



**care**  
inspectorate

# Report of a joint inspection of services for children and young people at risk of harm in Angus community planning partnership

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

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| <b>Contents</b>   | <b>Page</b> |
|---|-------------|
| <b>Introduction</b>   | <b>3</b>    |
| <b>Key facts</b>  | <b>4</b>    |
| <b>Our approach</b>   | <b>5</b>    |
| <b>Key messages</b>   | <b>6</b>    |
| <b>Statement 1: Children and young people are safer because risks have been identified early and responded to effectively</b>   | <b>7</b>    |
| <b>Statement 2: Children and young people’s lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm</b> | <b>10</b>   |
| <b>Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement</b>                   | <b>15</b>   |
| <b>Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery</b>   | <b>18</b>   |
| <b>Evaluation of the impact on children and young people: quality indicator 2.1</b>   | <b>24</b>   |
| <b>Conclusion</b>   | <b>25</b>   |
| <b>What happens next</b>  | <b>25</b>   |
| <b>Appendix 1: The quality indicator framework and the six-point evaluation scale</b>   | <b>26</b>   |
| <b>Appendix 2: Key terms</b>  | <b>28</b>   |

## Introduction

### Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

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

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

### The terms that we use in this report

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

Appendix 2 contains definitions of some other key terms that we use.

## Key facts

**Total population:  
114,820 people  
on 30 April 2023**

This is an increase of 0.1% from 114,670 in 2022.  
Over the same period, the population of  
Scotland increased by 0.8%.

NRS Scotland

In 2023 15.8% of the population were under  
the age of 16, similar to the national average  
of 16.3%.

NRS Scotland

In 2022/23, Angus had a  
rate of 1.8 per 1000 for  
number of children on the  
child protection register  
(per 1,000 of the 0–15yr  
population), lower than  
the Scottish average of  
2.3.

The rate of child  
protection investigations  
(per 1,000 of the 0–15yr  
population) was 14.4,  
this was higher than the  
Scottish average of  
13.2.

Children's social work  
statistics 2022-23

Angus had 110 incidents per 10,000  
population, of domestic violence  
recorded by Police Scotland in  
2023/24. This was lower than the  
national average of 116.

Domestic abuse recorded by  
Police Scotland 2023/24

7.74% of Angus data zones  
are in the 20% most  
deprived in Scotland. It  
is estimated over 24% of  
children age 0-16 could be  
living in poverty in Angus  
in 2023/24.

SIMD

UK Govt children in low income  
families



## Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland, as well as associate assessors. Associate assessors are professionals with significant practice or management experience in children's services who bring up-to-date knowledge to joint inspections. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

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

## How we conducted this inspection

The joint inspection of services for children at risk of harm in the Angus community planning partnership area took place between 30 September 2024 and 19 March 2025. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 26 children and young people and 29 parents and carers. This included face to face meetings, telephone or video calls and survey responses.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a wide range of documents and a position statement provided by the partnership.
- We carried out a staff survey and received 588 responses from staff working in a range of services.
- We met with approximately 168 members of staff who work directly with children, young people and families.
- We met 21 members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

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

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

## Key messages

- Preventative work and early identification of risks was positively impacting in the lives of children and young people.
- A confident and skilled workforce was effectively recognising and responding to protection concerns and reducing risk for children and young people.
- Most children and young people had trusting, positive relationships with staff, helping to keep them safe and get support when needed.
- Children and young people were able to participate meaningfully in decisions that affect their lives.
- Staff worked hard to build positive relationships with parents and carers, and this helped them to be involved and heard.
- To support the improvement of services, leaders listened well to the views and experiences of children and young people and took these seriously.
- The partnership was collaborating effectively to evaluate, plan and deliver services for keeping children and young people safe.
- Leaders were well sighted on the breadth and impact of child protection activity.
- Leaders were promoting a clear vision for services and taking action to embed meaningful involvement, effective collaboration and self-evaluation.
- A learning culture was enabled by support for staff which prioritised reflection and the effective coordination of single and multi-agency training.
- Despite a range of services, the emotional and mental wellbeing needs of children and young people were not always being met timeously.

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

### Key messages

- Staff had the knowledge, skills and confidence to recognise, report and respond to signs of child abuse, neglect and exploitation. This helped to keep children safe.
- Families benefitted from timely access to a range of preventative services. This support helped to address children's needs at an early stage and prevent risks from escalating.
- Partners worked well together using inter-agency referral discussions (IRDs) to plan responses to concerns about children and young people. Pre-birth support for pregnant women was successfully being targeted using the pre-birth resource allocation meeting (PRAM) model.
- The development of the Scottish child interview model (SCIM) and **Bairns Hoose** model was helping to build trusting relationships, establish a best evidence approach and provide enhanced support to children.

