protection guidance. Chronologies in social work files helped to identify patterns and mounting concerns. Social workers used comprehensive assessments widely. Some recording systems used by health staff did not assist in the identification of needs or risks arising from specific incidents or patterns of events. The overlapping roles of social workers were sometimes confusing for other staff. They were not always clear who held responsibility for assessment when there were concerns about children. A few children had been placed for lengthy periods with relatives without an assessment of their suitability to meet children's needs. In a few cases historical sexual abuse was not considered fully in risk assessments and care plans. There were a few examples where Children's Reporters delayed decisions.

Police and social workers jointly planned and carried out interviews and investigations. A rota of paediatricians was available across Tayside to contribute to initial referral discussions. This resource was not widely known or used routinely by child protection staff working in Angus. There was a lack of clarity and clear guidance within health and partner agencies regarding different types of medical assessments and who was responsible for carrying out single doctor medicals. The forensic medical service was commissioned by the police from an independent locum service. At times there were difficulties in ensuring the availability of suitably-trained paediatric and forensic examiners to carry out joint medical examinations.

There were good links between the CPC and Angus Drug and Alcohol Action Team (DAAT). An effective inter-agency procedure for working with children and families affected by substance misuse had been disseminated to staff. A good approach had also been taken to raise staff awareness. Staff in accident and emergency departments recognised the needs of children when there were concerns about parental substance misuse. Family support services were increasingly working to help very young children in families affected by substance misuse. The Tayside Drug Problem Service had interviewed all parents on methadone across Tayside with a view to identifying children who needed protection. Police officers shared information with other services when they identified children living in households affected by substance misuse.

Planning to meet needs

Overall, the planning to meet children's needs was good. Staff planned well together to protect children. Meetings took place regularly in line with local guidance and staff worked hard to ensure progress in meeting children's needs. An effective approach had been taken to

coordinate important decision-making meetings. However, initial and review child protection case conferences did not always take place within agreed timescales. Some social work family support staff carried out roles beyond their experience and they did not feel confident in preparing plans for children in need of protection.

At case conferences, core groups and network meetings, the responsibilities and actions required of staff were clearly identified and recorded. Children who were on the child protection register had an appropriate child protection plan. Where there was more than one child in the family, plans were made for each child and took account of their individual needs. There were consistent efforts to engage and work in partnership with parents and they understood what changes were needed to remove the risks for children.

Intensive home visiting and services for families with children under five was carried out by family support workers. Imaginative approaches were taken to meeting needs and support was flexible and responsive to changing circumstances. Some children's hearings were continued and decisions delayed because social work reports did not support panel members in making decisions.

Plans were recorded and reviewed through regular core group meetings. They consistently focused on children's needs and ensured that risks were minimised and progress measured. Regular core group meetings kept plans under review and took account of changing circumstances. In a few cases children received voluntary support for too long without consideration of the need for statutory measures of care.

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

Overall, operational management across key services to protect children was effective. Across children’s services very effective guidance on child protection supported staff in their work. Collectively, agencies had produced integrated plans to direct the work of all children’s services. However, these plans were not sufficiently understood by all staff. Very effective measures were in place to support the safe recruitment of staff. Overall, staff were well supported in their work. However, there were weaknesses in the support and supervision of health staff. Good arrangements were in place to seek the views of service users particularly when improvements in provision were planned.

Aspect	Comments
Policies and procedures	<p>The range of policies and procedures was good. High quality inter-agency guidelines were widely distributed, regularly reviewed, and amended in response to local and national developments. Single service policies and procedures on child protection were consistent with the inter-agency guidelines. Overall, staff easily identified and actively used policies and procedures. However, health staff with a Tayside-wide remit were unclear about which set of inter-agency guidelines applied when they had concerns about children. In some aspects of practice, guidance was not consistently followed, for example ensuring feedback to a person reporting concerns about a child. Services identified and addressed gaps in their policies and procedures. Very effective inter-agency guidance on child protection supported staff in their work.</p>
Operational planning	<p>Operational planning was good. The Integrated Children’s Services Plan 2005-2008, “For the Children of Angus”, contained a clear aim to protect children from abuse. A detailed inter-agency action plan clearly set out how this was going to be achieved. Staff across the services were aware of local trends in child protection and the CPC had started to examine deployment of staff and resources to meet the changing demands on services. Reporting by the CPC had improved and the most recent annual report contained an analysis of data to inform planning. The effective use of management information systems varied. The police made good use of databases and had conducted an audit of child protection which resulted in an action plan to make further improvements. The database for health visitors’ records was not fully utilised and there were plans to introduce a new system for workload management. Social work systems for recording and mapping workloads were appropriate. Information systems for managers to monitor performance were being improved.</p>

