



SCSWIS

social care
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improvement scotland

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

21 April 2011



HAPPY TO TRANSLATE

The inspection of services to protect children¹ in the Angus Council area was carried out in January 2011. We looked at the services provided by health, the police, the council and the Children's Reporter. We also looked at the services provided by voluntary and independent organisations. Our report describes how good they are at protecting children and keeping them safe.

To find this out we read a sample of children's files which were held by these services. We talked to a number of children and their parents and carers to listen to their views about the services they had received. We also spoke to staff in these services who worked with children, parents and carers and to senior managers who were responsible for these staff and the services they provided.

What we found and tell you about in this report is based on a sample of children and families. We cannot promise that this will be the same for every child in the area who might need help.

A team of inspectors gathered all the information and helped to write this report. These inspectors have experience of working across the range of services involved in protecting children.

Inspection teams include professional staff who work in council areas elsewhere in Scotland.

The Care Commission carried out inspections of Angus fostering and adoption services linked to the inspection of services to protect children. Social Care and Social Work Improvement Scotland (SCSWIS) has now taken over the work of the Care Commission, so any recommendations or requirements are reported on the SCSWIS website, www.scswis.com

¹ When we refer to children in this report we mean children and young people under the age of 18 years

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1. The area

Angus is situated in East of Scotland. It covers an area of 2182 square kilometres extending north and east of the city of Dundee and along the coastline to Montrose. Angus has a population of 110,250 with 20.3% under the age of 18 years in line with the Scottish average of 20.1%.

The number of children referred to the council for child protection enquiries decreased between 2007 and 2010. The level of referrals is lower than for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Angus is 4.7 per 1,000 which is significantly higher than the national average 2.8 per 1,000.

2. Particular strengths that made a difference to children and families

- Communication with children and families, including during child protection investigation.
- Early identification of vulnerable children across services.
- Access to a wide range of services to support families.
- Commitment to partnership working across all services.

3. Examples of good practice

- Help and support provided to children and families affected by parental substance misuse through the Link-Up Initiative.
- Services working together, through the Joint Assessment Group, to share information to protect vulnerable children from adults and other young people who may pose a risk to their safety.

4. How well are the needs of children and families met?

Children benefit from effective help to keep themselves safe. Staff provide useful information and advice in enjoyable and interesting ways, which help children stay healthy and make safe choices. This includes information about how to keep safe when using the Internet. Children who are particularly vulnerable benefit from direct work on personal safety provided by social workers, school nurses and staff in voluntary organisations. Staff successfully identify those families who may need help, including vulnerable pregnant women. In many cases practical emotional support is provided quickly and at an early stage. However, this support could be planned and coordinated better. In a few cases, there are delays in providing appropriate services. Very effective support is available through the Link-Up Initiative to ensure children whose parents misuse drugs or alcohol stay safe and well.

Across services, staff are clear about their responsibilities to protect children. Computer systems ensure police officers, health and education staff are alerted quickly to any child about whom there is concern. Staff know how to report concerns and training has helped increase their understanding of signs that children may be at risk of harm. In a few cases staff fail to recognise the significance of signs that children are not getting the consistent care they need to grow up healthy and safe.

When concerns are reported, staff respond quickly and effectively to protect children, including out of office hours. They support children and families very well when investigating concerns. Suitable alternative care is arranged with family members, local foster carers or residential units when children cannot remain at home safely. Overall, staff use legal measures effectively to ensure children stay safe. In a few cases, relatives are asked to provide care for children for too long without appropriate legal safeguards.

Staff work well together, normally successfully, to help families meet their children's needs. In a few cases, children experience neglect or a lack of care and warmth for too long before action is taken to improve their

circumstances. When there are indications that short term improvements are unlikely to continue managers should provide more robust challenge to staff. More support is required for staff in considering when children need permanent alternative care. Staff assess and monitor children's health needs effectively, providing specialist services when required and supporting children in getting treatment. Children benefit from valuable support to help them achieve well in school. Specialist services to help children overcome the impact of abuse and neglect are normally provided without delay. Clearer plans which set out the desired outcomes for each child would help staff to improve children's lives in the longer term.

Staff have appropriate guidance to direct them when children go missing from education, including children at nurseries. Police and social work staff work closely together to identify and support young people who are at risk when they run away from care placements. Guidance is available to help staff take effective action to protect any child they suspect may have been brought into or moved around the country illegally. Plans are well advanced for further training to raise staff awareness of the risks. Children benefit from a drama and dance programme in schools to help them understand issues related to sexuality. Some staff have had training to help them understand the needs of gay and lesbian young people.

Staff maintain very regular contact with children and know them extremely well. They observe children carefully to understand their feelings. Priority is given to maintaining meaningful, consistent relationships. In most cases, staff communicate very effectively with children and families and work particularly hard to win their trust and confidence. Parents are encouraged very successfully to attend child protection meetings where their views are considered carefully.

Looked after children are supported to attend reviews of their circumstances. Independent supporters are available to help them give their views. Staff take seriously their responsibility to seek out and represent children's views. In many cases, they do this very well but further work is needed to develop ways in which children can be better involved in decisions made about them.