### Early help and prevention

The **Getting it Right for Every Child (GIRFEC)** approach was well-embedded in Angus. Most staff agreed that GIRFEC was having a positive impact on the lives of children and young people at risk of harm and were confident that effective intervention processes were in place to prevent or reduce incidences of accumulating signs of child abuse, neglect or exploitation.

The partnership identified there had been an increase in neglect linked to families experiencing poverty. Partners worked flexibly and creatively to meet the needs of the community, enabling access to funding and practical support to help individual families affected by poverty. The partnership also provided an all-year-round school holiday provision for priority families. This reduced the cost-of-living pressures, built positive relationships, reduced social isolation and helped to support increased engagement in formal interactions with families.

Early help and support for families, and women in particular, was provided by a range of partner services and third sector organisations including Angus Women's Aid, Women's Rape and Sexual Abuse Centre Dundee, and the Glen Clova project. Services were maximising resources to help families experiencing poverty to benefit from additional help without barriers. These supports helped to alleviate stress and had a positive impact on the lives of children and young people. Partners were also improving the work they did to ensure that fathers were included in processes, including child protection.

## Recognition and Identification

Almost all staff were confident in their knowledge, skills and ability to recognise, report and respond to signs of abuse, neglect and exploitation. They were also confident that local child protection arrangements ensured responses in an effective and timely way. Staff had access to both multi and single agency child protection training. Participation in regular training, development opportunities, and reflective practice discussions had strengthened their contribution to protecting children.

Clear links were made between the process of identification and the response to children at risk of harm. Services worked well together to empower families to provide safer care for their children.

## Initial response and follow up to concerns

The quality of the follow up response to concerns was good or better in almost all of the records we read. Staff clearly considered the need for safety planning, medical examination and legal measures. This was confirmed by most parents and carers who informed us that staff responded quickly when concerns were first identified. Clear decisions were made about next steps in almost all records and the named person notified in all records read.

The geographical scale of Angus, and the locality based social work model, meant that staff knew each other well across agencies and were easily able to contact each other for advice and support in relation to a family. Staff were proud of their contribution to improving the well-being of children and young people at risk of harm and their families. Parents and carers reported that their child was safer as a result of the support they had received.

Domestic abuse concerns were a main reason for child protection registration in Angus and the partnership worked effectively to identify and respond to these concerns. The **Safe and Together** model and multi-agency risk assessment conferences (**MARAC**) were well embedded in practice. Safe and Together learning permeated practice and the associated accessible training helped staff recognise and respond confidently to domestic abuse concerns in families. Safe and Together champions were helping to improve practice and develop resources to support practice change. Together with Women's Aid and Rape Crisis, work was ongoing in schools. This included peer mentoring and raising awareness of older children who may be at risk in abusive relationships.

The effectiveness of work to reduce the risk of a child harming themselves or others was rated as good or above in most of the records read. Established approaches to responding to concerns about young people and the risk they posed to themselves or others had been enhanced and improved to include harm to self. Agencies worked together to better understand risk and needs and to implement plans to protect young people from further harm. Enhancing this approach had improved identification and management of risk.



## **Inter-agency Referral Discussions (IRD) and Investigations**

The partnership undertook a multi-agency IRD audit that showed that parents and carers considered staff communicated well and had established good working relationships with them during child protection investigations. The audit report used quotes from parents such as "they helped me trust them", "amazing and pleasant" and "doing a great job" to helpfully illustrate the experience of parents and carers.

Clear decisions about next steps were made in all IRDs and almost all were held within expected timescales. Partners from health, social work, education and police were involved in all IRDs and the third sector participated where appropriate. Investigations were carried out timeously and relevant information was shared from appropriate sources. The views of children, young people, parents and carers were consistently considered.

In relation to pregnant women and unborn babies, Angus had a well-established pre-birth resource allocation meeting (PRAM) in place. This multiagency meeting enabled staff to share relevant information about families to identify the level of need and refer them to appropriate support services. They also used this procedure efficiently to identify those who were at risk of significant harm and required a referral to social work for an initial multi agency meeting and assessment. This approach was successfully linking parents with support services.

Angus is part of the Tayside Bairns Hoose Pathfinder and was making encouraging early progress with a range of developments. The Scottish Child Interview Model (SCIM) was being used for most joint investigative interviews of children, and their Bairns Hoose building has opened. Tayside were the first area in Scotland to involve speech and language staff in the planning of their child interviews. This had reduced barriers and enhanced the quality and quantity of information shared by children and young people in interview.

The police and social work interviewers were co-located in offices joined to the Bairns Hoose in Angus. This meant that planning of interviews and team support was happening easily. Children were interviewed in the Bairns Hoose unless they preferred to be interviewed elsewhere. When required, medical examinations of children were carried out at the Tayside Bairns Hoose Hub in Dundee. In line with the model, a third sector service had recently been commissioned to provide holistic family support following the interview.