Aspect	Comments
Participation of children, their families and other relevant people in policy development	<p>The participation of children and families in policy development was good. Elected members of Angus Council involved children well in policy development. They made good use of youth and citizens' panels. The local authority had involved Dialogue Youth and No 1 for Youth to inform strategic and local planning. Public information about services was easy to access. A recent stakeholder survey had provided positive and helpful feedback about child protection services. The CPC had consulted with children about public information regarding child protection. The social work service had sought feedback from parents about their involvement in child protection processes. The education service and the police consulted well with parents and families. No 1 for Youth actively encouraged young people to get involved in local decisions and changes which affected them. Although individuals within services sought information from children and their families, this practice was not always consistent among workers and information was not always collated or analysed systematically.</p>
Recruitment and retention of staff	<p>Overall, the arrangements to ensure appropriate staffing levels were good. There was very good practice in relation to safe recruitment and vetting which took full account of current legislation. The local authority carried out pre-employment checks on teaching staff which went beyond the legal requirement. There were good approaches to retain experienced staff, including flexible working and independent counselling services. Although there were plans to increase the number of social workers with child protection qualifications, there were insufficient social workers with this qualification in a few geographical areas. NHS Tayside had plans to improve and develop the skill mix in the school nursing and health visiting service. All services had effective policies for the investigation of allegations of abuse against staff with clear links to child protection procedures. When allegations were made against staff they were thoroughly investigated.</p>

Aspect	Comments
Development of staff	<p>A very good range of high quality training was available to staff for whom child protection was a key responsibility. This included basic awareness training. The CPC had put in place relevant opportunities for inter-agency training and this had improved the practice of participants. Overall, staff whose main responsibility was child protection were confident in their work. Gaps in training were quickly identified and steps taken to address them. A new post to deliver inter-agency child protection training was planned. All education staff received an annual briefing on child protection. However, awareness training for staff for whom child protection was not their main responsibility was not widespread. Some front line police officers, accident and emergency consultants, general practitioners and social work staff in adult services had not received recent training in child protection. There were examples where joint investigative interviews were carried out by police officers who had not undergone the necessary training. Social workers had access to high quality supervision which was recorded in case files. Front line health staff did not consistently receive support and supervision for child protection work.</p>

7. How good is individual and collective leadership?

A shared vision for the protection of children had been developed across the key agencies. The vision was contained within the Integrated Children's Services Plan but it was not prominent and had not been communicated or established sufficiently at all levels across services. The structures to support child protection took full account of the guidance to child protection committees. The Angus Executive Group for Child Protection had promoted good partnerships and supported an effective and well coordinated CPC. A systematic approach to evaluating the impact of services to protect children had been introduced recently. The CPC demonstrated a good capacity for continued improvement.

Vision, values and aims

Overall, the vision, values and aims to protect children were adequate. Individually, and collectively, services had developed a vision, values and aims for the protection of children. The partners represented on the Angus Executive Group for Child Protection were clear about their strategic accountability for child protection. The vision shared by this group had not been communicated adequately across services. Staff at all levels were encouraged to work together to protect children, however the majority of staff at operational level were not clear who was accountable for leading this work. They did not always know about the priority given to child protection in their service or the collective strategic vision and aims for children in Angus.

- Elected members in Angus Council had established as a high priority the safety, well-being and the achievement of potential for all children. They held high expectations for the continued improvement of services and had committed resources to this priority. The Chief Executive of the council and senior officers were aware of their responsibilities and accorded a high priority to child protection.
- The Chief Executive of NHS Tayside had established a Child Protection Action Group with wide representation from health disciplines in Tayside. They were fully aware of the importance of the contribution of the health service to keeping children safe.
- The Chief Constable of Tayside Police had ensured a strong vision for the protection of children and this was given high priority within the standards of service for the force. Overall, the force's commitment to child protection was understood among officers involved in child protection.

The Joint Management and Commissioning Group for Children's Services had produced an Integrated Children's Services Plan for 2005 to 2008 "For the Children of Angus". This set out a clear collective vision and aims for children. The plan linked well with the community plan and other relevant strategies. It set out the objectives for children in relation to the seven elements of the vision for Scotland's children and young people. This included the protection of children from abuse and harm by others at home, at school and in the community. Detailed action plans and responsibility for their implementation and monitoring outcomes were outlined.

