

Services for children and young people in Angus

November 2016

Report of a joint inspection

Contents

1.	Introduction	2
2.	How we conducted the inspection	3
3.	The Community Planning Partnership and context for the delivery of services to children, young people and families	4
4.	How well are the lives of children, young people and families improving? Key performance outcomes Impact on children and young people Impact on families	6
5.	How well are partners working together to improve the lives of children, young people and families? Providing help and support at an early stage Assessing and responding to risks and needs Planning for individual children and young people Planning and improving services Participation of children, young people, families and other stakeholders	17
6.	How good is the leadership and direction of services for children and young people?	30
7.	Conclusion, areas of particular strength and areas for improvement	33
8.	What happens next?	34
	Appendix 1 Good practice examples	35
	Appendix 2 Evaluated indicators of quality	38
	Appendix 3 The terms we use in this report	39
	Appendix 4 The quality indicators framework	41

1. Introduction

At the request of Scottish Government ministers, the Care Inspectorate is leading joint inspections of services for children and young people across Scotland. When we say children and young people in this report, we mean people under the age of 18 years or up to 21 years and beyond if they have been looked after.

These inspections look at the difference services are making to the lives of children, young people and families. They take account of the full range of work with children, young people and families within a community planning partnership area. When we say 'partners' in this report, we mean leaders of services who contribute to community planning including representatives from Angus council, NHS Tayside, Police Scotland and the Scottish Fire and Rescue Service.

When we say 'staff' in this report, we mean any combination of people employed to work with children, young people and families including health visitors, school nurses, doctors, teachers, social workers, police officers, and the voluntary sector. Where we make a comment which refers to particular groups of staff, we mention them specifically, for example health visitors or social workers.

Our inspection teams are made up of inspectors from the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. Teams include young inspection volunteers, who are young people with direct experience of care and/or child protection services, who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work. Associate assessors are also included on inspection teams. These are staff and managers from services in another community planning partnership area.

In September 2014, the Care Inspectorate published 'How well are we improving the lives of children, young people and families?' A guide to evaluating services for children and young people using quality indicators. Our inspection teams use this guide to reach an independent evaluation of the quality and effectiveness of services. While inspectors keep in mind all of the indicators in the guide, they evaluate nine of the quality indicators in each inspection, using the six-point scale as set out in Appendix 2. These nine indicators are chosen for evaluation because they cover: the experiences of children, young people and families and the difference services are making to their lives; the outcomes partners are achieving in jointly improving the wellbeing of children and young people; and key processes that we consider to be of critical importance. These are: leading change and improvement; planning and improving services and involving stakeholders in doing so; and assessment and planning for children who are particularly vulnerable, including children and young people who are looked after or in need of protection.

2. How we conducted the inspection

The joint inspection of services for children and young people in the **Angus Community Planning Partnership** area took place between 16 May 2016 and 24 June 2016. It covered the range of partners in the area that have a role in providing services for children, young people and families.

We reviewed a wide range of documents and analysed inspection findings of care services for children and young people. We spoke to staff with leadership and management responsibilities. We carried out a survey of staff who have or are likely to have roles as a named person or lead professional. We talked to large numbers of staff who work directly with children, young people and families and observed some meetings. We reviewed practice by reading records held by services for a sample of 94 of the most vulnerable children and young people. We met with 122 children and young people and 88 parents and carers in order to hear from them about their experiences of services. We are very grateful to everyone who talked to us as part of this inspection.

The Care Inspectorate regulates and routinely inspects registered care services provided or commissioned by Angus Council. For the purposes of this inspection, we took into account findings from inspections of all relevant services for children and young people undertaken over the last two years. As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child in the area.

3. The Community Planning Partnership and context for the delivery of services to children, young people and families

Membership of the Angus Community Planning Partnership includes Angus Council, Angus Health and Social Care Integration Joint Board, NHS Tayside, Police Scotland, Voluntary Action Angus, Dundee and Angus College, Scottish Enterprise, Scottish Fire and Rescue, Skills Development Scotland and Tayside and Central Scotland Transport Partnership (TACTRAN). Angus local authority area covers an area of 2,182 km² and borders Aberdeenshire, Dundee City and Perth and Kinross council areas. The population is centred on the localities of Arbroath, Forfar, Montrose, Carnoustie, Kirriemuir, Brechin and Monifieth. Between these is Strathmore, a fertile agricultural area. The Angus Glens, in the north and west of the area are sparsely populated, with farming as the main industry. These remote glens are among the 5% most access-deprived areas in Scotland. Angus has no areas within the 5% most deprived Scottish Index of Multiple Deprivation zones. However, there are some pockets of persistent and multiple deprivation, including the Arbroath Warddykes zone which is among the 10% most deprived in Scotland.

In 2015, the population of Angus was 116,900, which accounts for 2.2% of the total population of Scotland. Angus has a greater proportion of people aged 60 years and over than the Scottish average (29% compared with 24.2%) and a smaller proportion of young people aged 16-29 years (just 15% compared with 18.2%). The number of children under 16 years in Angus is projected to decline by 9.4% over the period 2012-2037, compared to a projected rise of 9% across Scotland as a whole. Angus has experienced a sizeable increase in migrant workers, mainly from Eastern Europe, since 2003. Overall, levels of income and employment deprivation are below that for Scotland as a whole. In 2012, 11.1% of the population of Angus was income-deprived compared with 13.4% for Scotland.

Following a review, the Community Planning Partnership implemented a revised structure in March 2015, comprising:

- the Community Planning Partnership – responsible for three cross cutting issues, (sustainable economy and employment, poverty and disadvantage, shifting the balance of care), oversight of the community plan and single outcome agreement
- the Executive Board – responsible for governance and leadership

The Community Planning Partnership's vision was that "Angus is a place where a first-class quality of life is enjoyed by all". The **Single Outcome Agreement** and community plan, Working Together for Angus 2013-2016, was underpinned by a set of core values and focused on three cross-cutting strategic priorities: creating a sustainable economy and employment; reducing poverty and disadvantage; and shifting the balance of care. The partnership is moving towards implementing a locality approach as a means of delivering better outcomes and enabling communities to be closer to decision making.

A new approach to integrated children's services planning had been adopted following the move towards locality planning, the restructuring of some key council

services and significantly, the findings from the **Dartington social research project**. We say more about this in section 6.

4. How well are the lives of children and young people improving?

Improving the wellbeing of children and young people

This section considers improvements in outcomes community planning partners have achieved in relation to three themes. These are improving trends through prevention and early intervention; improvements in outcomes for children and young people and improvements in the lives of vulnerable children and young people.

Performance in improving outcomes for children and young people was very good. Partners were using data systematically to improve outcomes for children and young people. The Dartington research survey had attracted a very high response rate and the findings were used to inform a set of strategic priorities based on identified needs and risks to children and young people. We found improvements across a range of measures that demonstrated real improvements in the lives of children and young people. We found major strengths in the health and wellbeing of babies and in children's educational achievements. There were improving trends in the wellbeing of many aspects of the lives of vulnerable children and young people. Increasingly children and young people who were unable to live at home were living in family based placements and were able to remain within Angus communities. Children and young people were generally safe within their communities and increasingly made responsible choices in terms of substance use.

How well are trends improving through prevention and early intervention?

Positive trends were being achieved in tackling health inequalities in key child and maternal health outcomes. NHS Tayside performed significantly above the Scotland average for antenatal booking by 12 weeks, with a consistently improving trend since 2010. Although teenage pregnancy rates were still above the national average, partners had achieved a sustained year-on-year decrease in teenage pregnancies since 2002. The percentage of children aged 27-30 months who had their developmental needs reviewed was 93.4%. This facilitated meaningful information sharing between health visitors and preschool centres to ensure appropriate early help for learning was made available to children.

Agreement to supply healthy start vitamins and vouchers from the three main health centres, and their distribution by health visitors across Angus, had led to an increased uptake (70%). Children's dental health had steadily improved. In 2015, 82.2% of Primary 7 children had no evidence of dental decay compared to the national average of 75.3%. All nursery children benefitted from supervised tooth brushing and children received fluoride varnishing to prevent tooth decay.

The rate of obesity in young children was slightly below the national average. Local healthy weight intervention targets had been achieved with the help of prevention programmes such as Fun Fit Tayside, which was specifically targeted at children living in the most deprived areas.

As a result of clear policies and firm commitment from managers, staff had worked well together to achieve reductions in the rate of children and young people experiencing school exclusions. Exclusion rates in primary schools for 2014/2015 were three per 1000 pupils, compared to the national average of nine per 1000. Secondary school rates were similarly positive at 32 per 1000 pupils, compared to 49.6 nationally.