5. How good is the management and delivery of services?

The implementation of electronic recording is helping support the work of health visitors and school nurses. They are taking greater care in maintaining children's health records. As recording improves, this is helping them to share information more effectively. Family health assessments are completed more fully.

Staff, including health staff, are working more effectively together to plan their response to child protection concerns. However, practice in holding initial referral discussions (IRDs) is inconsistent. Paediatricians are not always involved, especially out-of-office hours. Staff are not yet bringing together dated lists of significant events in a child's life to identify patterns of risk. Overall staff consider the need for compulsory measures of supervision appropriately. In a few cases, delays occur in making decisions to refer children to the Children's Reporter. For a few children multiple assessments are carried out delaying action to improve their situation. Staff need stronger challenge to critically review the impact of their work with children and families. A sharper focus on outcomes is necessary to ensure assessments result in plans against which improvements in children's safety and well-being can be measured. Some kinship care assessments are not completed quickly enough. Stronger oversight is needed to ensure that assessments are of a consistently high standard.

Suitably trained doctors are available at all times to offer advice and to carry out medical examinations in a child friendly environment.

The Joint Assessment Group (JAG) takes action at an early stage to share information effectively. This early identification of risks protects vulnerable children from adults or other young people who may pose a risk to their safety including sex offenders or violent offenders.

Chief Officers are committed to achieving continuous improvement through self-evaluation. A range of multi-agency and single agency self-

evaluation activities, including case file audits, are planned and carried out well. Across services, a culture of reflecting on practice is being encouraged to build capacity for further improvement. Learning from self-evaluation supports staff in improving their practice. Children and families are often successfully involved in evaluating the quality of services but this should be applied more widely. Stronger arrangements for managing and prioritising self-evaluation activities would assist the CPC in delivering service improvements and better outcomes for children.

6. How good is leadership and direction?

Chief officers and senior managers are strongly committed to protecting children. The Executive Group for Child Protection monitors the work of the Child Protection Committee (CPC) which reviews the work of its sub-groups. The CPC provides visible and effective leadership to staff working in child protection services. Many improvement actions have been identified and these are monitored and reviewed by the CPC. The CPC could benefit from more direction from the Executive Group for Child Protection to help them prioritise and manage these actions more effectively. The CPC and the Executive Group for Child Protection could usefully review and revise the vision for child protection services in Angus providing a clearer focus on securing improved outcomes for children.

Chief Officers and senior managers across services use improved management information to analyse trends and plan services to meet the needs of children more effectively. Staff across services, including the voluntary sector, are very committed to working together to secure continuous improvement. Trusting relationships are established across services with some staff being co-located. Managers across all services are introducing a new more integrated way of working with families. More work needs to be done with staff to help them understand this way of working and to encourage them to identify what outcomes they are trying to achieve for children.

7. How are services improving?

Through effective joint planning, services have significantly increased the number of staff available to protect children. Progress towards meeting the actions identified in the Integrated Children's Service Plan is monitored but the actions are not outcome focused making it difficult to measure how these affect children and families. The CPC Integrated Improvement Action Plan has the potential to be used to identify key priorities for improvement. These priorities can then be taken forward to improve outcomes for children and families. A start is being made to evaluate these outcomes but this is at an early stage of development. There is increased capacity within services to successfully identify vulnerable children at an early stage through the Pre-birth Resource Allocation Meeting (PRAM) and the Early Screening Group (ESG). Information is shared across services more routinely through the introduction of a child protection messaging system and revised protocols and procedures, including the IRD protocol. Across services there are many examples of significant improvements to the key processes and systems used by staff. There now needs to be more emphasis placed on ensuring that these changes have a positive impact on children and families.

8. What happens next?

We are confident that the services will be able to make the necessary improvements in light of the inspection findings. As a result, we will make no more visits in connection with this inspection. Our link inspector will maintain contact with services to support improvements.

We have agreed the following areas for improvement with services in the Angus Council area.

- Improve plans for children and ensure their individual needs are being met.
- Improve arrangements for managing and prioritising self-evaluation activities, ensuring it leads to better outcomes for children.
- The Executive Group for Child Protection and the Child Protection

Committee should review and revise their vision for child protection services, provide clearer direction and improve outcomes for vulnerable children.

Quality indicators help services and inspectors to judge what is good and what needs to be improved in the work to protect children and meet their needs. Following the inspection of each local authority area, the Scottish Government gathers evaluations of four important quality indicators to keep track of how well services across Scotland are doing to protect children and meet their needs.

Here are the evaluations of these for the Angus Council area.

Children are listened to and respected	very good
Children are helped to keep safe	good
Response to immediate concerns	good
Meeting needs and reducing long term harm	good

We also evaluated the following aspects of the work within the local authority area.

Self-evaluation	good
Improvements in performance	good

Managing Inspector: Fiona McManus
April 2011

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This report uses the following word scale to make clear judgements made by inspectors.

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

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