Leadership and direction

The leadership and direction provided by elected members, chief and senior officers was good. Chief Executives of Angus Council and NHS Tayside and the Chief Constable of Tayside Police were clear about their responsibilities and accountability in relation to protecting children. Through the executive group for child protection they had put in place effective structures to give authority and direction to the CPC. They had prioritised resources to provide administrative support and a coordinator for the work of the CPC. The commitment to improving joint working and improving services was demonstrated through the development of a new co-located unit for child protection in Arbroath.

The CPC was well-established and pre-dated the Angus executive group. It had wide and appropriate representation, including the voluntary sector. The CPC held the strategic overview of services to protect children and was well placed to take forward detailed action plans to effect service improvement. It was well coordinated and had started to take a proactive and systematic approach to evaluating current practices and leading improvements at a local level. The CPC had taken a lead in successfully reviewing inter-agency child protection guidelines and in the publication and dissemination of revised procedures to staff.

The appointment of a lead officer for the CPC provided expertise and ensured plans for action were implemented. The CPC was improving management information and data analysis. A joint approach to the identification of gaps in services and shortfalls in resources was emerging.

Leadership of people and partnerships

Individual and collective leadership of people and partnerships was good. Joint working was actively promoted at all levels through community planning processes. There were strong relationships among the key partners, Angus Council, NHS Tayside and Tayside Police. The establishment of the Angus Community Health Partnership (CHP) and the co-location of strategic staff in each of the partner agencies had improved joint working and reinforced an integrated approach to planning.

Some staff were not confident that senior managers were aware of the challenges they faced, or had devised imaginative solutions to support staff in their work in protecting children. Some staff were anxious about planned changes and the impact on the quality of their work and on outcomes for children who needed protection.

The Joint Management and Commissioning Group for children's services led the integrated planning and delivery of services for children and families. This group had a wide range of representatives. Voluntary services working with children were included in relevant strategic partnerships. There were good working relationships between the statutory and voluntary sectors. Consultation with stakeholders, the public and service users was an important feature of service planning and development.

Leadership of change and improvement

The leadership of change and the capacity for improvement was good. There was a high level of commitment to improving services. The CPC had recognised the importance of taking a systematic approach to quality assurance and self-evaluation in order to ensure

continuous improvement. They had considered national policy developments and significant case reviews and developed detailed plans for improvement. Implementation was monitored and reviewed by the CPC.

The CPC had recently started arrangements for joint self-evaluation and this had begun to inform improvements. The CPC monitored trends in child protection registrations. The monitoring of attendance and submission of reports to child protection case conferences had led to significant improvements. An inter-agency audit of child protection case records was planned. The practice sub-committee of the CPC had led two significant case reviews. The first of these had been completed and a series of recommendations for change had informed an integrated action plan for improvement. However, the key messages and learning points had not been disseminated to, or fully understood, by operational staff. There was a variation in the quality and consistency of management information available. The council and its partners had identified a need for improvements in systems to support management information to assist in the identifying and addressing gaps in service delivery and meeting the needs of children.

The police had recently undertaken a single service evaluation of child protection across the force. Good practice and areas for development had been identified and informed service improvements. NHS Tayside had carried out a single service audit and review of compliance with child protection procedures and the outcomes were to be reported to the clinical governance committee.

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

Summary

Inspectors were confident that the children who needed protection in Angus were known to services and that actions were taken to meet their needs. Most children were protected, and staff had taken steps to ensure that their needs were met and their circumstances improved. For a few children, staff provided high levels of support on a voluntary basis for too long before taking steps to secure their safety and well-being. For other children, where concerns were held by a single service, the arrangements for raising and sharing these concerns were not clear to all staff. More work was required to develop clear, agreed and shared thresholds of risk to minimise the possibility of children being in unsafe situations.

The Chief Officers, Angus Executive Group for Child Protection and the Child Protection Committee were well placed to take forward improvements in services. In doing so they should take account of the need to:

- develop clear and shared thresholds of risk to ensure that staff consistently apply procedures for reporting and responding to concerns;
- ensure the full involvement of health and medical staff in child protection processes;
- improve the processes for assessment of need and ensure that children who require compulsory measures of care are identified and receive this when they need it; and
- improve the recording, monitoring and assessment by health practitioners.

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 re-visit to assess and report on progress made in meeting these recommendations.

Jacque Pepper
Inspector
February 2007

Appendix 1 Indicators of Quality

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.

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

The 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, 1st 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.

If you wish to comment about this inspection

Should you wish to comment on any aspect of the inspection you should write in the first instance to Neil McKechnie, Director 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 Hazel Dewart, Business Management Unit, HM Inspectorate of Education, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. A copy of our complaints procedure is available from this office or by telephoning 01506 600258 or from our website at 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@spso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spso.org.uk.

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