Responses to community safety surveys indicated that a high proportion of the Angus population felt safe in their neighbourhoods. Youth annoyance calls, police warnings and anti-social behaviour complaints were decreasing. The number of children and young people referred to the children's reporter on offence grounds had reduced and the time taken to make decisions about referrals was consistently better than the national average.

Partners delivered a range of preventative and early intervention community safety initiatives that had reduced the risks associated with fires, road accidents and alcohol misuse. Events were held as part of a rolling programme for all age groups from 3-17 years. The Safe Angus initiative was delivered across primary school pupils, with 3600 children participating since 2013. It was a multi-agency programme that included partners from British Red Cross, Education, Royal Highland Education Trust, Police and Alcohol Drug Partnership.

The Safe Drive Stay Alive programme was much appreciated by young people and had been delivered to 8000 young drivers since 2013. Over the past 10 years, Scottish Fire and Rescue Service had operated the Fire Academy, a targeted annual event to promote positive relationships between the emergency services, partner agencies and local young people. There had been a 50% reduction in fire related offending during its period of operation and no young people were killed on Angus roads or in fires during 2014 and 2015.

The Council's housing service had played a key role in tackling the impact of child poverty in Angus through having the fourth lowest rents in Scotland. The efforts of the Welfare Rights Service to maximise the incomes of individuals were highly respected. In 2014/2015 it had generated an additional £217,997 for Angus families.

How well are outcomes improving for children and young people?

NHS Tayside had achieved the full UNICEF **Baby Friendly accreditation**. Breast feeding support was provided across Angus and the percentage of women who exclusively breastfed at the health visitor's first visit was slightly higher at 35.6% than the national average of 35.1%, although it dropped below the national average by six weeks of age. Angus performed better than the Scottish average across all immunisation uptakes for young children, and was one of two local authorities with the highest uptake of MMR vaccinations in Scotland in 2015. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) demonstrated that the proportion of young people who reported they had never smoked, never tried to purchase alcohol and never used drugs was higher than the national averages. Although smoking during pregnancy had reduced, rates in Angus remained higher than the national average, with smoking cessation services in a good position to further improve reductions.

Partners had worked together to improve educational attainment for the majority of children and young people, with particular improvements for pupils in S5 and S6. Angus school leavers had outperformed the national and virtual comparators in literacy and numeracy at levels four and five over the last two years. While the highest performing 20% continued to perform better than the national average, they were attaining slightly less well than their **virtual comparator**. The rate of school leavers who had moved on to positive destinations in 2015 was 93%, exceeding local targets. In 2014/2015, over 35% of young people moved into further education, which was well above the virtual comparator and national percentage. Partners had made constructive efforts to increase the representation of young people within the local workforce. The Youth Employment Framework, the Angus Works initiative, extended work experience, guaranteed interviews and Modern Apprenticeship opportunities were all introducing young people into employment locally.

All secondary schools in Angus supported by the Communities directorate participated in the Duke of Edinburgh award scheme. In addition, an open unit supported young people beyond school age to participate in the award scheme. The conversion rate of enrolments in the scheme through to achievement of awards over the last three years stood at 68%. This compared favourably to other local authorities with a similar mix of urban and rural areas.

How well are the life chances of vulnerable children and young people improving?

The partnership could demonstrate notable improvements in the life chances of vulnerable children and young people. The proportion of children and young people who needed to be looked after by the local authority had been stable over the last five years, consistently below the Scottish average. In 2014/2015, the balance of care was better than for Scotland, with 89% of children being cared for within a community setting. Of these, nearly 70% were living in family-based placements.

Partners had achieved notable success in their aim of increasing the number of accommodated children and young people who could remain within Angus. Remaining close to home improves stability and continuity in school attendance and enables children and young people to maintain important relationships. All children looked after at home, away from home and in kinship care were offered health assessments within four weeks of receipt of notification as looked after, with an acceptance rate of 93%.

The Family Nurse Partnership had successfully encouraged young pregnant women to care for themselves and their children. This had resulted in fewer young women smoking during their pregnancy and more babies born with higher birth weights. Babies within the programme were benefitting from improved breastfeeding rates at birth with 13.3% of young women continuing to breastfeed until their baby was six months old, compared with the national average of 4.3%.

There was a range of positive educational outcomes for looked after children. In 2014, all children and young people who were looked after gained at least one or more Scottish Credit and Qualifications Framework at level 4, compared to the

national figure of 74%. Attainment in literacy and numeracy for children and young people looked after away from home was better than national levels and virtual comparators. There had been a five-year improving trend with regard to initial positive destinations and an improving pattern in sustained destinations for young people who been looked after. Partners recognised that children who were looked after at home were not attaining as well as those who were looked after away from home. Raising Attainment for All (RAFA) initiatives were being used to improve outcomes for this vulnerable group of children. One such initiative had increased the percentage of looked after children engaged in daily supported reading from 21% to 42.9%.

The exclusion rates for children looked after away from home had been successfully reduced and attendance rates across primary schools had been brought into line with the whole child population. However, attendance rates for children looked after at home were lower than national rates and there had been a recent increase in exclusions of this group of vulnerable children.

In 2014/2015, 98% of young people who were eligible for aftercare services were receiving them. Services were confident that positive engagement and relationships with staff had contributed to the 2014/15 rate of 98% of care leavers remaining in contact with social work services consistently above the national average since 2004.

The rate of babies affected by maternal drug misuse in Angus was 7.8 per 1000 live births, which was higher than the national average. Partners had used an **Early Years Collaborative** test of change to successfully support a small number of vulnerable mothers to engage with services. They had been supported to address their substance misuse and therefore the health of their babies had improved. Partners were now considering how to scale up this success across Angus.

Impact on children and young people

This section is about the extent to which children and young people are able to get the best start in life and the impact of services on their wellbeing. It is about how well children and young people are assisted to be safe, healthy, achieving, nurtured, active, respected, responsible and included.

The impact of services on the wellbeing of children and young people growing up in Angus was good. Most children and young people were kept safe at home or in their care placements, but inconsistencies in the quality of assessments and plans compromised outcomes for some children and young people at times when they were particularly vulnerable. Some lived with the adverse consequences of domestic abuse or parental substance misuse for too long. Most babies and young children were thriving with appropriate support from their midwives, health visitors and early years centres. Primary and secondary pupils were achieving more in school and learning to become responsible citizens and take responsibility within their communities. Increasingly, children who could not remain with their families were able to stay within their communities and maintain important relationships in their lives. A few vulnerable children had too many changes of accommodation or

had to wait too long for permanent placements. Children and young people's voices were generally listened to and acted on. This was occasionally less so for some vulnerable children and not all were aware enough of their rights. The uptake of sporting and purposeful leisure activities was a strong feature of life for many children and young people.

How well are children and young people helped to keep safe?

Most vulnerable children and young people who were at immediate risk of harm were kept safe as a result of staff working jointly to share information and act quickly to protect them. Overall, vulnerable children and young people benefitted from regular contact with staff who provided appropriate help and support. A few children were still living too long in adverse circumstances. For example, when the impact of being exposed to repeated incidents of domestic abuse was not recognised by staff. On a few occasions, children who could not remain at home were placed with extended family without important checks being made about the background of those family members and their ability to offer a safe and nurturing environment.

Children and young people generally saw their schools as safe environments. Most young people we met were confident that school staff took appropriate measures to deal with bullying, although a few told us more needed to be done. Children and young people who were unable to remain at home benefitted from clear boundaries and strong encouragement to keep themselves safe by kinship carers, foster families and staff. Foster carers and staff received helpful training on safety, particularly in relation to social media and child sexual exploitation. The recent initiative by Police Scotland and Angus Council to have a dedicated police officer for looked after children was contributing to improved safety outcomes and engagement with this particularly vulnerable group.

How well are children and young people helped to be healthy?

Young pregnant women received very effective early help and guidance by the Family Nurse Partnership. The life chances of some babies were significantly improved by highly effective joint working to help vulnerable pregnant women address their substance misuse. The health needs of babies and very young children were being met by midwives and health visitors who knew them well. They ensured they received their immunisations and most reached their developmental milestones. The young people at school whom we spoke to appreciated having a school nurse they felt they could talk to and who was easily accessible at drop in sessions.

The health needs of children requiring complex care were being met to a high standard through effective joint working between NHS Tayside and school staff. Care leavers and children looked after away from home valued their dedicated community paediatrician and looked after nurse.

There had been recent investment by NHS Tayside in Child and Adolescent Mental Health Services (CAMHS). However, despite this, we found some young people still had to wait too long for a service to improve their emotional and mental wellbeing and there was very limited support for them in the evenings, weekends and in times

of crisis. Most young people in receipt of throughcare services had access to specialist health services when needed. However, some young people experienced variable health outcomes as they were reluctant to engage. The health needs of some children were not met when services were not challenging families about missed health appointments soon enough. Secondary school pupils benefitted from peer-led smoking prevention programmes. In 2015, over 850 primary school pupils attended Well Good workshops run jointly by partners where health issues were explored through drama and movement.