Children and their families were regularly asked for their views about the interview process and the environment the building provided. Feedback led to important changes being made to the family entrance at the side of the Bairns Hoose which enhanced safety. Delivering the model was helping to build trusting relationships with families, establish a best evidence approach and was providing enhanced support to children.

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

### Key messages:

- Most children and young people had trusting, positive relationships with staff, helping to keep them safe and get support when needed.
- Effective assessment and planning helped to ensure that children and young people received the support they needed. Reviewing officers effectively prioritised meaningful participation and ensured reviews helped drive progress.
- A confident, well-trained workforce worked effectively together. This collaboration helped to reduce risks for children and young people.
- Effective application of care and risk management processes helped staff to work together to assess, plan and deliver the right support to young people who needed intensive support to keep safe.
- A range of services provided children and young people with support to meet their emotional needs. However, not all children and young people had timely access to support to address mental health and wellbeing concerns.

### Quality of relationships

Children and young people understood why they were involved with staff and benefitted from trusting, positive relationships with staff. This helped them receive support when they needed it to keep them safe and to maintain important relationships. Children and young people at risk of harm were thriving as a result of nurturing and enduring relationships with carers and staff working with them.

Relational practice was fostering supportive, trusting relationships with parents and carers, enabling a positive experience with services. This helped address parenting concerns without blame, leading to improved relationships between parents and carers and their children. Staff were appropriately focussed on the best interests of children and communicated honestly. Parents reported being treated with respect and highlighted a positive experience of multi-agency planning meetings.

While challenges in recruitment and retention were impacting on continuity of staff in some services, most parents and carers reported they had the opportunity to build relationships with consistent key staff members. Staff across services clearly knew families well and used this understanding to strengthen relationships and meet their needs.

## Assessment, planning and reviewing

Children and young people at risk of harm benefitted from effective assessment and planning processes which enabled them to be meaningfully involved. Almost all children and young people had the foundation of a good or very good quality assessment which clearly identified their needs. Plans were supported by chronologies, the majority of which were multi-agency.

Staff across agencies had the knowledge, skills and confidence to assess risk and needs and to understand the implications of their assessment. Staff involved in risk management processes for young people valued the additional training they received to complete other specialist risk assessments.

The quality of plans in most records was good or very good. These plans outlined how needs and risks would be addressed and how support would be provided. Children's plans were accessible to children, which promoted transparency and engagement in their care. The introduction of MyPlan letters meant that children and young people who had a social worker were getting direct personalised feedback about their plan. Young people's involvement in their plans meant that they were very aware of the response which would be taken across agencies to keep them safe if risks increased.

Robust reviews of plans were undertaken within expected timescales and actions consistently and thoroughly reviewed. The quality of reviews was good or better in almost all of the records we read. This was a result of skilled and experienced reviewing officers having comprehensive oversight of the planning and reviewing processes and closely monitoring progress for children and young people.



**Practice Example** By listening to feedback from families, the partnership had developed and implemented the PREpare model – opportunities for families and professionals to meet prior to and get ready for child protection planning meetings.

This model was expanding to include the offer of enhanced support for other child planning/risk management meetings. The approach was trauma-informed and considered the strengths within the family as well as the risks.

The model was helping the networks of support to understand more about risks and improve planning. The process was empowering families to be ready for, and to play a full part in, child protection planning meetings. The PREpare meetings were flexible and bespoke to the child and family's needs. As a result, parents were more able to accept and discuss risks.

Child protection planning meetings were more supportive and families did not feel that risk assessment was being 'done to' them. The use of these preparatory meetings was helping to reduce the emotional impact of child planning meetings on parents and children and improving their involvement and contribution.

### Availability and effectiveness of support

Work to reduce risks for children and young people was consistently effective. The partnerships' strong commitment to understanding the needs of local children and young people ensured that in most instances children and young people had access to services which addressed their needs, offered sustaining, nurturing relationships and helped to keep them safe. Listening to children and young people also helped the partnership to identify where there was a need to develop and improve services.

The partnership worked collaboratively to plan and deliver effective family support as a core part of keeping children and young people safe. In the context of recent changes to the **Whole Family Wellbeing** programme plan, partners worked closely to support the delivery of family support services. The third sector were fully involved in discussions about programme changes and commissioning processes which further strengthened collaborative working.

The partnership had prioritised and invested in targeted services, including a service for women which aimed to build resilience and prevent the need for more intensive supports for them or their children. Aberlour provided a range of services, across Tayside and specific to Angus, which were having a positive impact on the lives of children and young people at risk of harm. The enhanced support service was valued by parents, and effectively provided support to mothers identified through the PRAM process.