How well are children and young people helped to achieve?

More babies were being read to by their parents and carers as a result of well-embedded initiatives such as **Book bug**. These had led to increasing numbers of parents joining community and support groups to encourage their children's development. Young children, including those with developmental delays, were making appropriate age and stage achievements through attendance at pre-school centres. Overall, early years establishments provided high quality environments for young children to develop.

The majority of children and young people across primary and secondary schools were improving their attendance and attainment levels. Where required, children and young people with additional support needs benefitted from helpful individualised learning plans. Educational psychologists worked effectively with each looked after child, promoting their learning and planning for their transition between services. Partners were seeking innovative solutions to reduce exclusions and improve attendance of children who were looked after at home. There was a wide range of opportunities for all children and young people to demonstrate their wider achievements through volunteering and youth work.

How well are children and young people helped to experience nurturing care?

Babies and very young children benefitted from a range of services that promoted positive nurturing care such as support for breast feeding, baby massage, play@home, nurture tree and the Bumps and Beyond group.

Children with social and emotional needs were benefiting from nurture interventions that were now well established in schools, social work premises and early years centres. This promoted positive attachment with parents and carers, helped children make peer relationships and increased their readiness to learn. There were several nurture rooms in primary schools and cosy corners in pre-school centres.

Many children and young people whose names were, or had been, on the child protection register experienced stronger nurturing relationships because their parents had been helped to make important changes to their behaviour or lifestyle. However some children did not always have their needs for a stable and nurturing environment met as they continued to live with the impact of parental substance misuse, poor parental mental health or domestic abuse.

Angus council fostering service was inspected by the Care Inspectorate in April 2016 and found to be delivering a high quality of service. Most children and young people

looked after away from home were settled in stable, caring placements, however a small number experienced too many moves and lived with uncertainty about their long-term future. A few young people receiving aftercare services were reluctant to engage with services and as a result struggled to establish positive relationships and were living unsettled lives.

How well are children and young people helped to be active?

All children received two hours of physical education each week. The **daily mile** was being incorporated in schools across Angus. Increasing numbers of young people were taking part in extra-curricular activities and sport. A rise in the number of volunteers, some of whom were senior pupils, delivered sporting activities either in their own school or in the local primary setting. The council paid for interested parents to achieve coaching qualifications. This broadened the range of sporting activity available and encouraged children and young people to pursue sport in their local community. Overall, young people were positive about the availability of sport and leisure activities in their communities. Families of young children appreciated the recent refurbishment of play areas where their children could play safely. Some children and families told us the cost of activities made it difficult for them to participate. Similarly, some families told us there could be very long waiting lists for council-run lessons in some sports such as swimming and gymnastics for young children.

Most young people looked after in residential care were encouraged by care staff to use leisure facilities. The Strathmore Centre in Forfar provided short-term residential respite care and additional day care for young people with complex needs. Strathmore maintained a useful directory of venues and services which were accessible to children and young people with disabilities, thereby enabling opportunities for access to services within the local community. There was an impressive range of activities available for children and young people with additional needs, with good attendance rates. These included badminton, table tennis, rebound therapy and cycling, adapted so children with specific needs could participate.

Children and young people living in foster care were helped by their carers to take part in sport, join activity clubs and develop hobbies. Children looked after at home benefitted from access to free leisure passes.

How well are children and young people respected?

Pupils we met felt listened to and believed they had a say in the way schools were run. Vulnerable children and young people benefitted from positive, working relationships with staff who knew them well. Most children and young people we met reported that they were treated with respect. Their views were sought and listened to. Where appropriate, staff spent considerable time with young people to explore their cultural history and ethnicity. Pupil councils in schools were responsible for collecting and representing issues and comments from other pupils. Children and young people with communication difficulties benefitted from staff using Makaton to help them express and share their views. Children with a visual impairment in schools had their views sought using a series of age-appropriate questionnaires.

Looked after children and young people were encouraged to complete Viewpoint which is an online consultation tool specifically designed for use by children and young people as a means of feeding back about their experiences of the care and support they receive.

The **wellbeing web** is a tool routinely used by children to give their own perceptions of their wellbeing across the wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included). In our review of vulnerable children's records, we found that a few children and young people had clearly expressed their views and wishes about their emotional or health issues, but these were not always acted on or followed up appropriately. Sometimes workers placed too great a focus on parental wishes, or considered siblings as a group rather than considering each child's individual needs and potential. Some children and young people had not been made aware of their rights.

How well are children and young people helped to become responsible citizens?

Many children and young people were being encouraged to take on levels of responsibility in keeping with their age and maturity. Pupil councils were proactive and managed by the children and young people themselves. All schools successfully promoted participation in Duke of Edinburgh awards. Many children and young people looked after away from home benefitted from effective support to take responsibility for their behaviour, influence decisions about their future and learn to become responsible citizens. Police youth volunteers had increased their awareness of the need for responsible behaviour to keep their communities safe. A Fire Academy initiative run in partnership with the Communities directorate enabled young people to develop and demonstrate responsibility through a strong youth work approach. Some young people who had been involved in offending or substance misuse had been helped to take responsibility for their behaviours. An Opportunities for All group for 16-19 year olds helped young people who were not in a positive destination when they left school. Joint working with social workers and Skills Development Scotland was successfully improving long-term outcomes for these young people. Almost all young people in receipt of aftercare services had received a range of practical and emotional support and consistent encouragement to take responsibility for their own independent living. Nonetheless, in our review of vulnerable children's records, we found staff did not routinely consider how they could provide opportunities for young people to learn to become responsible citizens, when meeting to make and review young people's plans.

How well are children and young people helped to feel included?

Services were working hard to reduce the barriers that prevent children and young people from being fully included in their communities. Families in greatest need benefitted from emergency payments for clothing and other essential household items. Pupils from families unable to meet the cost of extra-curricular activities were often able to take part with their friends because money was made available from school funds. The cost in time and money of travel in rural areas was eased for some families through the valuable volunteer-driver scheme.

Children and young people in foster care had been helped to develop a strong sense of belonging, through being included in the wider family and community where they lived. Their views about family contact were listened to and acted on where it was safe to do so. An inspection of the council's residential unit for young people carried out by the Care Inspectorate in April 2015, found that the service was very good at involving young people and in assessing and improving the quality of care and support they received. This helped young people to feel included and to feel that their views were valued and respected.

Some vulnerable children and young people returning after a period away in a care placement outside Angus did not always benefit from specific consideration of how to promote their sense of belonging. A small number of young people told us they felt socially isolated. More positively, young people identifying as lesbian, gay, bisexual or transgender were being increasingly included within schools. For example, Montrose Academy had established a lesbian, gay, bisexual or transgender pupil group, which had the backing of the parent council.

We found positive examples of staff using technology to break down important barriers to inclusion. Those who were visually impaired benefitted from equipment allowing them to fully participate in class activities. An aid called a bilingual pen facilitated communication when English was an additional language. Gypsy and traveller children had a named health visitor who ensured they had easy access to health services. A dedicated principal teacher worked closely with the site manager at St Christopher's caravan park, an official site for gypsy and traveller families. Gypsy and traveller families across Angus also benefitted from communication with a full-time liaison officer in Angus Council.

Impact on families

This section is about the extent to which family wellbeing is being strengthened and families are supported to become resilient and meet their own needs. It also considers parental confidence and the extent to which earlier help and support has a positive effect on family life.

Impact on families was good. Many parents were more resilient and confident as a result of services received from a range of sources, including midwives, health visitors, family nurses and social workers, psychologists, and third sector organisations such as Barnardo's. Significant efforts were being made to support parents with learning disabilities. The confidence of some fathers in caring for very young children had been enhanced by their participation in Dad's groups. Parents and carers of teenage children valued parenting classes which strengthened their resilience in responding to challenging behaviour. Some parents benefitted significantly as a result of coordinated service from adult addiction services. On occasion, parents with mental health needs or experiencing domestic abuse were not getting help soon enough. For a few families whose children were or had been in need of protection, parenting assessments had not been completed quickly enough to inform decisions about what support was appropriate. A parenting strategy and action plan was still in development.

Overall, parents and carers were being supported to become more resilient and confident as a result of help from a range of high quality services. Almost all of the vulnerable families whose records we read benefited from regular meaningful contact with key staff. Midwives were proactive in their assistance for pregnant women. They routinely referred them to other services including the Bumps & Beyond group and Homestart. Parents who were socially isolated particularly valued the support of Homestart staff, who they said worked in partnership with them, providing transport when necessary and accompanying them to activities in their communities.

Many families with young children were benefitting from an effective health visiting service. Health visitors helped parents to improve their child's development and wellbeing through positive individual work that helped to raise their self-esteem and their confidence to engage in their own communities. Community childminding services were available for families when needed. Families were receiving earlier and more coordinated assistance from the new integrated family support teams including in the evenings and weekends. As a result of their involvement, positive interaction between many mothers and babies had increased and their parenting skills and confidence had improved.

A number of parent councils had increased capacity within their communities by using the skills of local residents to add to the learning experiences of children and young people. Local residents participated in gardening clubs and out of school hours sporting activities. Parents we met valued the Strathie Café which met weekly in Strathmore Primary School. It provided a forum for parents to meet and find out about their children's transition from nursery to primary and receive advice from each other about school issues or worries they had about their child.

A school-based support group for families whose first language was not English was well attended. Families had access to the range of games and learning resources used in school. As a result, parents felt more able to encourage their children to learn at home.

We found a range of evidenced based parenting programmes to support families and carers. Evaluation of the Strengthening Families programme had shown it to improve parenting skills and family relationships. Groups that addressed handling children and teenage behaviour were also strengthening family resilience in responding to challenging behaviour from older children. Foster carers experienced a wide range of regular, informative training and social events organised by the local fostering network. Carers we met valued easy access to advice from their social workers and the specialist health team for looked after children. Parents with learning difficulties benefitted from staff making sustained efforts to assess their parenting ability and equip them to successfully care for their children by improving their knowledge, skills and confidence.

A few parents were not given help early enough to prevent issues arising. This included a few parents whose children's names were, or had previously been, on the child protection register when staff had not always recognised what was needed. A few families had experienced delay in being offered a specific parenting programme,

and therefore did not have the opportunity early enough to develop and improve their parenting skills.

The confidence of some fathers in caring for very young children had been enhanced by their participation in Dad's Groups. Play was used to good effect to build parenting skills, improve social skills and self-esteem of children and their fathers. Participants were very positive about their experience of these groups.

Vulnerable families across Angus benefitted from a range of effective services including family mediation and the **family group conference** service provided by Barnardo's. These meetings had helped families make decisions about the best way to maintain themselves as a family and take care of their children. Family mediation improved family relationships and communication. Many children and families affected by parental substance misuse had been helped by the Hopscotch Project. This multi-agency early intervention and prevention service was delivered in partnership by Barnardo's, Tayside Council on Alcohol and Angus Carers' Centre.

There had been a steady decrease in the number of families experiencing homelessness. The welfare rights service located within the children and families social work service's intake team had successfully generated income for many families affected by poverty. Almost all families receiving support from the children and families disabilities service had had their needs assessed and plans agreed, using a **self-directed support** approach. This enabled families to choose a service provider most appropriate to their needs.

A parenting strategy and action plan had been developed in consultation with parents, using evidence from the Dartington research. However, it had not yet been completed and implemented. The lack of a parenting strategy and action plan meant services to support families were not always communicated to staff and families or coordinated to ensure that the most appropriate service was accessible. There was also no directory of services available for families, and many parents depended on other parents to hear what was available.

5. How well are partners working together to improve the lives of children, young people and families?

Providing help and support at an early stage

This section considers how well staff recognise that something may be getting in the way of a child or young person's wellbeing, share relevant information and intervene early to stop difficulties arising or getting worse.

The extent to which services provided help and support at an early stage was good. Staff were skilful at recognising when children, young people and families were in need of additional help. Training had helped most staff to understand their roles in providing help and support to children, young people and families. In most cases, information was being shared effectively, and clear guidance and protocols were helping to guide all partners. Across services, staff had formed trusting relationships and shared information in an open and effective manner. On some occasions, people taking on named person responsibilities were not always aware of police concerns promptly enough. There was a strong commitment among staff to providing early help and support, and staff across services were working jointly in a flexible cooperative way to improve outcomes for children, young people and families. Some staff and families told us they were not always aware of what help was available or how to access it.

Staff were familiar with the principles of **Getting it Right for Every Child**, which was supporting partnership working through the use of a common language and a shared assessment framework. Eighty four percent of respondents to our survey agreed that Getting it Right for Every Child had made it easier to help children, young people and families at an early stage. Ninety two percent of respondents agreed that their service does everything possible to ensure that children and young people receive timely help and support to give them the best start in life.

There is a well-established five-stage intervention process agreed by partners in Angus which staff used to identify the level of need and additional help a child needed. Midwives were identifying pregnant women and families who needed help at an early stage and were referring them to other services as appropriate. The monthly pre-birth resource allocation meeting had been established in Angus in 2006 involving midwives, social work, police, and housing and third sector organisations. Evaluations of the pre-birth resource allocation in 2013 and 2016 indicated that most children who received services as a result of referral to the group were being cared for at home by birth parents or extended family members. Most families were engaging with professionals on a voluntary basis.

There was effective and proactive joint working between the housing, education and health services to ensure that families experiencing homelessness were not placed outside the catchment area of the children's schools or the families' support networks, including friends and family.

Successful early approaches combined with joint working was particularly improving the life chances of babies affected by maternal substance misuse.

Health visitors knew families well and were efficient in recognising when families needed assistance. A named health visitor was identified for each of the travelling families, which had improved engagement with health services and high uptake of immunisations. Staff across different services worked flexibly to improve outcomes for children, young people and families when a need was identified.

Cool2talk is an interactive website for 12-20 year olds to engage in health related matters. Young people were positive about this service, with most queries relating to relationships and mental wellbeing. Almost all education staff recognised children who needed help and enabled them to learn and develop. They engaged pupil support assistants, educational psychologists and some third sector organisations to offer support. Pupils were then developing the confidence and resilience to achieve well and develop as successful learners. Appropriate earlier intervention had also led to a decline in the number of children and young people being excluded from school.

Police services were proactive in ensuring there were officers on the ground to liaise with parents, head teachers and local communities. They generally shared information appropriately and used it well to make decisions. Occasionally, the initial information from the police service was not as clear as it should have been, which delayed action being taken. Health visitors reported some delays in receiving police concern reports on time. An early-screening group was in place to share information known to agencies and to jointly decide on the best response for the children who are subject to a child concern report. However, the meetings did not routinely include the person taking on named-person responsibilities, which meant the group sometimes made decisions without involving staff who knew the child and family. Senior managers had agreed to review these arrangements.

Information sharing during evenings and weekends between social workers, police and health services and the out-of-hours service was prompt and effective when there were concerns a child may be at risk. This helped out-of-hours staff to plan their workload and intervene more effectively.

The Communities directorate, social work team, criminal justice service, NHS sexual health and substance misuse services, family support service and third sector organisations provided a good range of opportunities and targeted interventions, such as the Friday Night Project and the Brechin Youth project. These were aimed at promoting responsibility and diverting young people from offending behaviour. Members of the Children's Panel told us they had seen a positive impact of early intervention over time. Whilst these diversionary and advice projects were effective, staff were not always aware of their availability and how children and young people could access such opportunities.

A range of accessible early interventions were being delivered across Angus. These included Parent-to-Parent, Just Play and Homestart. These interventions were helping parents and carers to engage with their children in play. Primary mental health workers were providing meaningful support and advice to some children and

young people to improve their emotional and mental wellbeing. Some families experiencing domestic abuse did not always get help early enough.

In a very few instances, there were indicators of child sexual exploitation which were not explored with sufficient rigour and the safety of the young people was not improved.

The recent helpful initiative by Police Scotland and Angus Council to have a dedicated police officer for looked after children was contributing to improved safety outcomes for looked after young people.

Assessing and responding to risks and needs

This section examines the quality of assessment of risks and needs in relation to three themes. These are: the initial response when there are concerns about the safety or wellbeing of children; the effectiveness of chronologies to identify significant events in a child's life; and the quality of assessments.

Overall, the assessment of risks and needs was adequate. We found that strengths just outweighed weaknesses. Staff were working well together to ensure most children and young people at risk of harm were kept safe, including at evenings and weekends. The majority of the needs assessments reviewed during the inspection were of a good or very good standard. The dedicated NHS team undertook comprehensive health needs assessments of children who were looked after, and worked effectively with all services to fully inform overall assessments. However, although staff were preparing chronologies of significant events, the majority of these were not effective in informing assessments and developing children's plans. They did not support staff to fully understand the impact of patterns of parental behaviour, or identify risks to the child. For a few children, action was not taken promptly enough as a result of delays in identifying all or some of the risks to their safety or wellbeing. While a majority of risk assessments were of a good or very good standard, a significant minority were not of a good enough standard. The practice of looking at only some wellbeing indicators when completing assessments resulted in staff, at times, not fully appreciating all of the child's needs and potential.