**Practice example:** The Glen Clova project was making a positive difference in the lives of women and their families. It offered trauma informed holistic support to any woman over 16 in Angus.

The project was set up in response to the importance for women to receive gender-specific support to deal with poverty, trauma, issues around emotional and mental wellbeing, and to address isolation.

Initially set up after it was identified that there was a gap in service provision for women after they had completed justice orders, the project had expanded and now offered support to any woman over the age of 16.

The aim is for women to become more resilient and to prevent them requiring more intensive social work services for themselves or their children. The team is well led and work to trauma informed principles with a rights-based approach. Feedback

from women regularly was that they had felt safe, listened to, and got meaningful support for themselves.

The Glen Clova project has successfully adapted to work with women more widely and to provide services and support which was helping women to keep themselves and their children safe.

Services for children and young people at risk of harm benefitted from a concerted and planned programme of single and multi-agency training. This had improved the knowledge and skills of staff and enabled services to better understand and respond to domestic abuse and neglect.

The partnership's response to tackling the impact of domestic abuse on children, young people and families was proactively removing barriers to engagement. The impact of a shared understanding and consistent application of Safe and Together principles led to more families staying together safely. Safe and Together training was accessible for staff across agencies and was improving the multi-agency approach to domestic abuse. It was helping to ensure the perpetrator, and their behaviour were seen as the primary source of risk and safety concerns for the children. As a result, there were examples of increased engagement by fathers, with services supporting them to modify their behaviour. This demonstrated an inclusive approach which both made sense for staff and challenged them to work differently to deliver the intended outcomes. The CEDAR (Children Experiencing Domestic Abuse Recovery) programme was available for children and young people across Angus and helped support some families to recover from their experiences of domestic abuse.

Designated child protection officers in schools provided a wide range of support to children. These staff had protected time to meet regularly with children involved in protective processes. This had helped to build positive relationships and for some children, school attendance had improved as a result of support from services.

Almost all parents had found the involvement of services helpful. Work was ongoing across services to include fathers more actively and to help shift the responsibility away from mothers being the sole agents of change. Involving fathers was becoming embedded in practice as a more inclusive, proactive way of engaging with people in a parental role. Schools were building increasingly positive, trusted relationships with parents and children. Through these relationships, children were supported to attend school, engage with learning, and build their social skills.

### **Emotional wellbeing and mental health**

With additional investment, CAMHS (child and adolescent mental health services) in Angus had met the target of 18 weeks for responding to all mental health referrals. New approaches to help meet this target included a response team, responding to emergencies on the day and urgent care within five working days. Processes were also in place at the initial appointment to signpost children and young people to other earlier interventions where appropriate. Similarly school nursing staff identified

emotional wellbeing needs of children and young people within education early and referred to other relevant services. Schools provided opportunities to upskill parents and teachers using '**decider skills**' training. This was empowering them to develop and sustain mental health and emotional wellbeing approaches.

Children, young people and parents reported positively on a range of targeted services which were improving their lives. These included: a school counselling service; peer mentoring mental health and wellbeing support for young people from Penumbra and Hillcrest futures; Aberlour Primary support service, a primary years wellbeing service to address anxiety, low mood, behavioural and social difficulties; and the CEDAR programme delivered by Women's Aid. New solutions, who provided support across schools were additionally available through referral to support children and young people to recover from trauma.

Whilst improvements in the physical health of children and young people at risk of harm were noted, the same improvement was less evident in relation to mental health. CAMHS resources in Angus, similar to other areas, were severely tested by the exponential rise in neurodevelopmental referrals. A neurodivergent portal was developed by CAMHS to help parents and children, and a helpline launched to support GPs managing children with neurodevelopmental issues.

Staff and parents remained concerned that the emotional and mental wellbeing needs of children and young people were not always being met. Some reported significant delays in accessing support.

### **Support for young people at risk of harm**

Agencies worked well together to better understand risk and needs and implement plans to protect young people from further harm. A range of supports were available to manage risk in the community. This included support from third sector services including Hillcrest Futures, Aberlour and Penumbra. Support was also being provided through statutory services including justice social work, enhanced family support and CAMHS. Staff had access to specialist training to deliver evidence-based interventions and had greatly benefitted from internal partnership training and reflective discussions.

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

#### **Key messages:**

- A range of approaches ensured that children and young people were able to participate meaningfully in decisions that affect their lives.
- Staff worked hard to build positive relationships with parents and carers, and this helped them to be involved and heard.
- Independent advocacy services made a valuable contribution to the lives of children and young people involved in protective processes, including very young children.
- Leaders listened well to the views and experiences of children and young people and took these views seriously. This helped ensure that children and young people influenced service developments.

#### **Involvement of children and young people**

Children were listened to, heard and felt included and supported by staff who knew them well. Parents had more mixed experiences, with a few telling us that changes of social work staff had been challenging for their children.