Initial response

Where there were concerns that a child or young person was at risk of harm, staff in most cases shared information promptly and responded effectively, including at weekends and during evenings. The public had access to an online reporting form, which they used to share concerns about children. There were positive examples of police and out-of-hours social work services jointly providing support for families in crisis and keeping children safe. Where there were concerns that a child or young person posed a risk to others, services responded appropriately. Alternative accommodation was found in most cases when it was no longer safe for the child to remain at home.

However, for a significant minority of children and young people, staff did not fully recognise or identify risks, which led to delays in prompt action being taken. These included repeated domestic abuse incidents or relevant factors in parents' own history that could indicate a heightened risk to the child. Staff did not routinely use all the available information known about the child's circumstances in deciding what immediate interventions were needed.

Co-location of key staff had enabled better involvement of partners in initial referral discussions and had led to improvements in the initial response when concerns were raised about a child. Staff had face-to-face discussions where possible, or used teleconferencing to ensure all partners who knew the child were involved, including education staff. However, we found staff in different services did not always agree about what action needed to be taken. There was considerable variation in the quality of recording of key decisions and initial referral discussions. Sometimes it was not clear why decisions had been taken. There were limited arrangements in place to routinely review or quality assure the discussions and decisions made.

At the time of the inspection there was a lack of clarity around arrangements for the transfer of cases between social work teams which had the potential to cause delays in children receiving support. Senior managers have advised us they have taken action to resolve this issue.

Chronologies of significant events

Almost all the children and young people whose files we read contained a chronology of significant events but we found the majority were not effective in informing assessments and developing children's plans. They often started when the child was referred to services and did not always contain significant events or changes in circumstances at all stages of a child's life. Actions taken in response to events such as injuries or domestic abuse were often not recorded on the chronology. We found little evidence that chronologies across services had been subject to the review or analysis needed to inform sound assessment of risk and need. Staff were not routinely using chronologies in their work together to inform a shared assessment of risks and needs. Across services staff held differing views about the value of preparing and using chronologies as an integral part of their work with families and with each other. Children's reporters considered that chronologies lacked crucial information to help them make decisions. However, there were pockets of promising practice in staff using chronologies on which managers could build. Staff at Brambles residential home for young people had used chronologies to identify patterns of concerning behaviours and some staff in family support teams had piloted the use of chronology meetings as a starting point for assessments of risk and need.

Assessment of risks and needs

The majority of the needs assessments we reviewed during the inspection were of a good or very good standard, with just a few being evaluated as weak. The wellbeing web was consistently used across services to identify outcomes and provide more challenge around progress and pace of change in families. This was a tool which children could use to record their own perceptions of their wellbeing. It had also

helped staff develop a stronger outcome focus in their practice. The paediatrician and looked after nurse carried out comprehensive health needs assessments of children who were looked after and accommodated. They knew the children well and were proactive in working jointly with partners to inform overall assessments. Paediatricians also were closely involved with the assessment and planning for children with complex needs.

We found the majority of risk assessments were of a good or very good standard when we reviewed practice through reading case records. Staff used a range of suitable multi-agency protocols to assess and plan together for management of risks. However, a significant minority (16%) was evaluated as weak or unsatisfactory. In these cases, the quality of risk assessment was compromised when staff did not recognise the potential impact for children of some information. Information about previous and current domestic abuse, previous injuries or previous offences against children was not always given enough significance in assessing current risks. The national risk assessment framework was not used routinely. A few children experienced neglect and adversity for too long as a result of this minority of poor risk assessments.

Throughout the course of the inspection a consistent view emerged from staff and stakeholders that the current format for recording integrated assessments did not facilitate staff to produce a high-quality product. Its structure was viewed as unhelpful in guiding the analysis of risk and need. The template was long and complicated and made it difficult for other professionals and families to follow. We found that staff were not considering all wellbeing indicators routinely when undertaking assessments. This limited the potential for a strengths-based holistic assessment.

Planning for individual children

This section considers the quality of children's plans and the effectiveness of arrangements to review them.

Planning for individual children and young people was adequate. Almost all children and young people who needed a plan had one in place to direct staff in managing risk and meeting need. The majority of plans set out the desired outcomes for the child or young person. However most plans were not SMART (specific, measurable, achievable, realistic and time bound) and many were not linked well enough to the assessment of the broader wellbeing needs of the child. Staff worked well together to review plans but the important role of the community assessment and reviewing officer in improving the quality of planning practice through independent challenge had not yet been fully realised. Stable and caring environments were secured for the majority of looked after children but this was not the case for a significant minority.

The quality of children and young people's individual plans

Almost all children and young people who needed a plan had one in place to direct staff in managing risk and meeting needs. The majority of plans set out the desired outcomes for the child or young person. However one in four was not outcome

focused, meaning it was not clear what needed to change to improve the child or young person's circumstances and wellbeing. Although we judged planning processes for children and young people to be generally good, many written plans we saw just met an acceptable standard. A significant minority of plans lacked enough detail about the child's holistic needs based on the wellbeing indicators to deliver personalised care to individual children and young people. The different needs of siblings were not informing plans. Most plans were not SMART, making it difficult to track progress on actions and the extent to which the child's outcomes were improving. Managers acknowledged the need for plans to be more specific and time bound.

There was, in some cases, a lack of consideration of children's individual needs, interests and potential to achieve. This restricted opportunities for some of the most vulnerable young people to experience success.

Reviewing progress, joint planning and decision making

Staff generally worked well together to plan for and meet the needs of vulnerable children and young people. Staff knew each other well and were confident enough to speak out when they were not happy about the progress of a plan at a case conference or review of plans. Almost all plans were reviewed often enough to meet the needs of the child or young person.

Community assessment and review officers acted as independent chairs of reviews for children and young people. These included children whose names were on the child protection register, who were looked after at home, in respite care or away from home, and care leavers. The important position of the officers as independent chairs in improving the quality and delivery of plans through constructive challenge was not always consistent. Recent changes had been made in governance which should give them more independence and strengthen their ability to challenge and improve planning practice. Community assessment and review officers took responsibility for supporting the development of children's plans at child protection case conferences and looked after reviews they chaired. Occasionally there was a lack of clarity about what had been agreed at the meeting, and sometimes there were delays in staff receiving the minute and the plan.

Securing stable and caring environments

Effective joint planning was securing stable and caring environments for the majority of looked after children.

Young people were supported to access a range of appropriate services and these were helping many care leavers move successfully to independent adulthood. Foster carers were helped to build their skills and knowledge to provide stable care for children and young people. They also received valuable advice and support from their social workers. Specialist support from educational psychology and the health team for looked after children meant that a significant number of children and young people with very challenging behaviour or additional support needs were able to remain with their foster families.

Barnardo's family service multi-disciplinary team was making a positive impact on children being able to remain with their carers. This was helping to reduce the number of children and young people having to live away from their community. Individual work with young people and carers was undertaken using a range of specialist interventions including play therapy. The team built resilience in locally provided services to help them continue to care for children and young people, including with foster carers and in the children's residential unit and schools.

Respite care for foster carers was being increased in order to help them to continue to care for children in difficult circumstances. Partners had very successfully reduced the number of children experiencing the disruption caused by moving away from their school peer relationships and community.

Adoptive families were being strengthened through regular meetings where they gained important informal peer support as well as structured sessions to build their knowledge and skills. An Embrace group had been established to enable children to meet others who have been adopted and with whom they could share experiences as they grow up.

Angus council has a systematic process in place to review performance information on a monthly basis in order to progress in finding more permanent placements for children and young people looked after away from home. Managers identified that for some children there had been delays in achieving a permanent placement. This was confirmed during our review of records where we found only just over half of permanency plans were progressing well. The service had taken important steps recently to review practice in permanency planning in order to secure permanent placements for children and young people more quickly.

Planning and improving services

This section considers the rigour of integrated children's services planning and strategic planning and the extent to which it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

Joint planning to improve services was good. Senior managers had reviewed and strengthened accountability and strategic leadership of children's services planning. Partners had a track record of improving and developing services through joint working, but needed to get better at measuring the impact of their work together. Findings from the Dartington social research project had provided a strong foundation for children's services planning. Partners had agreed a new, ambitious approach to planning based on three life stages, which was at an early stage at the time of our inspection. Child protection committee governance and reporting arrangements were well established. We found some strength in the commitment to improve, address and support practice and link effectively with adult protection and the drug and alcohol partnership. There were some significant achievements, and the approach to child sexual exploitation was positive and coherent. The committee was developing its profile at a strategic level and this was being

supported by its new independent chair. Overall, service risks were being identified and managed appropriately in individual services. The practice of undertaking risk assessments when planning significant changes to services was not yet fully embedded.

Integrated children's services planning

The **integrated children's services plan** 2013-2016 had successfully united partners around joint operational planning and had delivered a number of tangible improvements in services. These included the implementation of some aspects of Getting it Right for Every Child, along with joint approaches that had led to improved outcomes for vulnerable babies and for care leavers. However, while some good work had been achieved, there was limited measurement of the overall impact of the plan and partners relied heavily on nationally reported performance indicators to measure success. Partners recognised the need to now implement a sharper, strategic focus on leading and delivering integrated children's services planning. They had agreed a revised remit, membership and governance arrangements for the new Integrated Children's Services group.