Involving children and young people was characterised by a number of strengths. Reviewing officers played a key role in ensuring the views of children and young people were heard during important meetings. A wide range of approaches, methods and tools were used by staff across agencies. This ensured the views of children and young people, including very young children and children with communication needs, were captured creatively and listened to either verbally or using other means. These approaches included 'non-instructed advocacy', writing letters or using pictures, and tools such as three houses, talking mats and wellbeing wheels. Routine and consistent use of child friendly letters to children also helped to explain these decisions. As a result, children and young people were able to participate meaningfully in decisions that affected their lives.

A few children felt unable to attend meetings because the time was unsuitable. Alternatively, staff sometimes felt the content of a meeting was potentially too challenging for children and had concerns about involvement. These issues suggested opportunities for further adaptation and creativity to support involvement of all children and young people in their own meetings.

## **Involvement of parents and carers**

Parents and carers were involved well and had the opportunity to contribute to planning and decision-making about their children and reported workers listened to them, communicated well and helped them understand.

Providing suitable information for parents and carers and helping their views to be heard was a key area of focus for partners. Reviewing officers involved parents through PREpare meetings and there were examples of meetings being adapted to suit the needs of parents. A range of third sector partners also supported parents and carers, including Women's Aid and Angus Independent Advocacy. A few parents opted to speak to us with staff supporting them. Staff worked hard to build positive relationships with parents and carers, and this helped them to be involved and heard.

Some parents and carers described being involved fully in contributing to their children's plans and felt well listened to by staff. Others shared difficult experiences with staff, and a few told us that changes in staffing had made this challenging. Messages from parents included the importance of consistent staffing, ensuring reports were factually accurate and ensuring good communication with all involved.

Partners had identified the need for and commenced joint improvement work to better involve fathers. Targeted work included a fathers' survey, involvement groups, parenting groups and specific training for staff. This approach was taken across services, and examples included education engagement officers encouraging fathers to become more involved in their children's schools. Although it was too early to tell the impact of this work, its development was effectively supporting participation.

## **Independent advocacy**

Children and young people at risk of harm were able to access independent advocacy provided by Angus Independent Advocacy and Who Cares Scotland. Increased funding from the local authority, along with other funding streams, helped ensure the availability of independent advocacy for all children, including those involved in protective processes and very young children. These services made a valuable contribution to the lives of children and young people.

From our various activities we were confident that advocacy helped children and young people to be listened to, heard and included. Independent advocacy staff took time to build relationships with children and young people which helped them to share their views. Advocacy staff had strong links with local schools and there were examples of awareness-raising sessions for pupils and for staff.

Independent advocacy staff were increasingly receiving referrals for 'non-instructed advocacy' for very young children or children who were unable to verbalise their views. This meant that advocacy staff were building relationships and using observation to understand and report on the child's experiences.

Advocacy services gathered some impact information which demonstrated positive benefits for children and young people. There was potential to build further on the



information gathered and aggregate views from children and young people to demonstrate the impact of well-established independent advocacy and to inform further service developments.

### **Children and young people influencing service developments**

Leaders listened to the views and experiences of children and young people and took these views seriously. This helped ensure that children and young people influenced service developments. The Promise development work in Angus helped partners to prioritise the importance of listening to children and young people. Leaders understood the importance of setting a culture of listening and valuing children and young people and led by example.

‘The Hangout’ – a monthly group for care experienced children and young people – was a welcoming and fun environment that brought together children and young people with staff. Senior leaders routinely attended this group and had very positive nurturing relationships with the children they met there.

As a result of this positive culture, staff and leaders proactively and routinely sought the views of children and young people with experience of protective processes when considering service developments. We saw examples of this in new developments, such as Bairns’ Hoose and family support approaches. Another example was in the partnership’s approach to developing and embedding “Care and Risk Management” processes. As part of the steering group, an engagement officer routinely sought the views of a small group of families which enabled families to meaningfully contribute to its development. As a result, young people had co-produced written information, and were involved in the development of a video to help explain risk management processes. Leaders also listened to the small number of complaints by children and parents and took appropriate action as relevant.

Children, young people and families also contributed to a range of other developments across services including additional child-friendly information and videos, improved websites and national campaigns. An example of national influence was the contribution from a group of young people from Angus to Child Protection Committees Scotland’s “Keeping Safe” campaign. Another example included “Brave Lassies Blether” - where young women helped to develop toolkits to support young people with healthy relationships, consent and safe spaces. Services working with children and young people and families at risk of harm – such as Aberlour, Hillcrest Futures, Penumbra, Glen Clova project – routinely gathered feedback on their services and used this to inform improvements.