Partners were finalising an interim children's services plan 2016-2017 at the time of the inspection. They had embarked upon a new and ambitious approach to integrated children's services planning. This had followed a move towards locality planning and the restructuring of some key council services. The findings from the Dartington social research project had provided a detailed assessment of the needs of children and families. Partners were able to agree three age and life-stage priorities from the results along with a number of cross cutting themes:

- improving the early social and emotional development of children aged 0-5 years
- improving engagement with school children and young people aged 9-19 years
- preventing the early initiation of substance misuse of children aged 12-16 years.

There were examples where this research had been used to inform planning at a local level. For example, schools, community learning and development, police and family support services had developed actions relevant for their areas within clusters of schools.

The interim children's services plan set out a high level commitment to prioritise resources towards early intervention and prevention by changing the way staff delivered services. Within each of the life stage priorities, partners had identified evidence-based approaches for implementation, some of which were already underway, such as the Strengthening Families programme and the Whole Family Approach.

Senior managers had reviewed and strengthened accountability and strategic leadership of children's services planning. However, these new arrangements were still in development and some were at a very early stage. Partners had not yet agreed or developed a shared approach to how they would jointly fund or commission services to deliver the aspirations and priorities identified within the interim plan. A joint performance reporting framework was in development. Some

partners were unclear about how changes to planning structures linked to other planning, including community safety and the development of locality planning arrangements.

Representation of some key agencies as equal strategic partners had been slow to achieve. While health managers had been involved in developing and agreeing the interim plan, NHS Tayside had only an interim lead for the Early Years workstream at the time of the inspection. Despite representation at the integrated children's services group, third sector colleagues did not feel sufficiently involved at an early enough stage in planning services. Some providers felt they had been consulted about commitments in the interim plan after decisions had been taken.

Child protection committee business planning

The public protection executive group had recently reviewed and strengthened oversight and governance of the work of the **child protection committee** alongside other safety partnerships in Angus. Effective links between the child protection committee, the adult protection committee and the alcohol and drug partnership were in place.

The child protection committee had led programmes of self-evaluation which compared performance against national quality indicators. They were professionally curious and used management information, feedback from people who used services and staff and file audits to refine key processes and develop practice.

The committee analysed data, for example the relation between the volume of child concern reports and referral rates to the social work intake and child protection teams. Although some of the findings from the committee's own self evaluation of practice were similar to those of our own review of records, greater challenge was required in applying the quality indicators more consistently. The committee's sub-groups reported regularly on progress and could demonstrate a broad range of achievements in raising public awareness, helping young people to keep themselves safe and analysing trend and performance data to improve practice.

The child protection committee had consistently published an annual report of its activities and business plans in a SMART format. Although earlier versions of business plans described funding implications, recent plans lacked detail about resources. The committee was aware of the need to get better at measuring the impact of its work and translate this into outcome-focused business plans. However, the recently appointed independent chair was developing a new approach that reflected a more strategic understanding of key areas of business, including a range of joint self-evaluation activities. Partners were in a good position to build on this and address some of the findings contained in our review of vulnerable children's records, which had highlighted the need for improvements in practice.

In 2015, the public protection executive group requested an enhanced focus on child sexual exploitation (CSE) and the child protection committee had remitted this to the practice sub-group. Partners were highly motivated and had worked very well together, taking accountability for ensuring actions were implemented within their own agencies. A 12-month action plan had been developed and implemented with

regular progress reporting to the committee and executive group. Achievements included:

- a programme of activities to raise awareness with priority groups of children, young people and key stakeholders that received very positive feedback and resulted in an increase in self-reporting
- a review of internal processes and confidence that services were in place to respond to young people who were victims of exploitation
- informing and engaging with a newly-formed NHS Tayside group that was beginning to gather intelligence from GPs and accident and emergency services
- an accurate and shared understanding of operational and strategic actions required to strengthen the links and broaden ownership across wider partners and within communities.

The group was well-placed to build on the work to date to develop an evidence-based Angus CSE strategy that is fully representative of all relevant partners.

Managing and mitigating risks

There were examples of service risks being identified and managed appropriately within services. During 2015, significant mapping work was carried out to understand the relationship between the numbers of children on the child protection register, the implementation of Getting it Right for Every Child and the structure and strength of the early intervention and child protection systems. This self-evaluation work was carried out on a partnership basis and had directly influenced single-agency service review including the redesign of family support services, social work intake services and plans for the implementation of the named person service. Chief officers had strengthened their role in holding the child protection committee to account, identifying potential issues from their examination of performance data and scrutiny findings. The newly formed meeting of chairs of protection committees and safety forums provided a promising opportunity to identify and assess strategic service risks across the protection agenda. The child protection committee could demonstrate where they had responded effectively to practice and performance issues but had yet to demonstrate its role in reviewing potential and emerging strategic risks.

Leaders had discussed the risks in changing the model of children's services planning, from thematic care groups to age and stage work streams and the groups had continued to operate alongside the development of the new approach for a period of three months. However, this would have benefitted from a more systematic approach to considering the impact of the changes in order to reduce staff anxieties and ensure any gaps in decision making were addressed. The integrated children's services group had not yet agreed their approach to jointly identifying and mitigating service risks.

Participation of children, young people, families and other stakeholders

This section examines the extent to which children, young people, families and other stakeholders are involved in policy, planning and service development.

The extent of participation by children, young people, families and other stakeholders was good. Overall, it was evident that when children, young people, families and other stakeholders had the opportunity to influence the development of policies, planning and services, it had a positive impact and added real value. There were key strengths in the approach to consultation and communication where partners used a wide range of child-centred and age-appropriate mechanisms to achieve this. There was evidence that some children and young people were being supported to exercise their rights. Managers recognised they needed to do much more to ensure that the use of independent advocacy was available to all children and young people who needed it. The partnership had yet to develop an overarching partnership participation and engagement strategy with young people, to provide a more consistent and coordinated approach to the participation of children and young people, families and other stakeholders.

Involvement in policy, planning and service development

There was a strong commitment to meaningful engagement with children, young people, families and other stakeholders. Some services could clearly demonstrate how and where they had reflected the views and issues important to children, young people and families. This participation had informed improvement planning for the community learning and development service, website development, review of the wellbeing tool, the NHS autism and paediatric strategies and the partnership autism strategy. There was significant involvement of children and young people in the Dartington research, with a response rate of 94%. Partners had used this to identify strategic priorities for the interim integrated children's service plan. Although children's and young people's views, captured by the Dartington research, informed the plan, they were not directly involved in the production of the plan. While there were many positive examples of involvement and engagement, there was no overarching partnership strategy to ensure that activities were coordinated and embedded across all aspects of service planning. Nearly half of the staff were not confident that their own views and those of children, young people and families were taken into account when planning at a strategic level.

The corporate parenting board was working hard to involve and engage young people who were looked after. Young people who attended the corporate parenting board had instituted, named, developed and launched their own 'transformers in care board'. This had resulted in care experienced young people being able to shape and influence policy, planning and service development. They had actively participated in the planning of the new residential unit and activities that took place there. Substantial progress had been demonstrated in the transformation of the corporate parenting strategy to a corporate parenting pledge. The pledge had 10 commitments jointly developed, reviewed and owned with the young people. They had been produced in a user-friendly format designed by young people themselves.

Partners had committed to increasing the involvement of the third sector at strategic level and the third sector forum had been developed, but it was not yet fully mature.

The implementation of locality planning was at an early stage. However, leaders were involved in a rolling programme of large scale local engagement and

consultation events, using an approach called Charettes. These were locality-based sessions where leaders, senior managers, planners and community members had a forum to exchange ideas and identify local planning priorities.

Communication and consultation

There was a strong commitment across agencies to provide children and young people, families and carers with a wide range of opportunities and mechanisms to express their views and provide feedback. In particular, vulnerable groups or those children and young people with additional needs were better able to engage through the use of adapted tools and approaches. Community learning and development services had delivered a number of approaches which provided children, young people, families and stakeholders the opportunity to be involved in local decision making. Social media was used when appropriate.

The corporate parenting board and transformers in care board had implemented effective approaches to consulting young people who were looked after away from home and those receiving support from aftercare services with the help of Who Cares? Scotland.

NHS Tayside had implemented a comprehensive approach to consultation with the general public, children, young people, families and staff. The NHS board had also been proactive in seeking views on a range of issues using various mechanisms including Facebook and Twitter. CAMHS had developed a questionnaire for children, young people, families and carers to give feedback regarding the service they were receiving. They then gave feedback on actions taken using a 'you said, we did' format.