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

### Key Messages

- Important changes were consolidating effective governance and oversight structures. Systematic reporting ensured leaders were well sighted on the breadth and impact of child protection activity.
- Leaders promoted a clear vision for services and had taken action to embed meaningful involvement, effective collaboration and self-evaluation.
- Leaders at all levels successfully ensured that staff experienced a culture of learning, reflection and trust.

### Strategic governance and oversight of child protection

Important changes over the past 12 months were consolidating effective improvements in governance and oversight structures. The establishment of the new Protecting People Angus Strategic Committee (PPASC) brought together the responsibilities of the Child Protection Committee, Adult Protection Committee and Violence Against Women Partnership into one committee, with one chair. All self-evaluation activity was reported to the committee itself or through the different subgroups.

Through dual membership there were clear links between PPASC and Angus Integrated Children's Services Partnership (AICSP). Governance and lines of accountability were well established and arrangements effectively communicated across the partnership. All stakeholders participated fully in partnership governance and scrutiny groups and had a coherent understanding of the part they played in achieving the aims of overarching plans.

Relationships between senior leaders were strong, enabled sufficient challenge, supported effective oversight of child protection practice, and modelled good leadership. The chief social work officer provided regular, valued updates to the chief officer group on service developments and improvements. The PPASC independent chair provided quarterly performance reports to the chief officer group, highlighting any risks identified in the PPASC risk register.

Elected officials received the necessary data to help them understand the progress made as well as the impact and outcomes for children and young people at risk of harm. Various strategic reports and internal audits also helped ensure they were well sighted on the breadth and impact of child protection activity.

Commissioned services reported strong relationships in the partnership and a positive experience of commissioning and contract monitoring. Third sector services provided evaluation reports and data which was enabling the partnership to improve and target services. Some risks were identified in relation to the sustainability of third sector services and these were being monitored through the PPASC.

Reviewing officers were in a strong position to help leaders understand the experience of children, young people and families and any current practice issues. They met regularly to discuss patterns and trend behaviour and shared this with senior managers so that learning and development opportunities could be identified.

### **Strategic vision and partnership culture**

Leaders promoted a clear vision for services for children at risk of harm. This vision was congruent with national drivers and consistently articulated across multi and single agency strategies and plans. Through a range of engagement opportunities, children, young people and families in Angus were influencing the ways in which the partnership delivered on their aspirations. Enabling the meaningful involvement of children, young people, families and other stakeholders was a core task leaders were committed to. This commitment had influenced a change in the delivery of key child protection processes, targeting of family support and the provision of independent advocacy.

Staff agreed that leaders had a clear vision for the delivery and improvement of services, were highly visible, communicated regularly with staff at all levels, and knew the quality of their work. Across partners leaders role modelled effective communication and provided genuine opportunities for staff to be heard. Staff valued an important connection between operational experience and the quality of leadership.

Effective collaboration was underpinned by an impressive culture of trust, openness and learning at all levels. Staff were encouraged to be brave and empowered to be innovative, taking a lead where this was appropriate, knowing they would be supported by senior staff. There was a shared perspective that where things go wrong there will be an emphasis on learning from these events rather than blame.

All agencies were supporting key developments aimed at improving outcomes for children at risk of harm and their families. This collaborative working was evident with the improvements made in relation to risk management for young people (CARM), the development of pre-birth assessments (PRAM), supporting the involvement of all in child protection planning meetings (PREpare), and providing children and young people in Angus with access to trauma-informed recovery, support and justice (Bairns Hoose). Wider policy areas were also identified as potential areas for improving outcomes for children and young people at risk of harm and their families including, housing, poverty and prevention.

### **Leadership of strategy and planning of services**

Through a network of regional and Angus specific sub-groups, multi-agency partners worked together effectively to plan and deliver services. The Promise was a key

driver as evidenced through the provision of training and other structures to deliver trauma informed, relationship based practice, reducing the number of children in secure care, and improving family support. A majority of staff across all agencies agreed strategic changes and developments had led to improved outcomes for children and young people.

A recently completed strategic needs assessment provided a wealth of data for the area and was being used to understand the progress of improvement plans. Whilst some reporting arrangements enabled a coherent review of progress against plans there were some gaps in data or data sets that had only recently been developed.

Consistent with the national picture, challenges in recruitment and retention of staff presented a risk to the delivery of planned services. In social work services, a workforce steering group had taken action to try and address these challenges. Shortages affected the capacity of teams and was frustrating for staff in other services.

Partners had taken action to deliver trauma informed services and plans developed to ensure all staff had the knowledge they needed. Recognising neglect and domestic abuse as main reasons for child protection registration, partners were implementing multi agency plans which were improving the knowledge of staff. In relation to domestic abuse, partners effectively delivered multi agency training and identified 'champions' across services. Staff benefitted from well established relationships with third sector services. Third sector services were well represented on the PPASC and sub committees.