The Children and Learning directorate within the council consulted with children, young people, parents and staff using a broad range of approaches including questionnaires and focus groups. Parent and pupil councils were well established and routinely engaged in formal consultation and feedback. Young people had been informed about the outcome of the Dartington surveys.

Services had taken positive action to engage seldom heard families and communities through a range of approaches including job centres, outreach street walkabouts and pop up shops. The child protection committee regularly attended community events to raise awareness, engage and consult with the wider community.

Promoting the rights of children and young people

Regular awareness raising sessions promoting children's rights were embedded across all primary schools in Angus. Young carers were able to use cards which identified them as young carers. This was helping them to promote their rights of access to appropriate levels of help from a range of services without having to explain their circumstances every time.

Who Cares? Scotland worked closely with vulnerable young people who were living in residential units and young people in receipt of throughcare services. As a result,

this group of young people were able to exercise their rights and express their views through advocacy.

Our review of vulnerable children's records found that in the majority of cases we read, staff had supported children and young people well to understand and exercise their rights. The majority of children and young people were receiving independent advocacy when required. Senior managers had taken recent steps to increase the capacity of the Who Cares? Scotland worker. Some children and young people with complex needs benefitted from effective assistance from the youth advocacy worker from the parent-to-parent service.

6. How good is the leadership and direction of services for children and young people?

This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.

Leadership of improvement and change was good. Leaders had set out a positive vision for children and young people in Angus, built on shared values and a set of agreed priorities. A Getting it Right for Every Child approach was established at strategic level. It had yet to be implemented fully at operational level. The partnership had very effectively taken on the responsibilities of corporate parenting. It was able to demonstrate marked improvements in key areas, significantly increasing the number of looked after young people remaining within their communities in Angus. Participation of children and young people, families and other stakeholders was embedded but lacked strategic direction. Partners had embarked upon a new and ambitious approach to integrated children's services planning, and had reviewed and strengthened accountability and strategic leadership of children's services planning. These new arrangements were at a very early stage. Leaders were making highly effective use of the Dartington research to inform the basis for transformational change in Angus, seeking to improve outcomes for all children, at the same time reducing inequality. A positive start had been achieved, setting priorities and identifying areas of greatest need.

The vision for the community planning partnership was for Angus to be a place where a first class quality of life could be enjoyed by all. This took account of priorities set at national level, and had a clear influence on plans developed by partners, from the single outcome agreement through to operational service plans. It provided a strong foundation for all partners, a set of core values which underpinned the work of the partnership and a set of shared partnership priorities. The single outcome agreement 2013-2016 identified seven long-term outcomes for children and young people in Angus. Partners had made commitments to align resources towards early intervention and prevention, with a particular focus on children's services in the early years.

Partners demonstrated a strong shared commitment to be held accountable in their role as corporate parents, with highly committed elected members who had regular meaningful engagement with the young people's transformers in care board to guide them. There had been demonstrable achievements, particularly in reducing the number of looked after children and young people living outside their communities. This had been achieved through a combination of improvements to mentoring, training and respite for foster carers, significant investment in building a new residence for young people and the development of the Barnardo's family service.

Overall, participation of children and young people, families and other stakeholders was strong. Leaders showed a commitment and willingness to provide appropriate

resources, often attending evening events in communities to engage stakeholders more effectively. This was the case at community level as well as with individual groups. An overall participation and engagement strategy had yet to be developed by partners to drive direction.

Partners had displayed a strong commitment to reducing inequalities, recognising how deprivation could be masked in small pockets in a large geographical area. Preparations for welfare reform had mitigated the impact in more vulnerable communities caused by reform of housing benefit. Fair rents had been set and the welfare rights team was proactive in maximising family incomes.

Within the partnership, the council had taken the initiative on a number of key aspects but strategic leadership was becoming increasingly collaborative. Leaders were committed to partnership working and the need for a more equal representation from NHS Tayside within public protection and integrated children's services planning meetings had very recently been resolved.

Leaders had enabled a culture where staff we met who were working directly with children, young people and families demonstrated constructive partnership working. There were several examples of staff groups finding resolutions to improve services, for example allied health professionals training school staff to enable them to meet the needs of children with complex needs. Most staff spoke about feeling empowered to be proactive and were confident that senior managers encouraged innovative outcome-focused practice. They were well supported by first-line managers. However, only 60% of respondents to our survey agreed that senior managers communicated well. Some staff we met across services did not understand or feel involved in recent changes to organisational structure and planning accountability which directly affected them.

The partnership was able to demonstrate a strong commitment to both improving the quality of services and using evidenced-based methodology. A continuous improvement group had been established, made up of partners who worked together to monitor the effectiveness of services and provide positive leadership and direction. The commissioning and application of the Dartington research provided a strong evidence base to inform decisions about what needed to improve. Good use had been made of this research to inform priorities and identify areas of greatest need. Managers were familiar with the research findings which enabled positive, localised uses of the Dartington research. For example, the Ladyloan primary school improvement plan had adopted a whole-child approach to improving children's social and emotional development and wellbeing, taking Dartington data, attainment figures and information about children experiencing deprivation where they live into account in order to identify performance measures.

The improvement methodology of the Early Years Collaborative and Raising Attainment for All were well embedded and being used effectively on a partnership basis. There were many examples where this had led to improvements in the life chances of children and young people. There were examples of the use of independent evaluations of services and improvements made as a result.

Partners were committed to continuous improvement and there were examples of joint self evaluation and the findings being used to develop practice. Occasionally there were times when the impact of those changes were not always re-evaluated and therefore improvements did not necessarily follow the changes. There was strong commitment to the Getting it Right for Every Child approach. Leaders had ensured that the implementation of Getting it Right for Every Child was reflected in the content of the single outcome agreement, integrated children's services plan, operational plans and practice protocols and guidance. However, we found there were gaps in its implementation. Some processes, particularly the use of the wellbeing indicators, assessment of risk and development and use of chronologies were not fully embedded into practice. Self evaluation needed to be more robust to drive improvements.

Partners were not able to demonstrate robust risk assessments when making substantial changes to structures, accountability and reporting frameworks

7. Conclusion, areas of particular strengths and areas for improvement

Partners can demonstrate substantial improvements in the performance of services that have had a positive impact in many aspects of the wellbeing of children and young people, including vulnerable children and young people. Most children, where there have been immediate concerns about their safety, are protected. There is a strong commitment to continuous improvement and a willingness to make innovative changes based on evidence from the Dartington research, self evaluation and internal and external reviews of services. Early Years Collaborative and Raising Attainment for All methodology has been embedded into practice. Staff working directly with children, young people and families are highly committed to improving outcomes, working in partnership within and across localities. They are empowered to work flexibly and find resolutions to improve the way their services deliver when needed. The partnership has embraced its role as corporate parents, working closely with their looked after young people to improve and resource services to improve their experiences. The Public Protection Executive Group has strengthened its scrutiny of the protection agenda, particularly child sexual exploitation.

In the course of the inspection we identified a number of particular strengths which are making a positive difference for children and young people in the Angus Community Planning Partnership area. These are:

- the effective use of Dartington research to inform planning and priorities to improve outcomes for communities
- partners' joint commitment to their corporate parenting responsibilities which is improving outcomes for children and young people who are looked after
- staff who work directly with children and young people working flexibly across services to improve outcomes for children young people and families.

Leaders are committed to the Getting it Right for Every Child approach which is embedded throughout plans, strategies and practice guidance. Staff are familiar with them, but in practice the shared use of chronologies in assessing risk and using the wellbeing indicators for holistic assessments of individual children have not yet been fully embedded. The partnership's own self evaluation of children's records needs to be more robust to fully understand the significance of what needs to change.

Leaders are willing to be innovative and to redesign services where needed but need to ensure that their actions result in improved services and outcomes.

We are confident that the partnership will be able to make the necessary improvements in light of the inspection findings. In doing so, chief officers should take action to:

- improve the quality of chronologies and risk assessments and ensure staff take account of past and present experiences when assessing the immediate and ongoing safety of individual children and young people
- ensure that planning to meet individual children's needs considers all aspects of their wellbeing and is outcome focused
- ensure that changes made to systems and practices after self evaluation or service redesign are underpinned by robust risk assessment and review to ensure that changes are delivering improved outcomes.

8. What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how Angus Community Planning Partnership will make improvements in the key areas identified by inspectors. The Care Inspectorate and other bodies taking part in this inspection will continue to offer support for improvement through their linking arrangements and will monitor the partnership's progress in taking forward its action plan.

November 2016

Appendix 1: Good practice examples

In each inspection, we ask partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of children, young people and families. During the inspection, we assess these examples to identify those which we consider would be useful to community planning partnerships across Scotland. We commend the following examples.

Strathie Café

The Strathie Café meets weekly in Strathmore Primary School to provide a forum for parents to meet and find out about the transition from nursery to primary, get advice from each other about school issues or worries they may have about their child, and engage with members of the parent council to raise issues or receive feedback. The Strathie Café is an initiative developed by parents themselves.

The café was set up by members of the parent council and meets in the school hall each Thursday morning. The initial focus was to provide a forum where parents of children at nursery could come along for a chat to find out more about how things were different in primary 1. The café is now in its fourth year.

Over time the café has become a place where parents with children at nursery or any stage in primary school come together to meet in a social context. Parents are encouraged to ask questions and receive advice from others in the group. The parents raise not only issues directly affecting their children at school, but also items that are in the news and sometimes about issues affecting their personal lives.

The café also provides the opportunity for all parents to speak with members of the parent council regarding items discussed at full parent council meetings and also the school nurse.

Staff at Strathmore Primary regularly attend the café during school breaks. This has encouraged open relationships between staff and parents and both recognise that this gives the opportunity for minor concerns to be raised and appropriate early advice and assistance to be given. The informal nature of the café enabled very young parents or those who were socially isolated to be part of the group. Other schools are now considering replicating this model.

Improving outcomes for babies affected by maternal substance misuse

Previously, it was considered important that the parents had to evidence engagement with agencies and stability in terms of their substance misuse. The parents' co-operation was considered as part of the assessment and informed the plan for the child. Partners took a new approach and began to proactively find practical ways to engage these parents more effectively.

Partners changed their approach to directly help parents:

- create more positive outcomes for mother and baby
- improve the attendance of mothers at health appointments in order to improve their own health and that of their unborn child

- develop attachments to their baby
- significantly improve the engagement and trust of expectant mothers/fathers with the relevant services
- look at ways of better utilising existing resources.

Professional network meetings were held to discuss how agencies could work together to develop and take forward their new approach. The underpinning principles of the approach were shared and it was agreed that a key worker would be identified for each mother who would take on a co-ordination role. The allocated support worker adopted an advocacy role and, if necessary, attended health appointments with mothers. This assisted transport provides opportunity for discussion with a support worker about the impact of substance misuse on their unborn child. The parents increased their understanding of the associated risks and complications associated with substance misuse. Parents are helped to access healthy start vitamins and vouchers and maternity grants, and practical skills such as cooking are promoted.

Outcomes recorded included: four babies born at full term; no babies born with Neonatal Alcohol Syndrome; improved attachment with reduction of substance misuse with children remaining in families; and improved understanding of neuroscience and babies brain development by mothers. Maternal outcomes achieved included: reduction in alcohol use and offending; improved parental confidence; and improved parenting skills.

Currently, partners are exploring the establishment of a pre-birth to two years' service to scale up this intensive approach to all vulnerable parents and their babies.

Housing options for care leavers

This protocol for young people leaving care ensures the effective discharge of corporate parenting responsibilities by jointly addressing the diverse accommodation needs of young people leaving care.

The objectives of the protocol are to:

- jointly assess and meet the diverse housing and needs of young people leaving care
- jointly ensure staff are aware of the housing needs of young people leaving care and the obligations of each agency to address these needs
- agree a joint approach to young people assessed as at high risk of tenancy failure.

At least four months before a young person leaves a care placement, an assessment is made for the best options for housing and support. The associated tenancy responsibilities and agreement are reached in the most appropriate housing option along with a contingency plan for young people at the highest risk.

Care leavers are awarded outright priority for an allocation of housing, without the requirement having to be assessed under homeless legislation. All offers of housing are agreed by the housing officer (Housing Options) and social worker. The young

person's assessed needs, health and wellbeing and education and employment needs are considered in order to determine the suitability of the accommodation.

Properties are decorated before the young person moves in. The decoration work is carried out in partnership with the Criminal Justice Unpaid Work team. The young person is fully involved in choosing the decoration.

Joint working for the young person continues throughout the tenancy.

A multi disciplinary panel has been established and meets quarterly throughout the year to identify solutions and monitor housing and outcomes for care leavers. The panel comprises of members from housing partners, community safety, social work throughcare and aftercare team and housing support services.

Appendix 2: Evaluated Indicators of quality

Quality indicators help services and inspectors to judge what is good and what needs to be improved. In this inspection we used a draft framework of quality indicators that was published by the Care Inspectorate in October 2012. *'How well are we improving the lives of children, young people and families? A guide to evaluating services for children and young people using quality indicators'*. This document is available on the Care Inspectorate website.

Here are the evaluations for nine of the quality indicators.

<i>How well are the lives of children and young people improving?</i>	
Improving the well-being of children and young people	very good
Impact on children and young people	good
Impact on families	good
<i>How well are partners working together to improve the lives of children, young people and families?</i>	
Providing help and support at an early stage	good
Assessing and responding to risks and needs	adequate
Planning for individual children	adequate
Planning and improving services	good
Participation of children, young people, families and other stakeholders	good
<i>How good is the leadership and direction of services for children and young people?</i>	
Leadership of improvement and change	good

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

Excellent	outstanding, sector leading
Very good	major strengths
Good	important strengths with some areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

Appendix 3: The terms we use in this report

Angus Community Planning Partnership is the local community planning partnership for the Angus council area. It is made up of representatives from key agencies and organisations from the public, community, voluntary and private sector. The partnership works together to plan and deliver services in Angus.

A **single outcome agreement** is an agreement between the Scottish Government and community planning partnerships which sets out how they will work towards improving outcomes for Scotland's people in a way that reflects local circumstances and priorities.

Dartington research: the Dartington Social Research Unit is an independent charity which brings together existing data on child wellbeing supplemented with additional outcome data collected based on child wellbeing. This can be used to inform policy, resource allocation and practice in children's services to improve the health and development of children and young people.

Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF. The initiative is a global effort to improve the role of maternity services to enable mothers to breastfeed babies.

A **virtual comparator** is made up of pupils from schools in other areas with similar characteristics to those in Angus schools

The **Early Years Collaborative** was launched by the Scottish Government in October 2012 with the support of NHS Scotland, the Coalition of Scottish Local Authorities (COSLA) and the Police Service of Scotland. It is a multi-agency, local, quality improvement programme delivered on a national scale focusing on the national outcome, our children have the best start in life and are ready to succeed.

Book bug gives four free books to children from birth to primary 1. There are also free bookbug sessions in libraries with songs, stories and rhymes.

Daily Mile is a scheme to ensure children walk or run a mile a day in addition to PE classes to improve their health and wellbeing.

Family group conference is a process led by family members to plan and make decisions for a child. Children and young people are normally involved in their own family group conference with the support of an advocate.

Self-directed support is the support a person purchases or arranges to meet agreed health and social care outcomes. It allows people to choose how their support is provided, and gives them as much control as they want of their individual budget.

Getting it Right for Every Child is the Scottish Government's approach to making sure that all children and young people get the help they need when they need it. There are eight wellbeing indicators which are safe, healthy, achieving, nurtured,

active, respected, responsible and included. These provide an agreed way of measuring what a child needs to reach their potential. www.scotland.gov.uk/gettingitright

An **integrated children's services plan** is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

A **child protection committee** brings together all the organisations involved in protecting children in an area. Its purpose is to make sure local services work together to protect children from abuse and keep them safe.

Appendix 4: The Quality Indicators Framework

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	2. Impact on children, young people and families	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1 Improving the wellbeing of children and young people	2.1 Impact on children and young people	5.1 Providing help and support at an early stage 5.2 Assessing and responding to risks and needs 5.3 Planning for individual children 5.4 Involving children, young people and families	6.1 Policies, procedures and legal measures	9.1 Visions, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	2.2 Impact on families		6.2 Planning and improving services	
	3. Impact on Staff		6.3 Participation of children, young people, families and other stakeholders	
	3.1 Impact on staff		6.4 Performance management and quality assurance	
	4. Impact on the community		7. Management and support to staff	
4.1 Impact on the community		7.1 Recruitment, deployment and joint working	7.2 Staff training, development and support	
			8. Partnership and resources	
			8.1 Management of resources	
			8.2 Commissioning arrangements	
			8.3 Securing improvement through self evaluation	
10. What is our capacity for improvement?				
Global judgement based on an evaluation of the framework of quality indicators				

To find out more about our inspections go to www.careinspectorate.com.

If you wish to comment about any of our inspections, email us at enquiries@careinspectorate.com or write to us at the Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

Our complaints procedure is available from our website www.careinspectorate.com or you can write to our complaints team at the address above or call us on 0345 600 9527.

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 SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330, fax 0800 377 7331 or e-mail: ask@spsso.org.uk. More information about the Ombudsman's office can be obtained from the website at www.spsso.org.uk.

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.com
Care Inspectorate Enquiries: 0345 600 9527

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.