Relationships across agencies among staff were strong and supported effective partnership working across a range of services. A culture of joint working was underpinned by opportunities for joint reflection on practice in 'reflective discussions' and multi-agency engagement in self-evaluation and quality assurance activity. Improvement activity in social work was led at an operational level by managers and key staff, supported by a small team of quality and improvement officers. This team provided strategic leaders with evidence from reviews and audits to target resources.

There was a positive picture of engagement of all agencies at a strategic level. The delivery of the PPASC was a positive development. With one committee taking the place of three, there was increased engagement of partners and better oversight of cross cutting themes. Other changes to strategic structures were also having a positive impact. For example, the transfer of the homeless service to the health and social care partnership shifted the focus from accommodation to the person and their needs.

In the context of wider pressures, all partners had finance and resource challenges but were taking positive and proactive action to best deploy staff and target services. The chief officer group had invested in advocacy services which enabled women's voices, and those of children and young people, to be heard effectively. Partners also secured grants which ensured the effective development and delivery of CARM, family support, and PREpare. Through the Tayside children's services planning and Angus children's partnership, there had also been investment in improving mental health and wellbeing support.

## Leadership of improvement

Partners were effectively engaged in single and multi-agency auditing and self-evaluation activity which was directing the development and improvement of services. To better understand the experience of young people at risk of harm to themselves, social work undertook a review of six cases and leaders used the findings to drive further development of risk management processes – we have highlighted this leadership of improvement as a practice example below.



**Practice example:** The Care and Risk Management (CARM) procedure is in place for concerns about young people. Following a review of the experiences of six young people considered to be at risk of serious harm to themselves, a plan was developed to enhance the use of CARM in these cases.

The partnership has sourced funding and invested in upskilling staff across all agencies to contribute fully to CARM processes with effective leadership provided by experienced social work staff. A multi-agency steering group has guided improvement activity using the PDSA (Plan Do Study Act) approach.

A key element of change has been involving and supporting staff, achieved through the roll out of multi-agency training (including highly valued ‘mock’ meetings), the establishment of a practitioner forum and the use of reflective discussions.

Ensuring young people and families are fully engaged has also been prioritised and to help this young people have been involved in the co-production of information materials. This information was helping young people and families to understand the procedure.

Evaluation is built in through the development of data sets and the qualitative information gathered from reflective discussions and feedback processes. The impact of this approach had shown improved identification of risk.

Agencies were working together to better understand risk and needs and implement plans to protect young people from further harm. The CARM process was contributing to increased safety for young people.

Partners also used data from wider self-evaluation to probe further and plan improvements. In the context that domestic abuse remained one of the main areas for child protection registration, an audit of case records recognised the progress being made but noted the need for further improvement. This learning informed an improvement plan for the following years including directed activity to further embed the Safe and Together model. Further practice evaluation and data identified that improvements in identification had been made, and the approach taken had effectively improved the confidence of staff.

The quality and improvement team were driving an expansion of self-evaluation activity. This reflected an organisational orientation to learning from practice. This was role modelled by leaders who identified key learning from significant events which had been influential in identifying the need for improvement. Their direction to staff was to be inquisitive about innovation and to take a role in making change happen. Staff in leadership roles used ideas from other areas to develop and improve their own approaches and services. Third sector services undertook their own self-evaluation and provided data to the partnership through contract monitoring arrangements.

Quality improvement officers facilitated the systematic review of key events (e.g. extended child protection registration, the consideration of secure care, the imposition of child protection orders) through multi-agency reflective discussions. These discussions enabled and supported staff to influence improvements through honest dialogue about the effectiveness of practice and outcomes for individual children and young people. Quality improvement officers played a crucial role in helping the partnership to understand the impact of services and approaches. Their pro-active schedule of self-evaluation activities generated learning to inform further improvements.

All agencies were implementing their own independent quality assurance approaches, contributing to extensive multi-agency activity. Quality assurance activities were embedded within and across agencies. NHS Tayside had well established quality assurance programmes and applied the NHS Public Protection Accountability and Assurance Framework to self-evaluate within Health. The lead child protection officer in education played a key and valued role in the quality assurance of child protection practice in schools. Police Scotland undertook their own quality assurance of concern reports but also contributed to the wider multi-agency review of these.

Some funding to drive key improvements was time limited. For example, funding for driving improvements to CARM will end in April 2025. We were confident that this and other improvements were being embedded and the new PPASC arrangements had the ability to effectively assume responsibility through the subgroup for self-evaluation and continuous improvement, including how this activity is prioritised.

### **Leadership of people**

There was clear evidence of activity driving a learning culture. This included structures of support for staff which promoted and prioritised reflective practice. Integrated single and multi-agency training ensured there was a shared understanding of the purpose and delivery of key processes. Collaborative working opportunities were equally important and effective for mutual learning about the roles of others.

Most staff across the partnership received effective support through regular supervision or opportunities to speak with line managers. Formal supervision in social work and health were well embedded and these opportunities for 1:1 support were valued by staff. Regular group supervision was also available to newly qualified social workers. This latter process and other supports for students and

newly qualified staff, were particularly important for effectively addressing recruitment and retention challenges.

Multi agency reflective discussions (described above) were another driver for reflective practice. A dedicated team of quality improvement officers facilitated these discussions which were designed to be safe and supportive and were highlighting good practice and identifying learning. An experience of non-blaming reflection was enabling staff to speak without fear, and this was improving mutual understanding and joint working.

Leaders successfully motivated staff to be inquisitive and active in influencing improvement. Staff were proud of their contribution and felt supported to be professionally curious. Most felt valued for the work they did, listened to and respected and were optimistic about their ability to overcome barriers to achieving good outcomes for children and young people at risk of harm.

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

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

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

### Evaluation of quality indicator 2.1: Very good

We evaluated the impact of services on the lives of children and young people as very good. There were major strengths in the work of partners which were making a positive difference to the lives of children and young people at risk of harm.

- Children and young people were being kept safe as a result of effective support.
- Children and young people were able to participate meaningfully in decisions that affect their lives.
- Most children and young people had trusting, positive relationships with staff, helping to keep them safe and get support when needed.
- Children and young people's wellbeing was improving as a consequence of early help and preventative approaches. **Universal** and third sector providers are working well together to ensure timeous support.
- Life chances for most children and young people were improving as a result of the support they were receiving from a range of services. A confident, well-trained workforce were effectively reducing risk for children and young people.

We identified two main areas where the partnership will need to consider how to ensure consistency in experience and outcomes for children and young people.

- A range of services were providing children and young people with support to meet their emotional needs. However, not all children and young people had timely access to support to address mental health and wellbeing concerns.
- The partnership were taking action to address challenges in recruitment and retention which were affecting the continuity of some relationships.

(See appendix 1 for more information on our evaluation scale)



## Conclusion

The Care inspectorate and its scrutiny partners are confident that the partnership in Angus have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following.

- The partnership presented a number of examples where they had used data, self-generated and drawn from other sources, to plan and implement improvement. There were also examples where data, including feedback from children and young people, had been used to change programmes of work to target resources more effectively.
- Relationships across all agencies and at all levels were strong. This was supporting good multi agency engagement in strategic leadership, operational management and at practitioner level.
- Strong leadership was effectively communicating a clear vision and a coherent strategy for improving services.
- Leaders were getting the information they need to understand the breadth and impact of child protection activity and risks to service delivery, and taking appropriate action.

## What happens next?

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

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

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

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

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

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

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

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

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples'

experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

## Appendix 2: Key terms



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

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

**CEDAR** (Children Experiencing Domestic Abuse Recovery) is a programme of group sessions for children, young people and their mothers which aims to provide a safe, engaging and fun space for families to recover from their experiences of domestic abuse.

**Child and adolescent mental health services (CAMHS)** are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. They also provide training, consultation, advice and support to professionals working with children, young people and their families.

**Care and risk management (CARM)** are processes that are applied when a child between the ages of 12 and 17 has been involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

**Chief Officers Group** is the collective expression for the local police commander and the chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

**Decider skills** is a program developed by cognitive behavioural psychotherapists, to help children, young people, and adults manage their emotions and mental health, focusing on skills like distress tolerance, mindfulness, and emotion regulation.

**Getting it Right for Every Child (GIRFEC)** is a national policy designed to make sure that all children and young people get the help that they need when they need it.

**Independent advocacy** is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

**Inter-agency referral discussion (IRD)** is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

**Multi Agency Risk Assessment Conference (MARAC)** is the recognised multi-agency model for responding to the needs of visible high-risk victims of domestic abuse across Scotland. A Multi Agency Risk Assessment Conference meeting brings key partners together to share relevant information on high-risk victims of domestic abuse. The primary focus of any Multi Agency Risk Assessment Conference meeting is to safeguard the adult victim.

**Safe and Together** is an internationally recognised suite of tools and interventions designed to help child protection and other key professionals to become domestic abuse informed.

**Universal** (services) is the term given to those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GP and health visiting.

**Whole Family Wellbeing** - in Scotland *Whole Family Wellbeing Funding* was provided by the Scottish Government to support the whole system transformational change required to reduce the need for crisis intervention and shift investment towards prevention and early intervention.

## Headquarters

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

**Website: [www.careinspectorate.com](http://www.careinspectorate.com)**

**Email: [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)**

**Care Inspectorate Enquiries: 0345 600 9527**



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